The nurse administers the the nasal live, attenuated in • Documents all required information for each value.		
	Comments	
No Comments		
Du	re Condition	
		1 1
Order is placed for nasal live, attenuated influenza vac	ceine.	
Po	st Condition	
The nasal live, attenuated influenza vaccinations is rec	corded in the EMR.]
Te	st Objectives	
	on as structured data elements, including, at a minimum: date	
administered, administering clinician, site of administ manufacturer, Vaccine Information Statement date, ar Evalu		
manufacturer, Vaccine Information Statement date, ar Evalu EMR Records the following vaccine administration in	uation Criteria formation:	
EVAI EMR Records the following vaccine administration in	uation Criteria formation: Sandra Molina	
Evalue EMR Records the following vaccine administration in Entered BY Ordering Provider	uation Criteria formation: Sandra Molina Frank Smith	
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Evalue Evalue Evalue Evalue Entered BY Ordering Provider Entering Organization Vaccine Event information source (Administration Notes) Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure)	uation Criteria Iformation: Sandra Molina Frank Smith Shoreline Pediatrics New immunization record (NIP001 00) influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) Current Date influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) 0.2 mL	
Evalue Evalue Evalue Evalue Entered BY Ordering Provider Entering Organization Vaccine Event information source (Administration Notes) Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure) Administering Provider	uation Criteria formation: Sandra Molina Frank Smith Shoreline Pediatrics New immunization record (NIP001 00) influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) Current Date influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) 0.2 mL Sandra Molina	
Evalue EMR Records the following vaccine administration in Entered BY Ordering Provider Entering Organization Vaccine Event information source (Administration Notes) Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure) Administering Provider Administered-at Location	uation Criteria Iformation: Sandra Molina Frank Smith Shoreline Pediatrics New immunization record (NIP001 00) influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) Current Date influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) 0.2 mL Sandra Molina 400 Shoreline Drive, Stamford Connecticut 06901	
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Evalue EWAR Records the following vaccine administration in Entered BY Ordering Provider Entering Organization Vaccine Event information source (Administration Notes) Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure) Administering Provider Administered-at Location Lot Number Substance Expiration Date Substance Manufacturer Name Completion Status Route of Administration	uation Criteria Iformation: Sandra Molina Frank Smith Shoreline Pediatrics New immunization record (NIP001 00) influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) Current Date influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) 0.2 mL Sandra Molina 400 Shoreline Drive, Stamford Connecticut 06901 8L4B3521 8/15/2015 MedImmune,LLC (MVX MED) CP Nasal (NCIT C38284), Nasal (HL70162 NS)	
Evalue EMR Records the following vaccine administration in Entered BY Ordering Provider Entering Organization Vaccine Event information source (Administration Notes) Value/Text for Vaccine Type Date/Time of Start of Administration Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure) Administering Provider Administered-at Location Lot Number Substance Expiration Date Substance Manufacturer Name Completion Status Route of Administration Administration Site VFC Eligibility	uation Criteria formation: Sandra Molina Frank Smith Shoreline Pediatrics New immunization record (NIP001 00) influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) Current Date influenza virus vaccine, live, attenuated, for intranasal use (C FluMist Quadrivalent (NDC 66019-0301-10) 0.2 mL Sandra Molina 400 Shoreline Drive, Stamford Connecticut 06901 8L4B3521 8/15/2015 MedImmune,LLC (MVX MED) CP Nasal (NCIT C38284), Nasal (HL70162 NS)	VX I

No Note		
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knbsp;		
Γhe nurse administers the the nasal live, attenuated in:	fluenza vaccine	
• Documents all required information for each values		
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No Comments		
Order is placed for nasal live, attenuated influenza vac	ceine.	
The nasal live, attenuated influenza vaccinations is recorded in the EMR.		
Information Statement date, and quantity of vaccine/d EMR Records the following vaccine administration in	'	
ı		
Entered BY	Sandra Molina	
Ordering Provider Entering Organization	Frank Smith Shoreline Pediatrics	
Vaccine Event information source (Administration	New immunization record (NIP001 00)	
Notes)	New immunization record (N1P001 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 Administered-at Location	Sandra Molina 400 Shoreline Drive, Stamford Connecticut 06901	
Administered-at Location 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	
	nbsp;	
No Noto		
No Note		