Description

The EHR vendor loads MMRV immunization history data for Juana Mariana Gonzales.

Comments

The first dose is administered too early and will be invalid for the dose series

Pre Condition

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

Post Condition

The immunization history for MMRV known to the local practice is loaded into the record created for Juana Mariana Gonzales.

Test Objectives

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

Evaluation Criteria

Evaluation Criteria: Vendor successfully recordall required attributes indicated by [Y]:	ds all immunization data known to the local practice as prov	rided, with		
MMRV Dose 1 of 3 [dose is invalid]			+	Н
Entered BY	Sandra Molina	Y	T	ÌΪ
Ordering Provider	Jane Carter	Y	T	ÌΪ
Entering Organization	Shoreline Pediatrics	Y	T	ÌΪ
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y		
Date/Time of Start of Administration	10/23/2010	Y	一	Πİ
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00)	Y		
Administered Amount (of Vaccine)	0.5	Y		
Administered Units (of Measure)	mL	Y		
Administering Provider	Jane Carter	Y	Ť	
Administered-at Location	325 Shorline Drive, Stamford Connecticut 0690	1 Y	Ť	
Lot Number	7W27V7491	Y	Ť	ÌΪ
Substance Expiration Date	12/15/2010	Y	Ť	ÌΪ
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y		ΠÌ
Completion Status	CP	Y		ΠÌ
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	T	ÌΪ
Administration Site	Left Thigh (HL7 LT)	Y		ΠÌ
				ÌΪ
MMRV Dose 2 of 3 [first dose is invalid]				ÌΪ
Entered BY	Sandra Molina	Y	Ť	Π
Ordering Provider	Carlos Herrera	Y	Ť	ÌΪ
Entering Organization	Shoreline Pediatrics	Y		ΠÌ
Vaccine Event information source	Historical Immunization (NIP001 01)	Y		
Value/Text for Vaccine Type	measles, mumps, rubella, and varicella virus vaccine (CVX 94)	Y		
Date/Time of Start of Administration	11/22/2012	Y	Ť	Π
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00)	Y		
Administered Amount (of Vaccine)	0.5	Y	Ť	Πİ
Administered Units (of Measure)	mL	Y	Ť	
Administering Provider	J. Martinez	Y	Ť	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	\top	П
Lot Number	7W87V3452	Y	+	H
Substance Expiration Date	4/13/2013	Y	+	Н
Substance Expiration Date	T/13/2013	1		لــــــــــــــــــــــــــــــــــــــ

Substance Manufacturer Name Completion Status	Merck Sharp & Dohme Corp (MVX MSD)	Y Y	+
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	T
Administration Site	Left Deltoid (HL7 LD)		

Notes for Testers

No Note

The EHR vendor loads MMRV immunization history data for Juana Mariana Gonzales.

The first dose is administered too early and will be invalid for the dose series

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

The immunization history for MMRV known to the local practice is loaded into the nbsp;record created for Juana Mariana Gonzales.

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

MMRV Dose 1 of 3 [dose is invalid]		
Entered BY		Y
Ordering Provider		Y
Entering Organization	Shoreline Pediatrics	Y
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y
Date/Time of Start of Administration	10/23/2010	Y
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)		Y
Administering Provider		Y
Administered-at Location	325 Shorline Drive, Stamford Connecticut 06901	
Lot Number		Y
Substance Expiration Date	12/15/2010	Y
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y
Completion Status		Y
Route of Administration		Y
Administration Site	Left Thigh (HL7 LT)	Y
MMRV Dose 2 of 3 [first dose is invalid]		
Entered BY	Part Part	Y
Ordering Provider		Y
Entering Organization	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	Y
Vaccine Event information source		Y
Value/Text for Vaccine Type	measles, mumps, rubella, and varicella virus vaccine (CVX 94)	Y
Date/Time of Start of Administration	11/22/2012	Y
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	J. Martinez	Y
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y
Lot Number	7W87V3452	Y
Substance Expiration Date		Y

Substance Manufacturer Name Completion Status	Merck Sharp & Dohme Corp (MVX MSD)	¥
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y
Administration Site	Left Deltoid (HL7 LD)	
No Note		
NO Note		