

### Description

The EHR vendor loads Pneumococcal immunization history data 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 for Pneumococcal 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]:

Pneumococcal Dose 1 of 4				
Entered BY	Sandra Molina	Y		
Ordering Provider	Carlos Herrera	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	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)	Y		
Administered Amount (of Vaccine)	0.5	Y		
Administered Units (of Measure)	mL	Y		
Administering Provider	Y			
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y		
Lot Number	P243V3281	Y		
Substance Expiration Date	1/30/2010	Y		
Substance Manufacturer Name	Pfizer, Inc (MVX PFR)	Y		
Completion Status	CP	Y		
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y		
Administration Site	Left Thigh (HL7 LT)	Y		
Pneumococcal Dose 2 of 4				
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	pneumococcal conjugate vaccine, 13 valent (CVX 133)	Y		
Date/Time of Start of Administration	3/23/2010	Y		
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)	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	P343V8321	Y		
Substance Expiration Date	3/30/2010	Y		
Substance Manufacturer Name	Pfizer, Inc (MVX PFR)	Y		
Completion Status	CP	Y		
Route of Administration	Intramuscular (NCIT IM)	Y		
Administration Site	Left Thigh (HL7 LT)			

## Pneumococcal Dose 3 of 4

Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)
Value/Text for Vaccine Type	pneumococcal conjugate vaccine, 13 valent (CVX 133)
Date/Time of Start of Administration	5/22/2010
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	P853V2164
Substance Expiration Date	8/30/2010
Substance Manufacturer Name	Pfizer, Inc (MVX PFR)
Completion Status	CP
Route of Administration	Intramuscular (NCIT IM)
Administration Site	RightThigh (HL7 RT)

## Pneumococcal Dose 4 of 4

Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)
Value/Text for Vaccine Type	pneumococcal conjugate vaccine, 13 valent (CVX 133)
Date/Time of Start of Administration	2/21/2011
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-05)
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	P853V58532
Substance Expiration Date	4/18/2011
Substance Manufacturer Name	Pfizer, Inc (MVX PFR)
Completion Status	CP
Route of Administration	Intramuscular (NCIT IM)
Administration Site	Left Deltoid (HL7 LD)

## Notes to Testers

No Note