

Giving vaccines to patients

- All education about immunizations must be done with family **BEFORE** vaccines are given
- After injections are given, parent or patient will not be able to listen, learn, or ask questions as well

First – make certain the patient/family have received the education they need!

- Education includes
 - Information on:
 - Vaccines being given
 - Diseases and their complications
 - Contraindications to vaccines
 - Side effects of vaccines
 - After-care instruction sheets
 - Giving out Vaccine Information Statements (VIS)
 - Must be given to all patients
 - Each time they get a vaccine
 - For every vaccine they get
 - Answering all family/patient questions
- If you are not absolutely sure of the answer, refer question back to provider

Educate the patient or parent

- Vaccine Information Sheets (VIS)
 - Must be given with each vaccine administered
 - This is minimum standard for education of family
 - More information is definitely allowed

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

- It causes a rash, itching, fever, and tiredness.
- It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.
- A person who has had chickenpox can get a painful rash called shingles years later.
- Before the vaccine, about 11,000 people were hospitalized for chickenpox each year in the United States.
- Before the vaccine, about 100 people died each year as a result of chickenpox in the United States.

Chickenpox vaccine can prevent chickenpox.

Most people who get chickenpox vaccine will not get chickenpox. But if someone who has been vaccinated does get chickenpox, it is usually very mild. They will have fewer blisters, are less likely to have a fever, and will recover faster.

2 Who should get chickenpox vaccine and when?

Routine

Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages:

1st Dose: 12-15 months of age

2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)

People 15 years of age and older (who have never had chickenpox or received chickenpox vaccine) should get two doses at least 28 days apart.

Chickenpox

1/10/07

Catch-Up

Children or adolescents who are not fully vaccinated should receive one or two doses of chickenpox vaccine. The timing of these doses depends on the person's age. Ask your provider.

Chickenpox vaccine may be given at the same time as other vaccines.

Note: Chickenpox vaccine may be given along with measles-mumps-rubella (MMR) vaccine in a combination vaccine called MMRV.

3 Some people should not get chickenpox vaccine or should wait

- People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or a previous dose of chickenpox vaccine.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.
- Pregnant women should wait to get chickenpox vaccine until after they have given birth. Women should not get pregnant for 1 month after getting chickenpox vaccine.
- Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:
 - Has HIV/AIDS or another disease that affects the immune system
 - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
 - Has any kind of cancer
 - Is getting cancer treatment with radiation or drugs
- People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your doctor or nurse for more information.

Educate the patient or parent (cont)

- VIS (cont)
 - Document Publication date of VIS
 - Usually located on back of VIS, at lower right
 - E.g., Varicella Vaccine VIS 1-10-07
 - Use only current edition of VIS
 - Recycle out-of-date editions



4 What are the risks from chickenpox vaccine?

Getting chickenpox vaccine is much safer than getting chickenpox disease. Most people who get chickenpox vaccine do not have any problems with it.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 20, or less). It is possible for these people to infect other members of their household, but this is extremely rare.

Note: MMRV vaccine has been associated with higher rates of fever (up to about 1 person in 5) and measles-like rash (about 1 person in 20) than MMR and varicella vaccines given separately.

Moderate Problems

- Seizure (jerking or staring) caused by fever (less than 1 person out of 1,000).

Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood counts, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

5 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

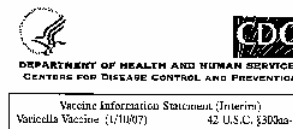
6 The National Vaccine Injury Compensation Program

A federal program has been created to help people who may have been harmed by a vaccine.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC website at: www.cdc.gov/nip



Remember:

- Do not pre-fill syringes
 - Only give vaccines that you have drawn up
 - Varicella, MMRV and Zoster **must** be used within 30 minutes after reconstitution
- Do not give half or partial doses of vaccine
 - They are invalid doses
 - They do not count
 - Be VERY CAREFUL giving TIV to children!!

Preparation: Protect Yourself & Your Patient

- The 7 “rights” of vaccine administration
 - Right person
 - Right vaccine
 - Right site
 - Right technique
 - Right dose
 - Right route
 - Right documentation

Preparation: Protect Yourself & Your Patient

- NEVER recap a used needle
- Do NOT separate a used needle from the syringe
- Discard used syringe & needle in puncture-proof sharp's container
- NEVER put your hand into these containers
- Discard containers appropriately
(according to your health center's policy)

Preparation

- Wash your hands properly
- Gloves are not required by law
 - Unless your health center’s policy requires them
 - Unless the situation demands them
 - When would “a situation demand” the use of gloves?

Preparation

- Choose the correct vaccine from the frig or freezer
- Inspect the vaccine
- Check the expiration date
- Double check the vaccine vial label
 - Is it the correct vaccine?
 - Is it the correct formulation for patient's age?
- Double check vaccine with your order from a provider for the vaccine

Preparation

- Select correct needle length and gauge
- What choices of needle lengths and gauges are there in your health center?
- Why does this make a difference?

Injectable Vaccine Administration for Children Birth-6 years

Vaccine	Age/Reminders	Route	Site ±	Needle*	Contraindications ⊕
Diphtheria, Tetanus, Pertussis (DTaP)	6 weeks-6 years	IM	Anterolateral Thigh or Deltoid [±]	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy without other cause within 7 days of a pertussis- containing vaccine
<i>Haemophilus influenzae</i> type B (Hib)	No routine doses after 59 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal conjugate (PCV7)	No routine doses after 59 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Hepatitis B (Hep B)	1 st dose at birth; last dose at/after 6 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	Give one dose at/after age 4 years for school entry	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, polymyxin B)
		IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1 st dose at/after 12 mo; 4 week interval between two doses	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Varicella (Var)	1 st dose at/after 12 mo; 3 mo interval between two doses	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Inactivated Influenza (TIV)	6 months and older; brand to use based on age	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Hepatitis A (Hep A)	1 st dose at/after 12 mo 2 nd dose 6 mo later	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

± Vaccines should never be administered in the buttocks. ⊕ See package insert for complete contraindication/component listing; may vary by brand * Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.

± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections. December 18, 2006

Injectable Vaccine Administration for Children 7-18 Years

Vaccine	Age/Reminders	Route	Site*	Needle*	Contraindications ⊕
Tetanus, diphtheria (Td)	7 years and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Tetanus, diphtheria, pertussis (Tdap)	Routinely given at age 11-12 years; one dose ☐	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy within 7 days of previous pertussis vaccine without other known cause
Hepatitis B (hep B)	1 st dose at birth; last dose at/after 6 mo	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	Give one dose at/after age 4 years for school entry	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, or polymyxin B)
		IM	Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1 st dose at/after 12 mo	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	1 st dose at/after 12 mo 12mo-12 yr: 3 months between dose 1 & 2	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	6 months and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Meningococcal Conjugate (MCV4)	11-55 years	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component
Human Papilloma-virus (HPV4)	Females 9-26 years	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to yeast

* Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

☐ Two Tdap vaccines available: Boostrix® (GSK) is licensed for persons 10-18 yrs; ADACEL™ (sanofi pasteur) licensed for persons 11-64 yrs.

December 18, 2006

Injectable Vaccine Administration for Adults*

Vaccine	Age/Reminders	Route	Site	Needle Size	Contraindications†
Tetanus/Diphtheria (Td)	7 years & older	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; For Tdap: encephalopathy within 7 days of previous pertussis vaccine dose without other known cause
Td with pertussis (Tdap)	11-64 yrs (Adacel®) 10-18 yrs (Boostrix®)				
Hepatitis B (hep B)	3-dose series; no boosters recommended	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component (baker's yeast)
Hepatitis A (hep A)	2-dose series; 2 nd dose 6 mo after 1st	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix® only: 2-phenoxyethanol)
Measles/Mumps/Rubella (MMR)	Born 1957 or later, assure 1 dose given; 2 doses for high risk	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	Born 1980 or later, assure 2 doses or evidence of immunity	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Given yearly (thru March)	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component (eggs)
Pneumococcal Polysaccharide (PPV 23)	No more than 2 lifetime doses	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to prior dose or component
	Space at least 5 years apart	IM	Deltoid	1" – 1.5" 22-25g	
Meningococcal Conjugate (MCV4)	Adolescents & persons at risk age 11-55; 1 dose	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component
Human papillomavirus (HPV4)	Females age 9-26; 3-dose series	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; hypersensitivity to yeast
Zoster (zoster)	Adults 60 years and older	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy

* Routinely screen for and administer these vaccines as needed. See Adult Immunization Schedule for additional information on risk groups, dosing and minimum intervals. For travel and select-group vaccine information (IPV, yellow fever, rabies, etc.), refer to www.cdc.gov/nip

† Vaccines should never be administered in the buttocks. See package insert for complete contraindication/component listing; components may vary by brand of vaccine
December 18, 2006

Giving vaccines

- Some vaccines now come in pre-filled syringes
 - But many still come in vials
 - Vials may be
 - Single dose vials
 - Multiple dose vials
- Wipe off rubber stopper with alcohol
- Mix vaccine with appropriate diluent (when necessary)
- Draw up correct “dose”
 - What does “dose” or “dosage” mean?
 - Definition: amount of vaccine you will give
- Changing needles is not necessary unless the needle is contaminated or damaged

Giving vaccines

- What is the correct dosage for these vaccines?
 - Hep A
 - Hep B
 - DTaP
 - Td
 - Tdap
 - Rota
 - Hib
 - IPV
 - PCV7
 - MMR
 - Varicella
 - MMRV
 - Zoster
 - MCV4
 - HPV
 - TIV
 - LAIV
 - PPV23

Giving vaccines

(2)

- Organize your med tray carefully
 - Label each vaccine syringe
 - Label each vaccine EVERY time!
- What kind of meds trays are in your health center?

Giving Vaccines (3)

- What does “route of administration” mean?
 - Intramuscular (IM)- given at 90° angle
 - Subcutaneous (SQ) – given at 45° angle
 - By mouth (oral)
 - Intradermal (ID) – given at 15° angle
 - Route used for TB Skin Test
 - Rarely used in giving vaccines
 - Is NOT used in giving routine vaccines to children, adolescents, or adults

Routes of Administration

- Intramuscular: IM
- Subcutaneous: SC

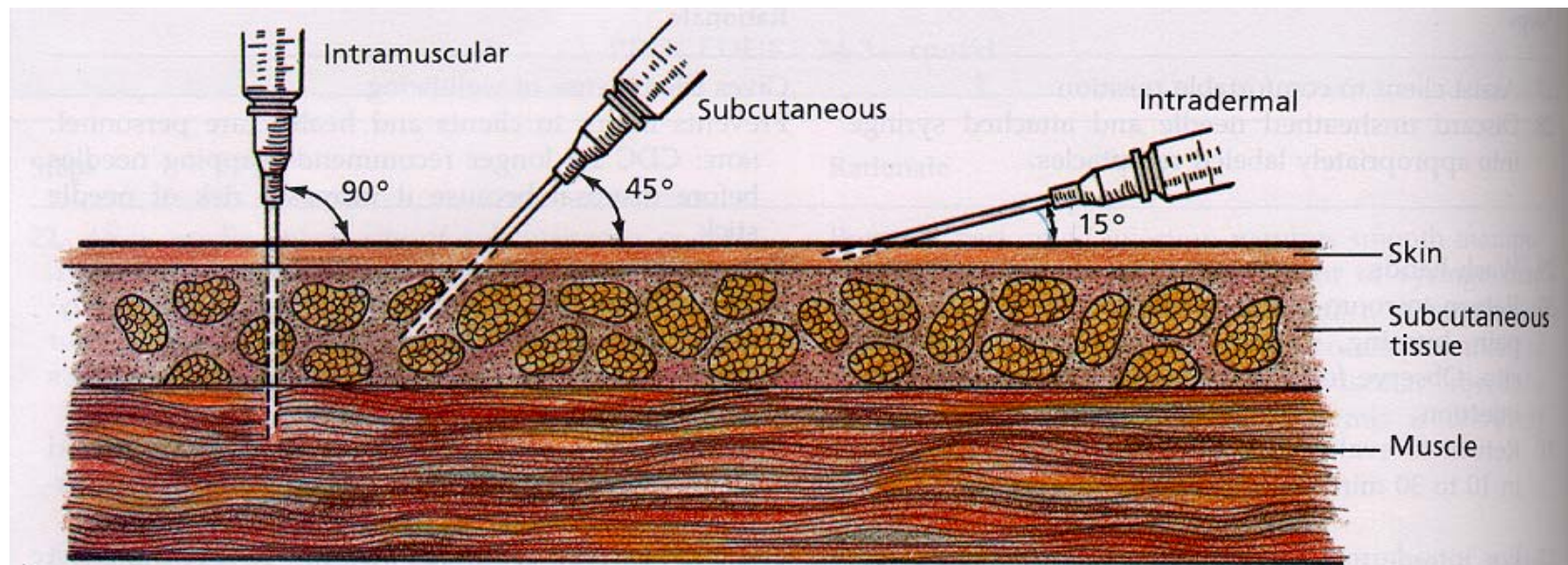


FIG. 24-14 Comparison of angles of insertion for intramuscular (90 degrees), subcutaneous (45 degrees), and intradermal (15 degrees) injections.

Know which vaccines are given by which route:

- These vaccines can be given *either* IM or SC
 - IPV
 - PPV23
- If you do not remember, look it up
- Do NOT guess!!

Know which vaccines are given by which route:

- These vaccines are **ONLY** given by the intramuscular (IM) route
 - Hep A
 - Hep B
 - DTaP, DT
 - Td,Tdap
 - Hib
 - PCV7
 - HPV
 - TIV
 - MCV4
- If you do not remember, look it up
- Do NOT guess!!

Know which vaccines are given by which route:

- These vaccines are **ONLY** given by the subcutaneous (SC) route
 - MMR
 - Varicella
 - MMRV
 - Zoster
 - MPSV4
- If you do not remember, look it up
- Do NOT guess!!

Know which vaccines are given by which route:

Give this vaccine **orally** (PO)

– Rota

• Give this vaccine **intranasally** (IN)

– LAIV

• If you do not remember, look it up

• Do NOT guess!!

Giving the Injection

- What is an injection site?
 - Place on body where vaccine is given
- Appropriate sites for vaccines
 - upper arm (more information on next slides)
 - or thigh (more information on next slides)
- Routine vaccines are never, **NEVER** given in buttocks
- Clean site with alcohol wipe
 - Start at center in circular motion outward

Insert needle at appropriate angle

Giving the Injection

- Aspiration (pulling back on the plunger) is not required
 - No large blood vessels exist at recommended sites
- Always give vaccines in separate limb if possible
- If more than one vaccine is given in a limb, separate by 1-2 inches
- After injection, apply gentle pressure with cotton ball, gauze, or band-aid

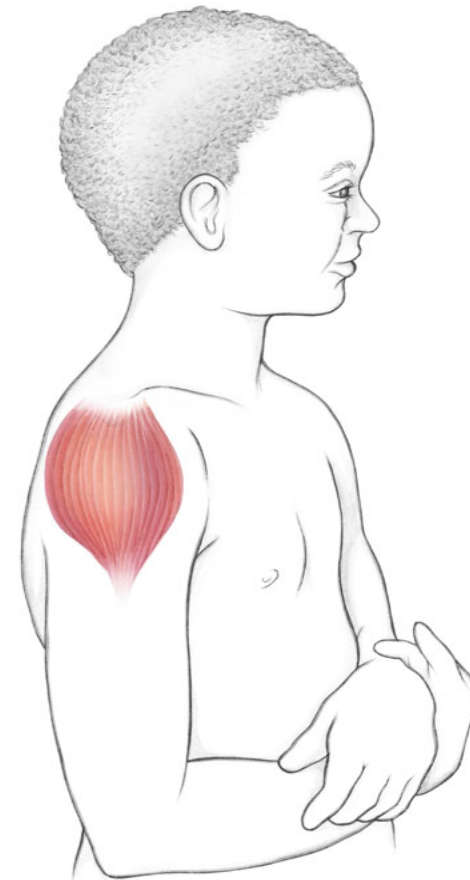
IM Injections: Infants & Toddlers

- Anterolateral thigh
(vastus lateralis)



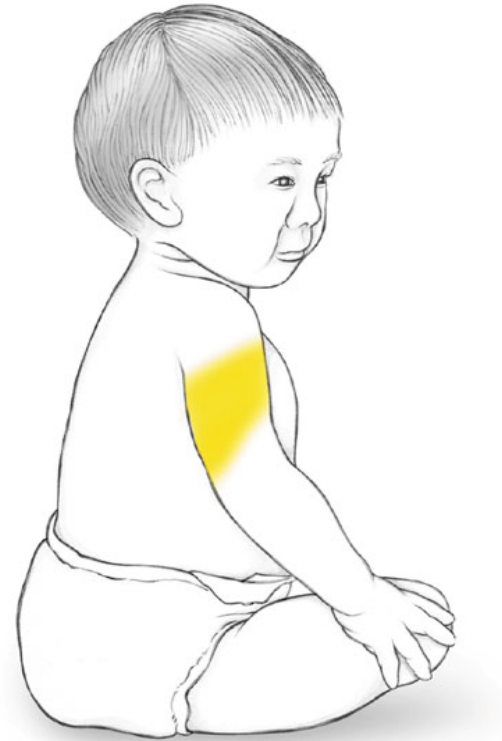
IM Injections: Children and Adults

- Deltoid muscle



SC Injections: Infants & Toddlers

- Outer aspect of the upper arm
- Outer aspect of the anterolateral thigh



SC Injections: Children & Adults

- Outer aspect of the upper arm



Test Your Knowledge!

You are giving PCV7 and varicella to a 2 year old.
Complete the table below.

	PCV7	varicella
Route	?	?
Site	?	?
Needle length	?	?
Insertion angle	?	?

Test Your Knowledge! cont

You are giving Tdap and MCV4 to a 12 year old.
Complete the table below.

	Tdap	MCV4
Route	?	?
Site	?	?
Needle length	?	?
Insertion angle	?	?

Test Your Knowledge! cont

You are giving IPV and DTaP-IPV-HepB (Pediarix) to a 6 month old child. Complete the table below.

	IPV	DTaP-IPV-HepB
Route	?	?
Site	?	?
Needle length	?	?
Insertion angle	?	?

Giving Vaccines

- Giving all vaccines for which patient is due at each visit
 - Usually means giving many injections at one visit
- How do you feel about this?

Multiple Injections

- What is the safest way to give many injections to one person?
 - Two or more injections may be given in the same limb when necessary
 - Separate two injections by at least 1-2 inches
 - Use combination vaccines
 - Means fewer number of injections
 - REMEMBER: Use of combination vaccine is provider's decision
 - If you feel a combination vaccine could be used, but is not ordered – discuss with provider. (You may be correct!!)
- **Do not mix multiple separate vaccines in a single syringe**
 - Unless licensed that way

Giving All the Doses Under 12 Months

- Needle Lengths:

IM=1 inch SC=5/8 inch

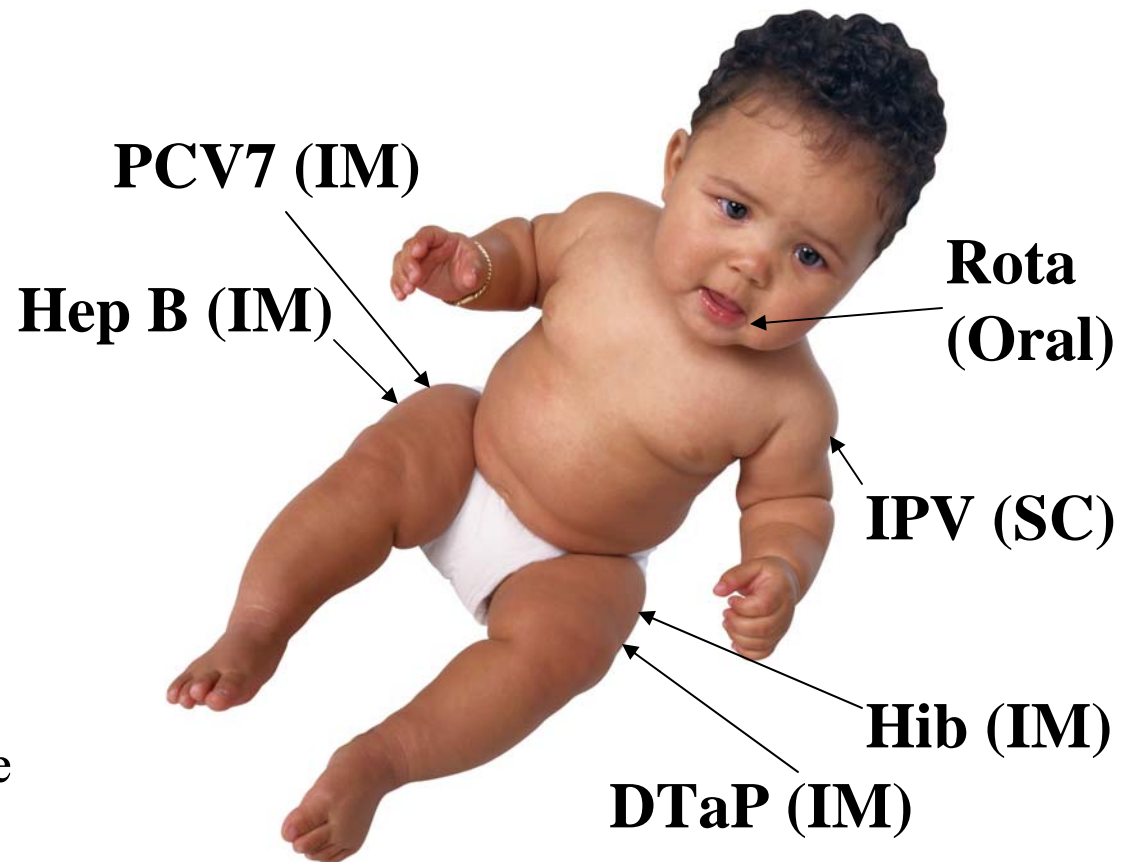
- Using combination vaccines will decrease the number of injections

- IM injections are given in the infant's thigh

- SC injections may be given in the arm or thigh

- Separate injection sites by 1-2 inches

- May consider a 5/8" needle for IM injections only in newborns less than 4 wks



Giving All the Doses 12 Months and Older

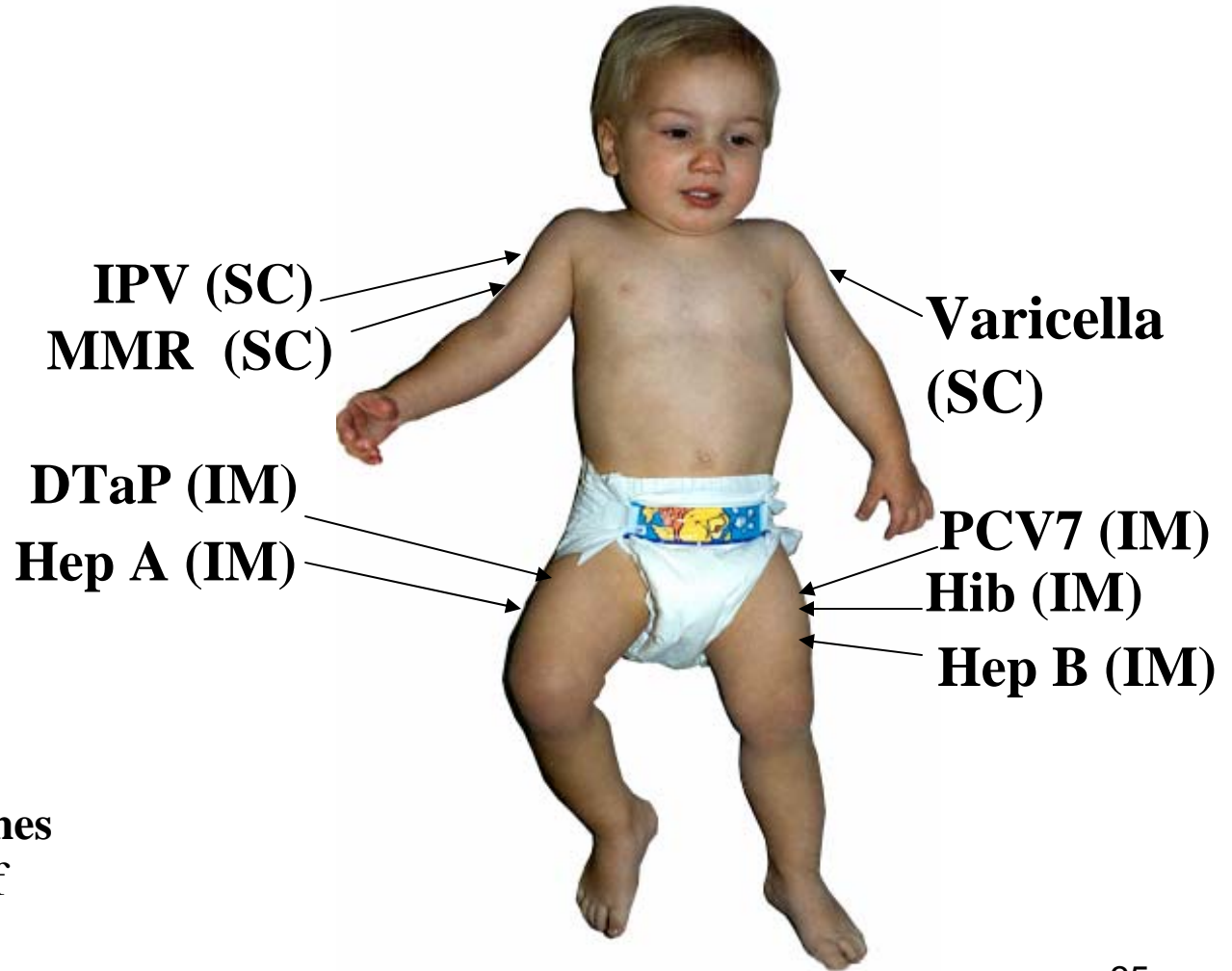
- Needle Lengths
IM=1 to 1.5 inches
SC=5/8 inch

- Separate injection sites by 1-2 inches

- Anterolateral thigh is the **preferred** site for multiple IM injections

- Deltoid (upper arm) is an option for IM in children ≥ 18 mo with adequate muscle mass

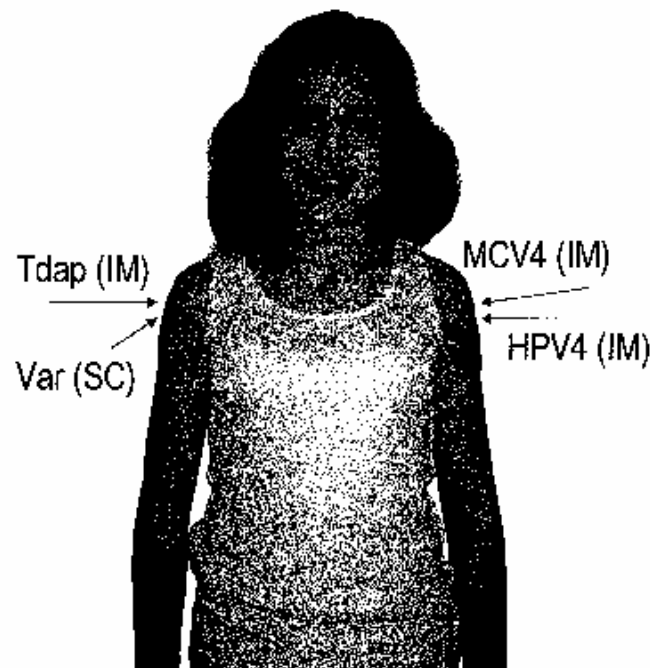
- Using **combination vaccines** will decrease the number of injections needed to keep a child up-to-date



Giving all the doses

GIVING ALL THE DOSES 11-12 Years of Age

- Needle Lengths
IM= 1 to 1.5 in
SC= 5/8 in
- Separate injection sites by 1-2 inches
- Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.
- Assess for other recommended vaccines that may be needed-
 - MMR
 - hep B
 - influenza



NOTE:

Var should be administered to school age children and adolescents without:

- history of 2 doses of varicella vaccine
- a healthcare provider's diagnosis of varicella disease or verification of history of typical varicella disease
- history of shingles

HPV4 is licensed for use in **girls only** 9-26 years of age

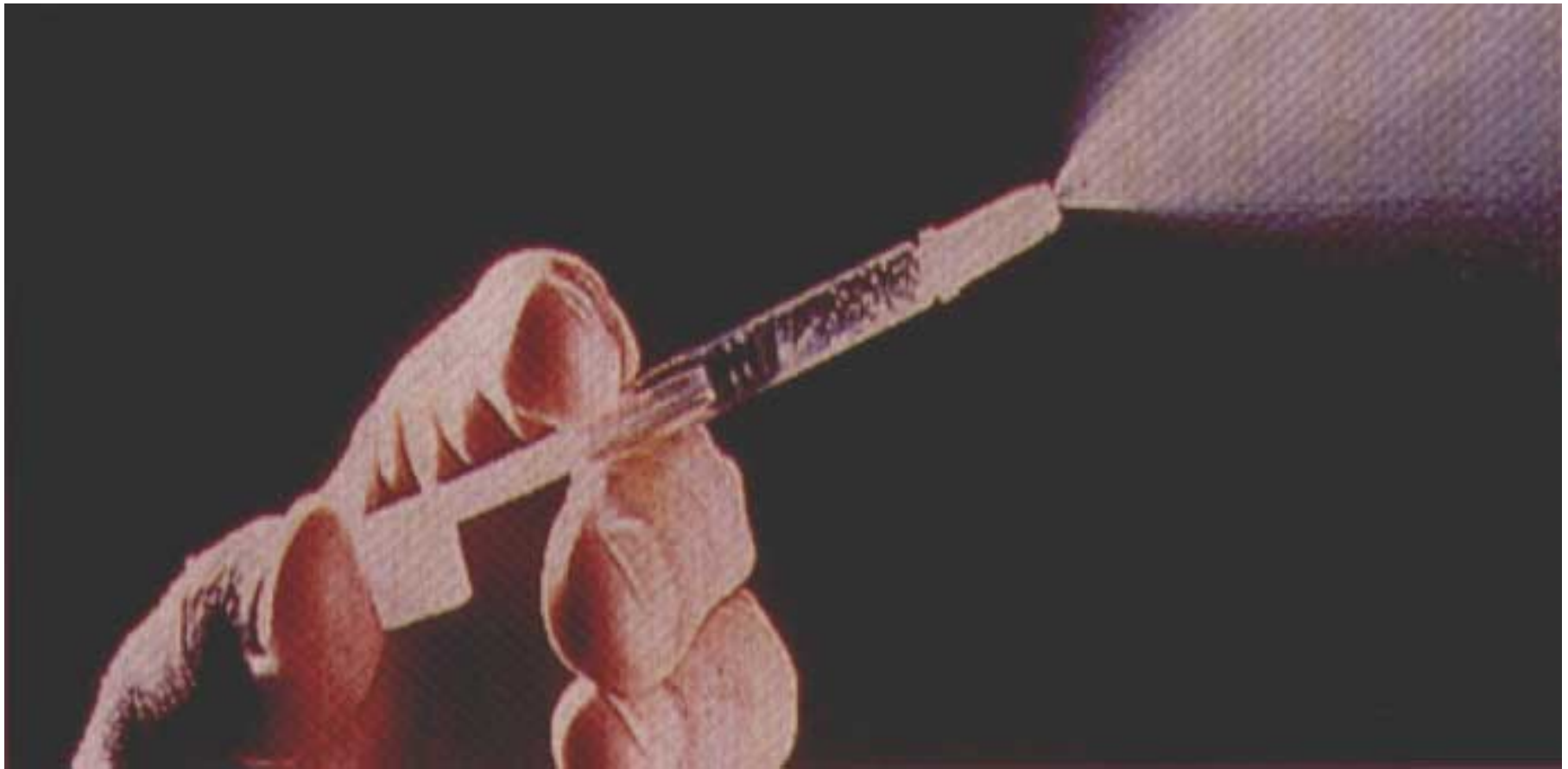
MMRV (ProQuad®) is licensed for children 12 months thru 12 years of age only

Special Tips for Administering Rotavirus Vaccine (Rota)

- Each pre-filled tube contains 2 mL
- Give this vaccine orally
- Give this vaccine first—before you give the shots
 - Less likely to spit-up the vaccine
- Insert the tip of the tube inside mouth toward the inner cheek
 - Slowly squeeze the tube until empty (small drop may remain in the tip)

Special Tips for Administering Rotavirus Vaccine (Rota) cont

- If the infant spits up part or “all” of vaccine
 - Do NOT repeat this dose
 - Count this as a valid dose
- May give food/fluids before or after vaccine
- Dispose of tube/cap in a biologic waste container
 - This is a live, attenuated vaccine



Live attenuated influenza vaccine (LAIV)

Special Tips for Administering LAIV

- Each pre-filled, single-use sprayer contains 0.5 mL
- Thaw immediately prior to administering (hold in palm of hand, and make a fist)
- Position recipient in up-right position with head tilted back & breathing normally
- Administer 0.25mL **to each nostril** (divider clip separates doses)

Try to make the Immunization Visit a positive experience...

- For the child
- For the adolescent
- For the adult
- For the parent
- **FOR YOU!**

Positive Experience cont

- Think about the set-up of the exam room where you give vaccines
- Is it set-up
 - In a way that allows you to be efficient?
 - In a way that allows you to work safely?
 - In a way that is as comfortable for your patients as possible?
 - Have sharps container in convenient spot
 - Have med tray with next syringes in convenient spot

Positive Experience cont

- Be positive:
 - Use a calming and soft voice tone
 - Be aware of what your non-verbal actions are saying
 - Include everyone in the immunization process
 - Don't just talk to the parent, if the child is older than an infant
 - Make eye contact

Positive Experience cont

- **Be honest:**
 - Explain what to expect
 - Explain about pain
 - Explain there will be a “poke”
 - But you “will work as quickly as possible”
 - OK to “tell me it hurts”
 - But “hold very still”

Positive Experience cont

- Be Creative (but be safe!):
 - Think about times when you had injections or your child had injections
 - What did the nurse do that was helpful?
 - What did the nurse do that was not helpful?
 - Try Distraction Techniques.
 - Ask child to
 - Count
 - Sing
 - Blow or pant
 - Ask questions to older patients
 - Or engage patients in conversation

Distraction Techniques

- Use colorful band-aids
- Give out stickers
- Offer praise for “doing well” or “holding still”
- Tell children is it “OK” to cry
 - But “hold still”
 - For boys as well as girls
- Remember:
 - It is equally important to make this a positive experience for:
 - Adults
 - Adolescents
 - Children

Giving Vaccines

- Positioning your patient
 - Ask older children, adolescents, & adults to be seated while you give vaccines
- Holding a child
 - Safe
 - Effective
 - Comforting Restraint
 - Involve the parent when giving vaccines to child
 - Remember: Make it a positive experience for the family

Positioning Techniques

(1)

- There are many ways to position a child
- Let's practice:
 - Infant
 - Toddler
 - Child
 - Elementary age
 - Adolescent

Comfort Measures

- Cuddling and hugs help a lot
- Give praise, bandaids and stickers
- After-care instructions should include:
 - Applying cold, wet washcloth to injection sites
 - Giving non-aspirin containing medication as needed for discomfort or fever
 - Exercising the limbs to decrease soreness
- See handouts in AIM kit:
 - “After the Shots...” for children and adolescents
 - “After Receiving Vaccines...” for adults

Observing for Reactions

- Does your health center ask patients to wait for 15 minutes after vaccination?
- Local (most common)
 - Redness, swelling, tenderness
- Syncope (fainting)
 - Pale, skin cool/clammy, vomiting
- Systemic (severe/anaphylactic)
 - Flushing, facial edema, itching, wheezing, difficulty breathing, swelling of the mouth or throat
 - Leads to respiratory arrest
 - Medical Emergency
- See handout in Aim kit: “Are You Prepared for a Medical Emergency?”

Trouble Shooting Issues

- **What do you do when...** Child pulls away and the full dose of vaccine is not administered
- **What do you do when...** Vaccine is administered by the wrong route or in the wrong site
- **What do you do when...** Parent/patient concerned about the number of injections or vaccines recommended

Special Situations

- Bleeding Disorders
 - Discuss with your provider
 - Take precautions to avoid excessive bleeding
- Latex Allergy
 - Discuss with your provider
 - Check package inserts on needles and vials
 - Those containing natural rubber (latex) must be avoided
- Limited Sites
 - Discuss with your provider
 - May be due to cast, amputation, surgery, injury etc.

Reminders

- Safely administer all needed vaccines at one visit
- Select the correct injection site
- Use the correct needle length
- Use a family-centered approach
- Store and handle vaccines correctly or nothing else matters!
- If you do not understand something, do not give vaccine until you understand!!

Games People Play #5

Note to instructor

- Ask attendees to draw stick figures
- Give them examples with vaccines typically given at various ages
 - Ask attendees to draw arrows to administration site for each vaccine
 - Practice with separate vaccines and combination vaccines
 - Practice with vaccines given to a wide range of ages (children, adolescents, adults)
 - Also write
 - Route of administration
 - Length of needle
 - Angle of insertion of needle

Games People Play #6

Note to instructor

- Scavenger Hunt (Part 1)
 - Divide vaccines (identified by abbreviations) amongst all individual attendees
 - Important instruction
 - Take care not to keep appliance door open too long
 - Attendees are to answer these questions for each vaccine and each formulation (e.g., adult & pediatric)
 - Kept in frig or freezer?
 - Brand name of your agency's vaccine?
 - Manufacturer and lot #?
 - Expiration date?
 - Range of expiration dates?
 - Will any expire in next three months?
 - Are vaccines arranged in order of soonest to expire to latest?
 - Are vaccines all in correct "bin" in frig or freezer?

Games People Play cont

Note to instructor

- Scavenger Hunt (Part 2)
 - Ask attendees to find VIS for all vaccines for which they were assigned
 - Bring copies for everyone in class
 - Point out VIS Publication Date
 - Point out paragraph about MCIR
 - “Highlight” a piece of information on VIS to share with class
 - About disease
 - About vaccine
 - About side effects
 - About contraindications
 - Etc.

Games People Play cont

Note to instructor

- Scavenger Hunt (Part 3)
 - Ask attendees to locate the AIM Kit in their office
 - Divide inside five folders amongst attendees
 - Each attendee is to highlight 1 or 2 forms or sheets of information in folder for the class
 - Tell us what is on the form or information
 - Tell us how you think it might be useful to you

Games People Play cont

Note to instructor

- Scavenger Hunt (Part 4)
 - Ask attendees to return with this information
 - Divide into groups as necessary
 - What size syringes are available to you? (Bring to class)
 - Are they safety syringes?
 - What size needles are available to you? (Bring to class)
 - Length of needles?
 - Gauge of needles?
 - Where are empty sharps containers located (for use when one is full)?
 - What do you do with a sharp container when it is “full”?