

Description

The nurse administers the the MMRV vaccine
• Documents all required information for each vaccine

Comments

No Comments

Pre Condition

Order is placed for MMRV vaccine.

Post Condition

The MMRV 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.

Evaluation Criteria

EMR Records the following vaccine administration information:

Entered BY: Sandra Molina [Y]

Ordering Provider: Frank Smith [Y]

Entering Organization: Shoreline Pediatrics [Y]

Vaccine Event information source: New immunization record (NIP001 00) [Y]
(also known as administration notes)

Vaccine Type: measles, mumps, rubella, and varicella virus vaccine (CVX 94), [Y]

Date/Time of Start of Administration: Current Date [Y]

Vaccine Administered: measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00) [Y]

Dose Number: 2

Doses in Series: 2

Administered Amount (of Vaccine): 0.5 [Y]

Administered Units (of Measure): mL [Y]

Administering Provider: Sandra Molina [Y]

Administered-at Location: 400 Shoreline Drive, Stamford Connecticut 06901 [Y]

Lot Number: 7W87V3687 [Y]

Substance Expiration Date: 8/15/2015 [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 (HL70162 LD)

Notes for Testers

NO NOTE