

Description

If the EHR does not already flag the first MMRV as invalid, the provider updates the first MMRV to indicate it is "invalid" as it was given too early (as notified by the registry)

Comments

If the EMR already recognizes the dose as invalid, then this step may be skipped.

Pre Condition

Initial Data Load

Post Condition

MMRV status for the first MMRV dose is set to invalid.

Test Objectives

dose validity is an important aspect of:

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

Vendor Records 2nd historical MMR dose two weeks prior to the current test date.

Evaluation Criteria: The vendor is able to record that the first MMR vaccination dose is invalid with a reason that it was given too early, and therefore this new dose should be indicated as dose '1'.

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

| | | | |
|---|---|---|--|
| Vaccine from Practice HepB | | | |
| Entered BY | Sandra Molina | Y | |
| Ordering Provider | Frank Smith | Y | |
| Entering Organization | Shoreline Pediatrics | Y | |
| Administration Notes (Vaccine Event information source) | New immunization record (NIP001 00) | Y | |
| Date/Time of Start of Administration | 14 days prior to the Current Date | Y | |
| Vaccine Administered | MMR (CVX 03, NDC 0006-4681-00 - MMR II) | Y | |
| 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 | 0934GG | Y | |
| Substance Expiration Date | 10/31/2016 | Y | |
| Substance Manufacturer. | Merck Sharp & Dohme Corp (MVX MSD) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Subcutaneous (NCIT C28399) | Y | |
| Administration Site | Left Deltoid | Y | |

Notes for Testers

No Note