

Description

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

Comments

No Comments

PreCondition

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

PostCondition

The immunization history for Hib 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 records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

Hib Dose 1 of 4		
Entered BY	Sandra Molina	Y
Ordering Provider	Carlos Herrera	Y
Entering Organization	Shoreline Pediatrics	Y
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y
Date/Time of Start of Administration	1/22/2010	Y
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	Y
Dose Number	1	
Doses in Series	4	
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Y	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y
Lot Number	7M54K9245	Y
Substance Expiration Date	3/24/2010	Y
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y
Completion Status	CP	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y
Administration Site	Right Thigh (HL7 RT)	Y
DTaP Dose 2 of 4		
Entered BY	Sandra Molina	Y
Ordering Provider	Carlos Herrera	Y
Entering Organization	Shoreline Pediatrics	Y
Vaccine Event information source	Historical Immunization (NIP001 01)	Y
Value/Text for Vaccine Type	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	Y
Date/Time of Start of Administration	3/23/2010	Y
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11)	Y
Dose Number	2	
Doses in Series	4	
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	7M55K3342	Y
Substance Expiration Date	10/30/2010	Y
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y
Completion Status	CP	Y
Route of Administration	Intramuscular (NCIT IM)	Y
Administration Site	Left Thigh (HL7 LT)	

DTaP Dose 3 of 4

Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)
Value/Text for Vaccine Type	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)
Date/Time of Start of Administration	5/22/2010
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGRIX-B (NDC 58160-0820-11)
Dose Number	3
Doses in Series	4
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	7M75K4566
Substance Expiration Date	5/23/2010
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)
Completion Status	CP
Route of Administration	Intramuscular (NCIT IM)
Administration Site	RightThigh (HL7 RT)

DTaP Dose 4 of 4

Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)
Value/Text for Vaccine Type	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)
Date/Time of Start of Administration	2/21/2011
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)
Dose Number	4
Doses in Series	4
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	7M53K5534
Substance Expiration Date	2/22/2011
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)
Completion Status	CP
Route of Administration	Intramuscular (NCIT IM)
Administration Site	Left Deltoid (HL7 LD)

Notes to Testers

No Note