## Description

The nurse administers the the MMRV vaccine
• Documents all required information for each vaccine

## Comments

No Comments

## PreCondition

Order is placed for MMRV vaccine.

## PostCondition

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 to Testers

No Note