

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 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	Sandra Molina	Y			
Ordering Provider	Jane Carter	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)	mL	Y			
Administering Provider	Jane Carter	Y			
Administered-at Location	325 Shorline Drive, Stamford Connecticut 06901	Y			
Lot Number	7W27V7491	Y			
Substance Expiration Date	12/15/2010	Y			
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y			
Completion Status	CP	Y			
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y			
Administration Site	Left Thigh (HL7 LT)	Y			
 	 	 			
MMRV Dose 2 of 3 [first dose is invalid]	 	 			
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 	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	4/13/2013	Y			

[illegible]

Notes for Testers

No Note

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MMRV Dose 1 of 3 [dose is invalid]	 	
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Ordering Provider	Jane Carter	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)	mL	Y
Administering Provider	Jane Carter	Y
Administered-at Location	325 Shoreline Drive, Stamford Connecticut 06901	Y
Lot Number	7W27V7491	Y
Substance Expiration Date	12/15/2010	Y
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y
Completion Status	CP	Y
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y
Administration Site	Left Thigh (HL7 LT)	Y
 	 	
MMRV Dose 2 of 3 [first dose is invalid]	 	
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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	4/13/2013	Y

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

No Note