

Description

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

Comments

No Comments

Pre Condition

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

Post Condition

The immunization history for Rotavirus 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]:

| | | | |
|---|--|---|--|
| Rotavirus Dose 1 of 3 | | | |
| 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 | rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) | 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 | 6359RV533 | Y | |
| Substance Expiration Date | 2/15/2010 | Y | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Intramuscular (NCIT C28161, HL70162: IM) | Y | |
| Administration Site | Left Thigh (HL7 LT) | Y | |
| Rotavirus Dose 2 of 3 | | | |
| 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 | rotavirus, live, monovalent vaccine (CVX 119) | Y | |
| Date/Time of Start of Administration | 3/22/2012 | Y | |
| Vaccine Administered | rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) | 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 | 6359RV932 | Y | |
| Substance Expiration Date | 5/10/2011 | Y | |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA (MVX SKB) | Y | |
| Completion Status | CP | Y | |
| Route of Administration | Intramuscular (NCIT IM) | Y | |
| Administration Site | Right Thigh (HL7 RT) | | |

Notes for Testers

No Note