

Description

The nurse administers the inactivated influenza vaccine
- 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. The coded values are not expected to be displayed to the user, but it is expected that the value selected has the identified meaning, and it is expected that the system will use the coded value when the attribute is conveyed in later transactions:

| | | |
|---|---|--|
| 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 | 10/31/2017 | |
| 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 | |
| Funding Source | Private | |

Notes for Testers

No Note