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



PreCondition

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

-PostCondition -

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: Vendor successfully records all immunization data	known to the local practice as provided, with all required attributes indicate	d 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 Shorline 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	СР	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	СР	Y
Route of Administration	Intramuscular (NCIT IM)	Y

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No Note