Description

The nurse administers the inactivated influenza vaccine



��� Documents all required information for each vaccine

Comments

No Comments

Pre Condition

Order is placed for inactivated influenza vaccine.

Post Condition

The inactivated influenza vaccine administration 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

Dudanina Duassi dan	ndra Molina	
Ordering Provider Fra	ank Smith	
Entering Organization Sho	oreline Pediatrics	
Vaccine Event information source (Administration Notes)	ew immunization record (NIP001 00)	
Value/Text for Vaccine Type pec	fluenza, injectable,quadrivalent, preservative f diatric (CVX 161), FLUZONE QUADRIVAI DC 49281-0514-25)	free, LENT
Date/Time of Start of Administration Cu	irrent Date	
Vaccine Administered pec	fluenza, injectable,quadrivalent, preservative f diatric (CVX 161), FLUZONE QUADRIVAI DC 49281-0514-25)	free, LENT
Administered Amount (of Vaccine) 0.2	25	
Administered Units (of Measure) mL		
Administering Provider San	ndra Molina	
Administered-at Location 400	0 Shoreline Drive, Stamford Connecticut 069	01
Lot Number D8	8043IN8855	
Substance Expiration Date 10/	/31/2017	
Substance Manufacturer Name Sar	nofi Pasteur (MVX PMC)	
Completion Status CP		
Route of Administration Into	ramuscular (NCIT C28161, HL70162: IM)	
Administration Site Let	ft Thigh (HL7 LT)	
VFC Eligibility No		
Funding Source Pri	ivate	

Notes for Test	ers	
No Note		