

Description
<p> </p> <p> </p> <p>The nurse administers the MMRV vaccine</p> <ul style="list-style-type: none"> Documents all required information for each vaccine <p> </p> <p> </p>
Comments
No Comments
Pre Condition
Order is placed for MMRV vaccine.
Post Condition
The MMRV vaccination is recorded in the EMR.
Test Objectives
Record Vaccine Administration: The EHR or other clinical software system records information about each vaccine administered. The EHR records this information as structured data elements, including, at a minimum: date administered, administering clinician, site of administration (e.g., left arm), immunization type, product, lot number, manufacturer, Vaccine Information Statement date, and quantity of vaccine/dose size.
Evaluation Criteria
<p>EMR Records the following vaccine administration information:</p> <p>Entered BY: Sandra Molina [Y]</p> <p>Ordering Provider: Frank Smith [Y] Entering Organization: Shoreline Pediatrics [Y] Vaccine Event information source: New immunization record (NIP001 00) [Y] (also known as administration notes) Vaccine Type: measles, mumps, rubella, and varicella virus vaccine (CVX 94), [Y] Date/Time of Start of Administration: Current Date [Y] Vaccine Administered: measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00) [Y] Dose Number: 2 Doses in Series: 2 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: Substance Expiration Date: 8/15/2015 [Y] Substance Manufacturer Name: Merck Sharp & Dohme Corp (MVX MSD) [Y] Completion Status: CP [Y] Route of Administration: Subcutaneous (NCIT C38299, HL70162: SC) [Y] Administration Site: Left Deltoid (HL70162 LD)</p>
Notes for Testers
No Note

Order is placed for MMRV vaccine.

The MMRV vaccination is recorded in the EMR.

EMR Records the following vaccine administration information:

No Note