

Description

If the EHR does not already flag the first MMR as invalid, the provider updates the first MMR to indicate it is "invalid" as it was given too early (as notified by the registry). The next MMR is entered as given 14 days prior to the test date.

Comments

No Comments

Pre Condition

Initial Data Load

Post Condition

MMR status for the first MMR dose is set to invalid. The 2nd MMR vaccination from 14 days prior to the current visit is entered into the patient record.

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]:

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| 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 | |

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| Notes for Testers |
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| No Note |
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