

**Description**

The nurse administers the inactivated influenza vaccine  
&bull; 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**

EMR Records the following vaccine administration information:

Entered BY	Sandra Molina	
Ordering Provider	Frank Smith	
Entering Organization	Shoreline Pediatrics	
Vaccine Event information source (Administration Notes)	New immunization record (NIP001 00)	
Value/Text for Vaccine Type	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0514-25)	
Date/Time of Start of Administration	Current Date	
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	Sandra Molina	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	
Lot Number	D8043IN8855	
Substance Expiration Date	8/25/2015	
Substance Manufacturer Name	Sanofi Pasteur (MVX PMC)	
Completion Status	CP	
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	
Administration Site	Left Thigh (HL7 LT)	
VFC Eligibility	No	

**Notes for Testers**

No Note

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