

Description

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

Comments

In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps.

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.

Request/Receive Patient Immunization Data and Identify Source: The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps. However, the complete list of data element content is provided:

Influenza Dose 1 of 2		
Entered BY	Sandra Molina	N
Ordering Provider	Carlos Herrera	N
Entering Organization	Shoreline Pediatrics	N
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y
Date/Time of Start of Administration	9/25/2011	Y
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y
Administered Amount (of Vaccine)	0.25	N
Administered Units (of Measure)	mL	N
Administering Provider	J. Martinez	N
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	N
Lot Number	D8043IN8734	N
Substance Expiration Date	3/12/2012	N

Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N
Completion Status	CP	N
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	N
Administration Site	Left Thigh (HL7 LT)	N
Influenza Dose 2 of 2		
Entered BY	Sandra Molina	N
Ordering Provider	Carlos Herrera	N
Entering Organization	Shoreline Pediatrics	N
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	10/29/2011	Y
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y
Administered Amount (of Vaccine)	0.25	N
Administered Units (of Measure)	mL	N
Administering Provider	J. Martinez	N
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	N
Lot Number	D8043IN8734	N
Substance Expiration Date	3/12/2012	N
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N
Completion Status	CP	N
Route of Administration	Intramuscular (NCIT IM)	N
Administration Site	Right Thigh (HL7 RT)	N

Influenza Annual Dose		
Entered BY	Sandra Molina	N
Ordering Provider	Carlos Herrera	N
Entering Organization	Shoreline Pediatrics	YN
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	10/2/2012	Y
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y
Administered Amount (of Vaccine)	0.25	N
Administered Units (of Measure)	mL	N
Administering Provider	J. Martinez	N
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	N
Lot Number	D9334IN9333	N
Substance Expiration Date	5/22/2013	N
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N
Completion Status	CP	N
Route of Administration	Intramuscular (NCIT IM)	N
Administration Site	Left Deltoid (HL7 LD)	N

Influenza Annual Dose

Entered BY	Sandra Molina	N
Ordering Provider	Carlos Herrera	N
Entering Organization	Shoreline Pediatrics	YN
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	11/4/2013	Y
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y
Administered Amount (of Vaccine)	0.25	N
Administered Units (of Measure)	mL	N
Administering Provider	J. Martinez	N
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	N
Lot Number	D9553IN2243	N
Substance Expiration Date	4/30/2014	N
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	N
Completion Status	CP	N
Route of Administration	Intramuscular (NCIT IM)	N
Administration Site	Left Deltoid (HL7 LD)	N

Notes for Testers

No Note