

VACCINES AT SHARING

- Student providers or pharmacy students may give vaccines.
- Complete other side and have faculty sign the form.
- If pharmacy students are going to give the vaccine, give the form to pharmacy.
- Give patient appropriate Vaccine Information Statement (VIS) to read before giving vaccine.
- After the vaccine is administered, the student provider will enter it into the medical record (see below).

FLU VACCINE (SHARING Stock)

- All persons age 6 months and older are eligible.
- Children under 9 years of age receiving an influenza vaccination for the first time need 2 doses approximately 1 month apart. If previously vaccinated*, they only need 1 dose.
- Dosage:
 - 6-35 months: 0.25 ml IM
 - 3 years and older: 0.5 ml IM
- Enter vaccine into the medical record under “Meds/Write Outpatient Prescriptions”:
 - Enter “Fluzone” in “Enter Search Text”
 - Select 4th option: “Fluzone 2010—2011 Susp (45 mcg/0.5) IM”
 - For children under 3 years, change “Disp Quantity” to 0.25 ml
 - Enter Lot Number under “Administer Lot#”.
 - Select “Administer”.

PNEUMONIA (SHARING Stock)

- Patients age 65 or older and those age 2-64 years with chronic disease, including diabetes, should have pneumococcal polysaccharide vaccine once before age 65.
- It may be given at same time as flu shot in the other arm.
- Enter vaccine into the medical record under “Meds/Write Outpatient Prescriptions”:
 - Enter “Pneumovax” in “Enter Search Text”
 - Select 1st option: “Pneumovax 23 Inj (25 mcg/0.5 ml) inj”
 - Enter Lot Number under “Administer Lot#”.
 - Select “Administer”.

GENERAL INSTRUCTIONS FOR INJECTIONS

- Draw up 0.5 ml of vaccine in 3 ml syringe with 25 gauge 5/8” needle.
- Change needle to 22 gauge 1” needle, which is appropriate for most adults.
- Take vaccine, alcohol prep, band-aid, and appropriate Vaccine Information Statement(s) (available in English and Spanish) to patient room. Gloves are available in the room.
- Give Vaccine Information Statement(s) to patient to read.
- Administer vaccine IM in deltoid muscle.

*1) At least 1 dose of 2009 H1N1 vaccine last flu season, **and** 2) at least 1 dose of seasonal vaccine **prior** to the 2009-2010 flu season **or** 2 doses of 2009-10 seasonal flu vaccine last flu season.

VACCINE ADMINISTRATION FORM

Ask patient the following questions before administering INFLUENZA vaccine:

- Yes No Have you had Guillain-Barre Syndrome?
- Yes No Have you ever had an allergic reaction to chicken eggs?
- Yes No Have you ever had a reaction to a flu shot before?
- Yes No Are you allergic to Thimerosal (merthiolate) or Mercury? (Contact Lens Solution)?
- Yes No Are you allergic to latex or do you have a latex sensitivity?
- Yes No Do you feel sick today?
- Yes No WOMEN ONLY: Are you pregnant or believe you could be pregnant?

STUDENT PROVIDER: Complete and give to pharmacy if you want pharmacy to administer the vaccine.

<i>Affix Patient Label Here</i>

Date: _____

FLU VACCINE LOT #: _____ R / L Deltoid

PNEUMOVAX LOT #: _____ R / L Deltoid

Yes No Patient given copy of Vaccination Information Sheet(s).

Yes No Patient's questions about vaccine, if any, were answered.

Faculty Signature: _____

Administered by: _____

PHARMACY: Enter Lot # and after administering the vaccine, give this form to student provider who will enter vaccine into the medical record.