

Description

The nurse administers the the nasal live, attenuated influenza vaccine

- Documents all required information for each vaccine

Comments

No Comments

PreCondition

Order is placed for nasal live, attenuated influenza vaccine.

PostCondition

The nasal live, attenuated influenza vaccinations 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 (Administration Notes) | New immunization record (NIP001 00) | |
| Value/Text for Vaccine Type | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10) | |
| Date/Time of Start of Administration | Current Date | |
| Vaccine Administered | influenza virus vaccine, live, attenuated, for intranasal use (CVX 111), FluMist Quadrivalent (NDC 66019-0301-10) | |
| Administered Amount (of Vaccine) | 0.2 | |
| Administered Units (of Measure) | mL | |
| Administering Provider | Sandra Molina | |
| Administered-at Location | 400 Shoreline Drive, Stamford Connecticut 06901 | |
| Lot Number | 8L4B3521 | |
| Substance Expiration Date | 8/15/2015 | |
| Substance Manufacturer Name | MedImmune,LLC (MVX MED) | |
| Completion Status | CP | |
| Route of Administration | Nasal (NCIT C38284), Nasal (HL70162 NS) | |
| Administration Site | | |
| VFC Eligibility | No | |

Notes to Testers

No Note

