

Description

The EHR vendor loads Polio immunization history data for Juan Marcel Gonzales.

Comments

No Comments

PreCondition

The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.

PostCondition

The immunization history for Polio known to the local practice is loaded into the record created for Juan Marcel 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]:

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|---------------------------------------------------------|----------------------------------------------------------------------|---|--|
| Polio Dose 1 of 4 | | | |
| Entered BY | Sandra Molina | Y | |
| Ordering Provider | Jane Carter | Y | |
| Entering Organization | Shoreline Pediatrics | Y | |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01) | Y | |
| Date/Time of Start of Administration | 1/22/2012 | Y | |
| Vaccine Administered | poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) | Y | |
| Administered Amount (of Vaccine) | 0.5 | Y | |
| Administered Units (of Measure) | mL | Y | |
| Administering Provider | Jane Carter | Y | |
| Administered-at Location | 325 Shoreline Drive, Stamford Connecticut 06901 | Y | |
| Lot Number | D333PV2444 | Y | |
| Substance Expiration Date | 10/4/2012 | Y | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Subcutaneous (NCIT C38299, HL70162: SC) | Y | |
| Administration Site | Left Deltoid (HL7 LD) | Y | |
| | | | |
| Polio 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 | poliovirus vaccine, inactivated (CVX 10) | Y | |
| Date/Time of Start of Administration | 3/22/2012 | Y | |
| Vaccine Administered | poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) | 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 | D333PV4343 | Y | |
| Substance Expiration Date | 3/23/2012 | Y | |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Subcutaneous (NCIT C38299, HL70162: SC) | Y | |
| Administration Site | Left Deltoid (HL7 LD) | | |

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|--------------------------------------|----------------------------------------------------------------------|
| Polio 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 | poliovirus vaccine, inactivated (CVX 10) |
| Date/Time of Start of Administration | 5/21/2012 |
| Vaccine Administered | poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55) |
| 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 | D335PV9654 |
| Substance Expiration Date | 2/22/2013 |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) |
| Completion Status | CP |
| Route of Administration | Subcutaneous (NCIT C38299, HL70162: SC) |
| Administration Site | Left Deltoid (HL7 LD) |

Notes to Testers

No Note