

### Description

The EHR vendor loads immunization history data from another practice into the record 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 from another 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 history data from another practice as provided, with all required attributes indicated by [Y]:

|  |   |   |  |
|--|---|---|--|
| Historical Vaccine from Another Practice - Dtap  |   |   |  |
| Entered BY                                       | Sandra Molina   | Y |  |
| Ordering Provider                                | J. Rodriguez  | Y |  |
| Entering Organization                            | Shoreline Pediatrics  | Y |  |
| Vaccine Event information source                 | Historical information - from parent's written record (NIP001 03)                           | Y |  |
| Value/Text for Vaccine Type                      | DTaP  | Y |  |
| Date/Time of Start of Administration             | 8/31/2014   | Y |  |
| Vaccine Administered                             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) | Y |  |
| Administered Amount (of Vaccine)                 | 0.5   | Y |  |
| Administered Units (of Measure)                  | mL  | Y |  |
| Administration Notes                             |   | Y |  |
| Administering Provider                           | Linda Casera  | Y |  |
| Administered-at Location                         | 4253 Standish Way, Stamford Connecticut 06903   | Y |  |
| Lot Number                                       | D643QS8243  | Y |  |
| Substance Expiration Date                        | 9/1/2014  | Y |  |
| Substance Manufacturer Name                      | Sanofi Pasteur Inc (MVX PMC)  | Y |  |
| Completion Status                                | CP  | Y |  |
| Route of Administration                          | Intramuscular (NCIT IM)   | Y |  |
| Administration Site                              | Left Deltoid (HL70163 LD)   | Y |  |
| Historical Vaccine from Another Practice - Polio |   |   |  |
| Entered BY                                       | Sandra Molina   | Y |  |
| Ordering Provider                                | J. Rodriguez  | Y |  |
| Entering Organization                            | Shoreline Pediatrics  | Y |  |
| Vaccine Event information source                 | Historical information - from parent's written record (NIP001 03)                           | Y |  |
| Value/Text for Vaccine Type                      | DTaP  | Y |  |
| Date/Time of Start of Administration             | 2/21/2011   | Y |  |
| Vaccine Administered                             | poliovirus vaccine, inactivated (CVX 10)  | Y |  |
| Administered Amount (of Vaccine)                 | 0.5   | Y |  |
| Administered Units (of Measure)                  | mL  | Y |  |
| Administration Notes                             |   | Y |  |
| Administering Provider                           | Linda Casera  | Y |  |
| Administered-at Location                         | 4253 Standish Way, Stamford Connecticut 06903   | Y |  |
| Lot Number                                       | D335PV9644  | Y |  |
| Substance Expiration Date                        | 2/22/2011   | Y |  |
| Substance Manufacturer Name                      | Sanofi Pasteur Inc (MVX PMC)  | Y |  |
| Completion Status                                | CP  | Y |  |
| Route of Administration                          | Intramuscular (NCIT IM)   | Y |  |
| Administration Site                              | Left Deltoid (HL70163 LD)   | Y |  |
| Reaction   | VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS                              | Y |  |

Notes to Testers

No Note