

Description

The EHR vendor loads immunization history data from another practice into the record 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 from another 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 history data from another practice as provided, with all required attributes indicated by [Y]:

Historical Vaccine from Another Practice - Dtap	 	 			
Entered BY	Sandra Molina	Y			
Ordering Provider	J. Rodriguez	Y			
Entering Organization	Shoreline Pediatrics	Y			
Vaccine Event information source (Administration Notes)	Historical information - from parent's written record (NIP001 03)	Y			
Value/Text for Vaccine Type 	DTaP	Y			
Date/Time of Start of Administration	8/31/2014	Y			
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)	Y			
Administered Amount (of Vaccine)	0.5	Y			
Administered Units (of Measure)	mL	Y			
Administering Provider	Linda Casera	Y			
Administered-at Location	4253 Standish Way, Stamford Connecticut 06903	Y			
Lot Number	D643QS8243	Y			
Substance Expiration Date	9/1/2014	Y			
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y			
Completion Status	CP	Y			
Route of Administration	Intramuscular (NCIT IM)	Y			
Administration Site	Left Deltoid (HL70163 LD)	Y			
 	 	 			
Historical Vaccine from Another Practice - Polio	 	 			
Entered BY	Sandra Molina	Y			
Ordering Provider	J. Rodriguez	Y			
Entering Organization	Shoreline Pediatrics	Y			
Vaccine Event information source	Historical information - from parent's written record (NIP001 03)	Y			
Value/Text for Vaccine Type 	poliovirus vaccine, inactivated (CVX 10)	Y			
Date/Time of Start of Administration	2/21/2011	Y			
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10)	Y			
Administered Amount (of Vaccine)	0.5	Y			
Administered Units (of Measure)	mL	Y			
Administering Provider	Linda Casera	Y			
Administered-at Location	4253 Standish Way, Stamford Connecticut 06903	Y			
Lot Number	D335PV9644	Y			
Substance Expiration Date	2/22/2011	Y			
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y			
Completion Status	CP	Y			

Route of Administration	Intramuscular (NCIT IM)	Y							
Administration Site	Left Deltoid (HL70163 LD)	Y							
Reaction	VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS	Y							

Notes for Testers

No Note

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