

**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, lot number, manufacturer, Vaccine Information Statement date, quantity of vaccine/dose size and ordering clinician. The system also assures data quality, i.e., data entered are appropriate (e.g., avoid “oral” route for IM vaccines, and assure dose is appropriate for the vaccine).

**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 49281-0519-00)
Date/Time of Start of Administration	Current Date
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161), FLUZONE QUADRIVALENT (NDC 49281-0519-00)
Vaccine 2-D Data Matrix	
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	12/31/2020
Substance Manufacturer Name	Sanofi Pasteur (MVX PMC)
Completion Status	CP
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)
Site	Left Deltoid (HL70163 LD)
VFC Eligibility	No
Funding Source	Private

#### Notes

The EMR does not need to specify a 'new immunization', as long as there is a way to indicate that it is a new immunization within the EMR, this is acceptable (e.g. the default interpretation of the data entry is that it is a new immunization and not historical).