

### Description

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The nurse administers the&nbsp; inactivated influenza vaccine  
&bull; Documents all required information for each vaccine

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### Comments

No Comments

### Pre Condition

Order is placed for&nbsp; inactivated influenza vaccine.

### Post Condition

The&nbsp; inactivated influenza vaccine administration is recorded in the EMR.

### Test Objectives

**Record Vaccine Administration:** The EHR or other clinical software system records information about each vaccine administered.&nbsp; 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&nbsp;	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25)				
Date/Time of Start of Administration	Current Date				
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25)				
Administered Amount (of Vaccine)	0.25				
Administered Units (of Measure)	mL				
Administering Provider	Sandra Molina				
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901				
Lot Number	D8043IN8855				
Substance Expiration Date	8/25/2015				
Substance Manufacturer Name	Sanofi Pasteur (MVX PMC)				

Completion Status	CP
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)
Administration Site	Left Thigh (HL7 LT)
VFC Eligibility	No

#### Notes for Testers

No Note

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