

THE PRACTICE NURSE ROLE IN PRIMARY CHILDHOOD IMMUNISATION VACCINE ADMINISTRATION

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OUTLINE OF ROLE OF PN IN PRIMARY CHILDHOOD IMMUNISATIONS (PCI)

1. Introduction
2. Preparation for PCI Consultation
3. PCI Consultation
4. Post PCI Consultation
5. Trouble shooting
6. Professionalism & continuing education

INTRODUCTION

Each Practice Nurse must practise within his/her own Scope of Practice, (see "Scope of Nursing and Midwifery Practice Framework, 2000", available from An Bord Altranais) " and must take measures to develop and maintain the competence necessary for professional practice" (Code of Conduct, available from An Bord Altranais).

Therefore, Practice Nurses have a responsibility to ensure that they are suitably qualified and competent to undertake all aspects of their role. The autonomous nature of practice nursing means that issues pertaining to the Scope of Practice require constant reflection and vigilance on the part of the individual nurse.

INTRODUCTION

In relation to PCI, each PN must:

- ◉ Practice according to NIAC guidelines
- ◉ Frequently revise NIAC guidelines to keep up to date
- ◉ Register for NIAC newsletters
- ◉ Communicate effectively with parents and relevant clinical colleagues
- ◉ Establish clear local/in-house guidelines
- ◉ Report and address concerns/issues to line manager/medical director

PREPARATION FOR VACCINE ADMINISTRATION

1. Competencies and practice according national/local guidelines.
2. Vaccine Ordering, storage and paraphernalia to administer.
3. Review patient chart - preparation is key to minimise errors
4. Anaphylaxis/emergency action plan
5. Patient information leaflets,
<http://www.healthpromotion.ie/hp-files/docs/HNI00509.pdf>

THE PCI CONSULT

- ◉ Introductions - establish rapport
- ◉ 5 Rights - Patient, drug, dose, route, time
- ◉ GP on site
- ◉ Documented 6 week check-up with "fit for vaccines" note by GP along with PCI schedule prescribed by GP.
- ◉ Outline immunisations schedule - 5 visits in total (Visits 1-5 at ages 2, 4, 6, 12, 13mths)
- ◉ Outline potential Side Effects - new tear off pads
- ◉ Identify any Contraindications or relevant medical information - temperature, recent illnesses, hospital admissions.
- ◉ Opportunity given to parent to ask questions
- ◉ Seek GP consult if any doubts
- ◉ Consent at 1st Visit (2mths) & 4th Visit (12mths)

CONDITIONS THAT ARE NOT CONTRAINDICATIONS TO IMMUNISATION

1. Family history of any adverse reactions following immunisation.
2. Minor infections without fever or systemic upset.
3. Family or personal history of convulsions. Antipyretic measures are advisable following immunisation of children under 5 years with a family history of febrile convulsions.
4. History of pertussis, measles, rubella or mumps infection in the absence of proof of immunity.
5. Prematurity or low birth weight (defer Hep B in those under 2kg unless there is a maternal history of HBV infection).
6. Stable neurological conditions e.g. cerebral palsy.
7. Recent contact with an infectious disease.
8. Asthma, eczema, hay fever, migraine or food allergy.
9. Therapy with antibiotics or low-dose oral or locally-acting steroids.
10. Child's mother is pregnant.
11. Child being breastfed.
12. History of jaundice.
13. Child over the age recommended in immunisation schedule.
14. Recent or imminent surgery or general anaesthesia.
15. Corticosteroid replacement therapy.

CONTRAINDICATIONS AND PRECAUTIONS TO VACCINES

- Minor illness with a temperature of less than 38°C is not a reason to defer immunisation.
- Sometimes these recommendations differ from those in licensed information on the Summary of Product Characteristics (SPC).
- The benefits and risks of giving specific vaccines should be carefully considered when the events listed as precautions exist.
- When there are doubts as to whether or not to give a vaccine contact a Paediatrician or Public Health Specialist.



CONTRAINDICATIONS AND PRECAUTIONS TO VACCINES

Vaccine	Contraindications	Precautions
General for all vaccines	Confirmed anaphylactic reaction to the vaccine or to a constituent	Moderate or severe illness; defer until recovery, unless the benefits outweigh the risks Latex allergy
DTP/DTaP/Tdap	As above	Evolving neurological conditions; defer until stable
IPV	As above	Pregnancy; give if benefits outweigh risks
MMR	As above Pregnancy	<ul style="list-style-type: none"> - Recent administration of blood or blood product (defer for at least 3 months) - Immune deficiency or suppression (see note 3 below) - Thrombocytopenia within 6 weeks of a previous dose

PARENTAL CONCERNS

- Opportunity to voice common concerns such as ; young age, pain, number of vaccines and fear of reactions.
- Listen and acknowledge concerns
- Provide appropriate reassurance
- Professionalism
- Provide extra or more detailed information if necessary



Primary Childhood Immunisation Schedule



AGE	WHERE	VACCINATION
At Birth	Hospital or HSE Clinic	BCG
2 Months	GP	6 In 1 + PCV
4 Months	GP	6 In 1 + Men C
6 Months	GP	6 In 1 + PCV + Men C
12 Months	GP	MMR + PCV
13 Months	GP	Men C + Hib

1
2
3
4
5

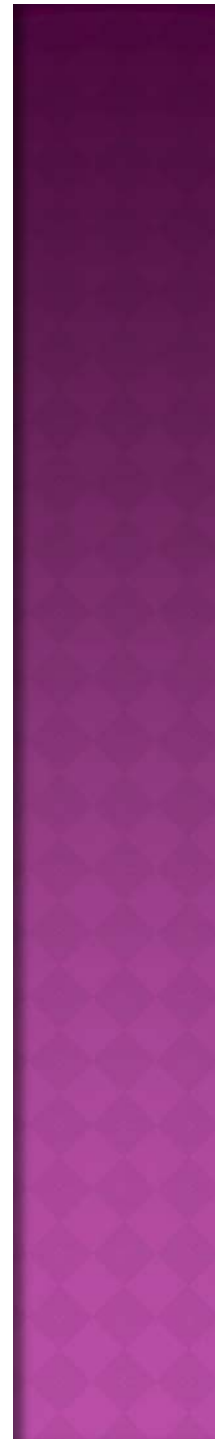
Remember

Your child needs **5** GP visits.
Bring your child's immunisation
passport to each visit.

www.immunisation.ie



Feidhmeannacht na Seirbhíse Sáinte
Health Service Executive



PCI CONSULT CTD

- ◉ Antipyretics not be administered pre immunisations
- ◉ May have some sucrose fluids pre immunisations
- ◉ Administer immunisations according to PCI schedule - depends on age and previous immunisations
- ◉ Check immunisations with parent against official PCI records
- ◉ IM route (stretch skin) at 90 degree angle
- ◉ Site - anteriolateral thigh
- ◉ 25mm needle
- ◉ 2.5cm apart if 2 immunisation to one limb
- ◉ PCV to be given to separate limb

PCI HOLDING POSITION FOR INFANTS AND TODDLERS

Have parent hold the child on parent's lap.

1. One of the child's arms embraces the parent's back and is held under the parent's arm.
2. The other arm is controlled by the parent's arm and hand. For infants, the parent can control both arms with one hand.
3. Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm.

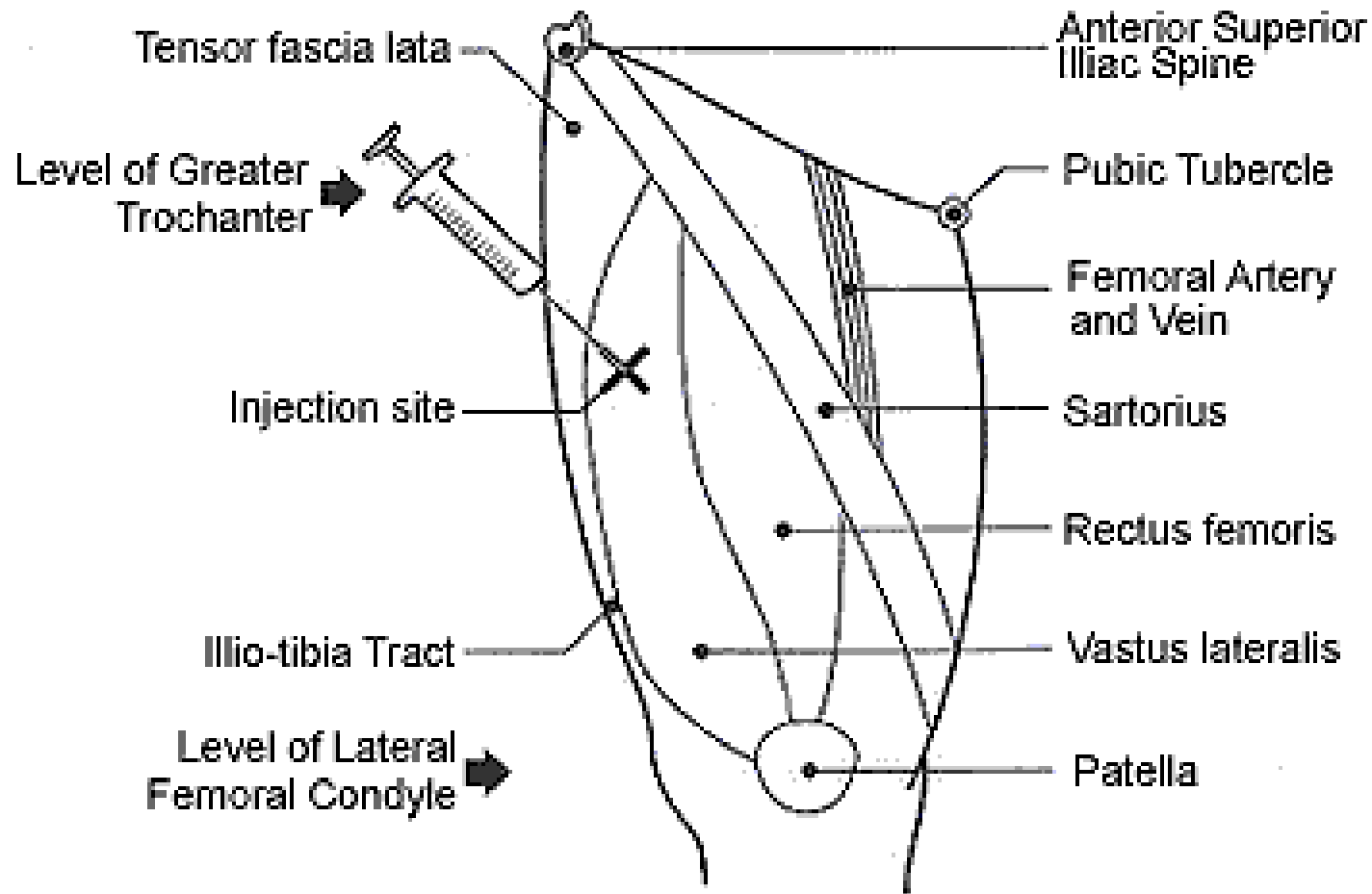


RECOMMENDATIONS REGARDING PREFERRED SITE AND NEEDLE SIZE FOR INTRAMUSCULAR INJECTIONS

- Patient's age Site & Needle size (see illustrations in NIAC guidelines)
- **Birth to 12 months** - Vastus lateralis muscle in anterolateral aspect of mid- or upper thigh - 25 mm needle, 23-25 gauge
- **12 to 36 months** - Vastus lateralis or deltoid muscle - 25 mm needle, 23-25 gauge
- **From 3 years upwards** - Densest portion of deltoid muscle - between acromion and muscle insertion - 25 mm needle 23-25 gauge

**Note: Use a 16 mm length needle in infants under 2.5-3 kg. Use 38 mm length needle in women >90 kg, men >118 kg.*

ANTERIOLATERAL SITE



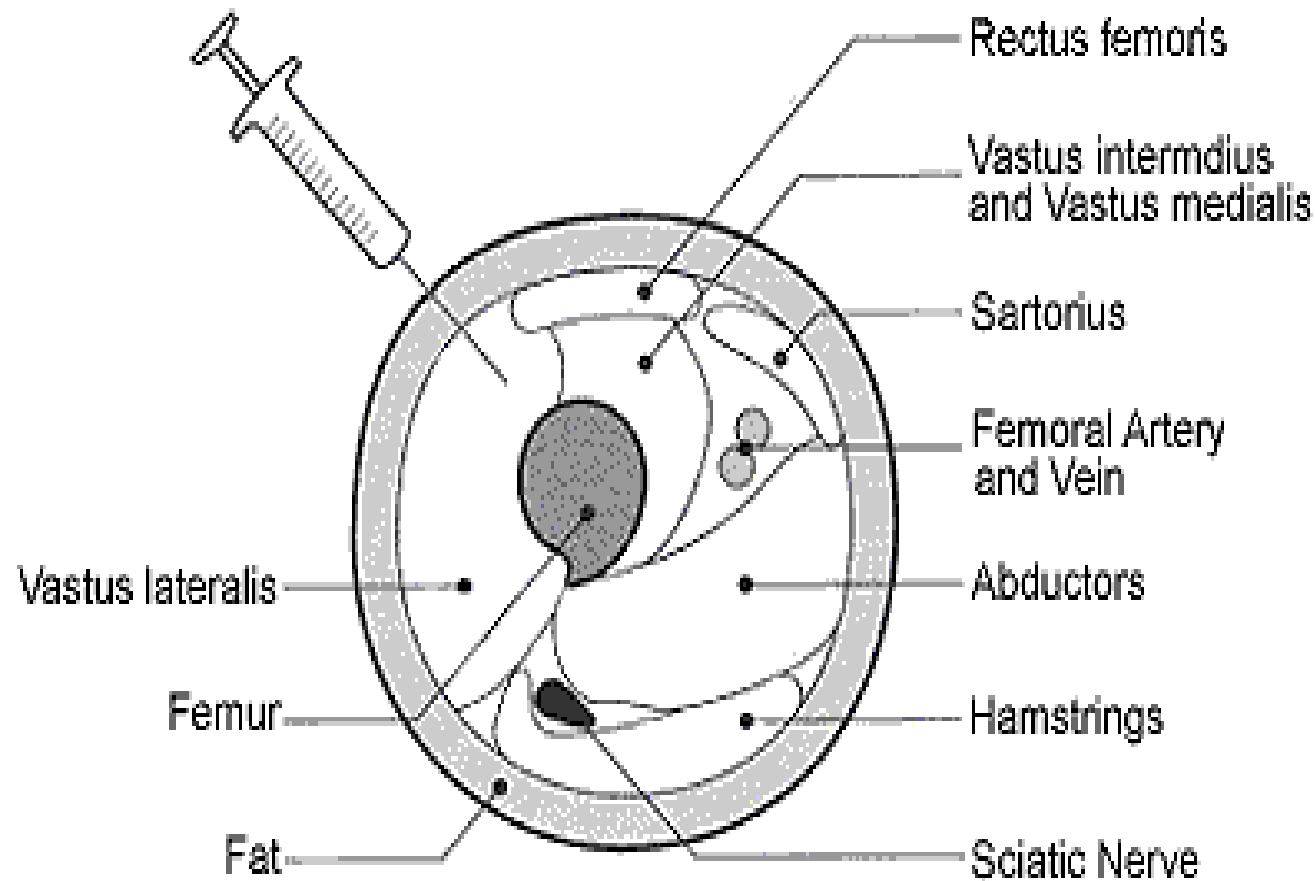
ANTERIOLATERAL SITE



Lynn Larson, www.kidvisuals.com



CROSS SECTION OF THIGH



PCI CONSULT CTD

- ◉ Ensure child is well post immunisations – crying normal
- ◉ Advise to wait in surgery 10-20 minutes post immunisations
- ◉ Schedule next appointment and text reminders
- ◉ Written information re potential SEs – tear off pads
- ◉ Inform regarding details of out of hours services
- ◉ Open door to call if any queries

POST PCI CONSULTATION

- ◉ Safe disposal of sharps and waste
- ◉ Documentation - computer, paper and immunisation passport
- ◉ All vaccine details : Name, manufacturer, expiry date, dose, route, location and temperature of child
- ◉ DO NOT remove Immunisation from boxes - codes & safety.
- ◉ Immunisations administered Returns - electronic via administration staff
- ◉ Practice Log - ensure high uptake rates

PCI Checklist	Y/N
Introductions/Rapport	Y
Revise Patient Chart	Y
Six Week check documented	Y
PCI script by GP/RNP	
Check Patient Identity (Right Patient)	
Parental consent	
Note Previous Immunisations	
Assess child health status	
Select Immunisations (Right Time, Right Drug)	
Prepare Immunisation	
Administer Immunisations (Right Dose, Right Route)	
Observe child post Immunisations	
Accurate documentation	
Patient information leaflets	
Schedule Next Appointment	
Information of out of hours service	
Patient to Wait in WR 10-20 mins	
Safe disposal of waste	

TROUBLE SHOOTING

- ◉ Late starters
- ◉ New entrants
- ◉ Movers
- ◉ International immunisation schedule
- ◉ DNAs
- ◉ Decliners
- ◉ Vaccine errors

PROFESSIONALISM & CONTINUING EDUCATION

- ◉ Resources
- ◉ Constantly need to revise guidelines
- ◉ Register for NIO newsletter
- ◉ www.immunisation.ie website - essential resource (replaces blue book)
- ◉ Key contacts in NIO

QUESTIONS???

- ◉ Later for panel

