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



PreCondition

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

-PostCondition -

The immunization history for Rotavirus 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]: Rotavirus Dose 1 of 3 Entered BY Sandra Molina Ordering Provider Jane Carter Shoreline Pediatrics Y Entering Organization Administration Notes (Vaccine Event information source) Historical Immunization (NIP001 01) Y Date/Time of Start of Administration 1/22/2010 Y rotavirus, live, monovalent vaccine (CVX 119) ROTARIX (NDC 58160-0854-52) Vaccine Administered Dose Number 1 3 Doses in Series 0.5 Y Administered Amount (of Vaccine) Y Administered Units (of Measure) mL Administering Provider Jane Carter 325 Shorline Drive, Stamford Connecticut 06901 Y Administered-at Location Lot Number 6359RV533 Y Substance Expiration Date 2/15/2010 Y Y Substance Manufacturer Name GlaxoSmithKline Biologicals SA (MVX SKB) Completion Status Route of Administration Intramuscular (NCIT C28161, HL70162: IM) Administration Site Left Thigh (HL7 LT) Y Rotavirus Dose 2 of 3 Entered BY Sandra Molina Y Y Ordering Provider Carlos Herrera Entering Organization Shoreline Pediatrics Y Vaccine Event information source Historical Immunization (NIP001 01) Y Value/Text for Vaccine Type rotavirus, live, monovalent vaccine (CVX 119) Y Date/Time of Start of Administration rotavirus, live, monovalent vaccine (CVX 119) Y Vaccine Administered ROTARIX (NDC 58160-0854-52) Administered Amount (of Vaccine) 0.5 Y Y Administered Units (of Measure) mL Y Administering Provider J. Martinez 333 Oceanview Lane, Stamford Connecticut 06901 Administered-at Location 6359RV932 Lot Number 5/10/2011 Substance Expiration Date Y Substance Manufacturer Name GlaxoSmithKline Biologicals SA (MVX SKB) Y

Intramuscular (NCIT IM)

Right Thigh (HL7 RT)

Y

Y

Notes to Testers

Completion Status

Administration Site

Route of Administration

No Note