

**Description**

The EHR vendor loads immunization history data from another practice into the record for Juana Mariana Vazquez.

**Comments**

No Comments

**Pre-condition**

The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Vazquez.

**Post-Condition**

The immunization history from another practice is loaded into the record created for Juana Mariana Vazquez.

**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.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Supporting data for:

**Compare Public Health Immunization Registry (IIS) Immunization History to EHR Immunization History:** The public health immunization registry has returned the requested immunization history for a patient. The EHR is able to display the immunization history received from the registry as well as the immunization history already present in the EHR so that a user can compare them. The EHR provides a way for the provider to view both histories, determine what is different (if anything), and update the existing EHR immunization history with new information from the public health registry if he or she chooses to do so. The system must store the new information as structured data as part of the patient's local immunization history and include the time of the update and the source of the new information.

**Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization history data from another practice as provided, with all required attributes indicated by [Y]:

Historical Vaccine from Another Practice - DTaP			
Entered BY	Sandra Molina	Y	
Ordering Provider	J. Rodriguez	N	
Entering Organization	Shoreline Pediatrics	Y	
Vaccine Event information source (Administration Notes)	Historical information - from parent's written record (NIP001 03)	Y	
Value/Text for Vaccine Type	DTaP	Y	
Date/Time of Start of Administration	11/20/2017	Y	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) (NDC 49281-0286-01)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Linda Casera	N	
Administered-at Location	4253 Standish Way, Stamford Connecticut 06903	N	
Lot Number	D643QS8243	Y	
Substance Expiration Date	12/1/2017	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	Completed (CP)	Y	
Route of Administration	Intramuscular (NCIT C28161, HL70162 IM)	Y	
Administration Site	Left Deltoid (HL70163 LD)	Y	
Historical Vaccine from Another Practice - Polio			
Entered BY	Sandra Molina	Y	
Ordering Provider	J. Rodriguez	N	
Entering Organization	Shoreline Pediatrics	Y	
	Historical information - from parent's written		

Vaccine Event information source	record (NIP001 03)	Y		
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)	Y		
Date/Time of Start of Administration	2/21/2015	Y		
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10)	Y		
Administered Amount (of Vaccine)	0.5	Y		
Administered Units (of Measure)	mL	Y		
Administering Provider	Linda Casera	N		
Administered-at Location	4253 Standish Way, Stamford Connecticut 06903	N		
Lot Number	D335PV9644	Y		
Substance Expiration Date	4/22/2015	Y		
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y		
Completion Status	Completed (CP)	Y		
Route of Administration	Intramuscular (NCIT C28161, HL70162 SC)	Y		
Administration Site	Left Deltoid (HL70163 LD)	Y		
Reaction	Adverse Reaction of (VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS)	Y		

#### Notes

No Note