## **Description**

The nurse administers the the Hepatitis B vaccine

• Documents all required information for the vaccine

#### **Comments**

No Comments

### **PreCondition**

Order is placed for Hepatitis B vaccine.

### **PostCondition**

The Hepatitis B vaccination is recorded in the EMR.

# **Test Objectives**

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.

Ordering Provider Entering Organization Shoreline Pediatrics Vaccine Event information source New immunization record (NIP001 00) Date/Time of Start of Administration Current Date hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) Administered Amount (of Vaccine) Administered Units (of Measure) MAdministering Provider Administering Provider Sandra Molina Administered-at Location Lot Number 6332FK26 Substance Expiration Date Substance Expiration Date Substance Manufacturer Name Completion Status CP Route of Administration Intramuscular (NCIT C28161, HL70162: IM) Administration Site Left Deltoid (HL70162 LD)	Evalua	ation Criteria
Ordering Provider Entering Organization Shoreline Pediatrics Vaccine Event information source New immunization record (NIP001 00) Date/Time of Start of Administration Current Date hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11) Administered Amount (of Vaccine) Administered Units (of Measure) MAdministering Provider Administering Provider Sandra Molina Administered-at Location Lot Number 6332FK26 Substance Expiration Date Substance Expiration Date Substance Manufacturer Name Completion Status CP Route of Administration Intramuscular (NCIT C28161, HL70162: IM) Administration Site Left Deltoid (HL70162 LD)	EMR Records the following vaccine adminis	stration information:
Entering Organization  Vaccine Event information source  Date/Time of Start of Administration  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration Site  New immunization record (NIP001 00)  Current Date  hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)  ENGERIX-B (NDC 58160-0820-11)  O.5  Administered Amount (of Vaccine)  ML  Sandra Molina  400 Shoreline Drive, Stamford Connecticut 0690  GlaxoSmithKline Biologicals SA (MVX SKB)  CP  Route of Administration  Intramuscular (NCIT C28161, HL70162: IM)  Administration Site	Entered BY	Sandra Molina
Vaccine Event information source Date/Time of Start of Administration  Current Date hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider Administered-at Location Lot Number Substance Expiration Date Substance Manufacturer Name Completion Status CP Route of Administration Site  New immunization record (NIP001 00)  Current Date hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  O.5  ML  400 Shoreline Drive, Stamford Connecticut 0690  G332FK26  Substance Expiration Date S/25/2015  GlaxoSmithKline Biologicals SA (MVX SKB)  CP Route of Administration Intramuscular (NCIT C28161, HL70162: IM) Administration Site	Ordering Provider	Frank Smith
Date/Time of Start of Administration  Current Date hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administration Notes  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Expiration Date  Substance Manufacturer Name  GlaxoSmithKline Biologicals SA (MVX SKB)  Completion Status  CP  Route of Administration Site  Left Deltoid (HL70162 LD)	Entering Organization	Shoreline Pediatrics
hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administration Notes  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration Site  hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  0.5  ML  40.5  Sandra Molina  400 Shoreline Drive, Stamford Connecticut 06 90  6332FK26  Slubstance Expiration Date  8/25/2015  ClaxoSmithKline Biologicals SA (MVX SKB)  CP  Intramuscular (NCIT C28161, HL70162: IM)  Administration Site  Left Deltoid (HL70162 LD)	Vaccine Event information source	New immunization record (NIP001 00)
Vaccine Administered pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administration Notes  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration Site  Pediatric/adolescent dosage (CVX 08) ENGERIX-B (NDC 58160-0820-11)  0.5  ML  40. Shoreline Drive, Stamford Connecticut 06 90 6332FK26  Substance Expiration Date  S/25/2015  ClaxoSmithKline Biologicals SA (MVX SKB)  CP  Intramuscular (NCIT C28161, HL70162: IM)  Left Deltoid (HL70162 LD)	Date/Time of Start of Administration	Current Date
Administered Units (of Measure)  Administration Notes  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration  Administration Site  ML  Sandra Molina  400 Shoreline Drive, Stamford Connecticut 06 90  8/25/2015  Substance Expiration Date  S/25/2015  CP  Intramuscular (NCIT C28161, HL70162: IM)  Left Deltoid (HL70162 LD)	Vaccine Administered	pediatric/adolescent dosage (CVX 08)
Administration Notes  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration  Administration Site  Sandra Molina  400 Shoreline Drive, Stamford Connecticut 0690  832FK26  Substance Expiration Date  8/25/2015  GlaxoSmithKline Biologicals SA (MVX SKB)  CP  Intramuscular (NCIT C28161, HL70162: IM)  Left Deltoid (HL70162 LD)	Administered Amount (of Vaccine)	0.5
Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration  Administration Site  Sandra Molina  400 Shoreline Drive, Stamford Connecticut 06 90  8/25/2015  GlaxoSmithKline Biologicals SA (MVX SKB)  CP  Intramuscular (NCIT C28161, HL70162: IM)  Left Deltoid (HL70162 LD)	Administered Units (of Measure)	mL
Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  Completion Sta	Administration Notes	
Lot Number  6332FK26  Substance Expiration Date  8/25/2015  Substance Manufacturer Name  GlaxoSmithKline Biologicals SA (MVX SKB)  Completion Status  CP  Route of Administration  Intramuscular (NCIT C28161, HL70162: IM)  Administration Site  Left Deltoid (HL70162 LD)	Administering Provider	Sandra Molina
Substance Expiration Date  8/25/2015  Substance Manufacturer Name  GlaxoSmithKline Biologicals SA (MVX SKB)  Completion Status  CP  Route of Administration  Intramuscular (NCIT C28161, HL70162: IM)  Administration Site  Left Deltoid (HL70162 LD)	Administered-at Location	400 Shoreline Drive, Stamford Connecticut 0690
Substance Manufacturer Name  GlaxoSmithKline Biologicals SA (MVX SKB)  Completion Status  CP  Route of Administration  Intramuscular (NCIT C28161, HL70162: IM)  Administration Site  Left Deltoid (HL70162 LD)	Lot Number	6332FK26
Completion Status  CP  Route of Administration  Intramuscular (NCIT C28161, HL70162: IM)  Administration Site  Left Deltoid (HL70162 LD)	Substance Expiration Date	8/25/2015
Route of Administration Intramuscular (NCIT C28161, HL70162: IM) Administration Site Left Deltoid (HL70162 LD)	Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)
Administration Site Left Deltoid (HL70162 LD)	Completion Status	CP
	Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)
ATORICATION AT	Administration Site	Left Deltoid (HL70162 LD)
VFC Eligibility No	VFC Eligibility	No

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Notes to Testers	
No Note	