

Description

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

Comments

No Comments

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 Polio 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]:

Polio Dose 1 of 2	 				
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	1/22/2010	Y			
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	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	D333PV2431	Y			
Substance Expiration Date	10/4/2010	Y			
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y			
Completion Status	CP	Y			
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y			
Administration Site	Left Deltoid (HL7 LD)	Y			
 	 	 			
Polio Dose 2 of 2	 	 			
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 	poliovirus vaccine, inactivated (CVX 10)	Y			
Date/Time of Start of Administration	3/23/2010	Y			
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	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	D333PV4344	Y			
Substance Expiration Date	3/23/2010	Y			
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y			

Completion Status	CP	Y				
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y				
Administration Site	Left Deltoid (HL7 LD)	 				

Notes for Testers

No Note

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Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	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	D333PV2431	Y	
Substance Expiration Date	10/4/2010	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	CP	Y	
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Completion Status	CP	Y	

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Administration Site	Left Deltoid (HL7 LD)	
No Note		