#### Description

Since Anita is a healthcare worker with no evidence of immunity to Hepatitis B, the nurse administers a Hepatitis B vaccination to adult patient, Anita Francesca Marina:

- Documents all required information for the Hepatitis B vaccine

#### Comments

No Comments

### **Pre-condition**

Order is placed for the Hepatitis B vaccine.

#### **Post-Condition**

The administration of the Hepatitis B vaccine is recorded in the EHR.

## **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).

Note: Adult Patient

### **Evaluation Criteria**

The EHR or other clinical software system 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	Jessica Mason		
Ordering Provider	Shannon Price		
Entering Organization	Metro Primary Care		
Vaccine Event information source	New immunization record (NIP001 00)		
Date/Time of Start of Administration	Current Date		
Vaccine Administered	hepatitis B vaccine, adult dosage (CVX 43) ENERGIX-B (58160-0821-05)		
2-D Data Matrix			
GTIN	10358160821056		
Administered Amount (of Vaccine)	1		
Administered Units (of Measure)	mL		
Administration Notes			
Administering Provider	Jessica Mason		
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901		
Lot Number	6942FL12		
Substance Expiration Date	12/31/2021		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)		
Completion Status	Completed (CP)		
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)		
Administration Site	Left Deltoid (LD)		
VFC Eligibility	No		
Funding Source	Private		
Dose	1 of 2		
VIS Publication Date	8/15/2019		
VIS Given Date	Current Date		
VIS Fully Encoded Text-String	253088698300005911190815		

# Notes