

**Description**

The nurse administers the the MMRV vaccine  
 &bull; 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	
Ordering Provider	Frank Smith	
Entering Organization	Shoreline Pediatrics	
Vaccine Event information source	New immunization record (NIP001 00)	
Order Value/Text for Vaccine Type	measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00)	
Date/Time Vaccine was recorded	Current Date	
Entered BY	Sandra Molina	
Ordering Provider	Frank Smith	
Entering Organization	Shoreline Pediatrics	
Vaccine Event information source	New immunization record (NIP001 00)	
Date/Time of Start of Administration	Current Date	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00)	
Administered Amount (of Vaccine)	0.5	
Administered Units (of Measure)	mL	
Administration Notes		
Administering Provider	Sandra Molina	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	
Lot Number	7W87V3687	
Substance Expiration Date	7/15/2015	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	
Completion Status	CP	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	
Administration Site	Left Deltoid (HL70162 LD)	
VFC Eligibility	No	

**Notes for Testers**

No Note