

Description

The nurse administers the MMRV vaccine

Documents all required information for each vaccine

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

EMR Records the following vaccine administration information:

Entered BY	Sandra Molina	
Ordering Provider	Frank Smith	
Entering Organization	Shoreline Pediatrics	
Vaccine Event information source	New immunization record (NIP001 00)	
Order Value/Text for Vaccine Type	measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00)	
Date/Time Vaccine was recorded	Current Date	
Entered BY	Sandra Molina	
Ordering Provider	Frank Smith	
Entering Organization	Shoreline Pediatrics	
Vaccine Event information source	New immunization record (NIP001 00)	
Date/Time of Start of Administration	Current Date	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94), ProQuad (NDC 00006-4999-00)	
Administered Amount (of Vaccine)	0.5	
Administered Units (of Measure)	mL	
Administration Notes		
Administering Provider	Sandra Molina	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	
Lot Number	7W87V3687	
Substance Expiration Date	7/15/2015	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	
Completion Status	CP	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	
Administration Site	Left Deltoid (HL70162 LD)	
VFC Eligibility	No	

Notes for Testers

No Note