

Description

After administering a seasonal influenza vaccination, Sandra Molina, the nurse recording the administration information realize she made a mistake in documenting the body site where the vaccine was administered. The vaccination was accidentally recorded as being given in the left deltoid HL7 Table 0163 RD). However, it was actually administered into the patient's right deltoid (HL7 Table 0163 RD) because the patient had a shoulder spica cast on her left side.

Comments

No Comments

Pre-condition

The Influenza vaccination has been documented in the EMR or other clinical software system with the incorrect body site for the dose given, left deltoid HL7 Table 0163 RD)

Post-Condition

The vaccination records has been transmitted to the IIS with the corrected body site for the Influenza dose, right deltoid (HL7 Table 0163 RD).

Test Objectives

Transmit Standard Patient Immunization History Report: The EHR or other clinical software system directly or indirectly through an intermediary creates and transmits a report of a patient's newly administered or newly identified immunization history to public health immunization registries.

Support for update functionality


Link Standard Codes to Immunization Data: The EHR or other clinical software system links standard codes (i.e., LOINC for lab tests or evaluation tools, SNOMED CT for conditions or observations, NDC codes for current immunizations, CVX for historical immunizations, appropriate codes for administration site, route, method, etc.) to discrete data elements associated with an immunization.

Note: Testing for NDC codes, CVX for immunizations.

Evaluation Criteria

The chart is updated to reflect the vaccine was administered into the right deltoid.

The VXU/Z22 message passes validation using the NIST Immunization VXU Validation Tool (Z22) (context-free). The content of the message correctly reflects the test data (context-based) in accordance with the Test Data Specification and the Message Content.

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 (CVX 150) FLUARIX QUADRIVALENT (NDC 58160-0890-41)
Vaccine 2D Barcode	
Date/Time of Start of Administration	Current Date
Administered Amount (of Vaccine)	0.5
Administered Units (of Measure)	mL
Administering Provider	Sandra Molina
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901
Lot Number	8L4B3521
Substance Expiration Date	12/31/2023
Substance Manufacturer Name	GlaxoSmithKline (SKB)
Completion Status	Completed (CP)
Route of Administration	Intramuscular (NCIT C28161, HL70162 IM)
Administration Site	Right Deltoid (HL70163 RD)
VFC Eligibility	Yes
Funding Source	Public
VIS Given Date	Current Date
VIS Fully Encoded Text-String	253088698300010311210806

Notes

None