

Description

The EHR vendor loads Influenza immunization history data for Juana Mariana Gonzales.

Comments

No Comments

Pre Condition

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

Post Condition

The immunization history for Influenza known to the local practice is loaded into the record created for Juana Mariana 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

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

Influenza Dose 1 of 2			
Entered BY	Sandra Molina	Y	
Ordering Provider	Carlos Herrera	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y	
Date/Time of Start of Administration	9/25/2010	Y	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y	
Administered Amount (of Vaccine)	0.25	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Y		
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	
Lot Number	D8043IN8734	Y	
Substance Expiration Date	3/12/2011	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	CP	Y	
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y	
Administration Site	Left Thigh (HL7 LT)	Y	
Influenza Dose 2 of 2			
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	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)	Y	
Date/Time of Start of Administration	10/27/2010	Y	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y	
Administered Amount (of Vaccine)	0.25	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	J. Martinez	Y	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	
Lot Number	D8043IN8734	Y	
Substance Expiration Date	3/12/2011	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	CP	Y	
Route of Administration	Intramuscular (NCIT IM)	Y	
Administration Site	Right Thigh (HL7 RT)		

Influenza Annual Dose

Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)

Value/Text for Vaccine Type	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
Date/Time of Start of Administration	10/2/2011
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)
Administered Amount (of Vaccine)	0.25
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	D9334IN9333
Substance Expiration Date	5/22/2012
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)
Completion Status	CP
Route of Administration	Intramuscular (NCIT IM)
Administration Site	Left Deltoid (HL7 LD)

Influenza Annual Dose	
Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)
Value/Text for Vaccine Type	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
Date/Time of Start of Administration	2/21/2011
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)
Administered Amount (of Vaccine)	0.25
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	D9553IN2243
Substance Expiration Date	4/30/2012
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)
Completion Status	CP
Route of Administration	Intramuscular (NCIT IM)
Administration Site	Left Deltoid (HL7 LD)

Notes for Testers

No Note