



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Primary Childhood Immunisation- A Hospital Perspective



Stephanie Mulcair.
Clinical Nurse Manager 2
Seahorse Day Unit,
Cork University Hospital

CNM 2. Immunisation

- Immunisation education of parents.
- Specialist Immunisation Clinic.
- Opportunistic immunisation in hospital.
- Immunisation information in clinical areas.
- Community links.
- Benefits of role of CNM Immunisation.

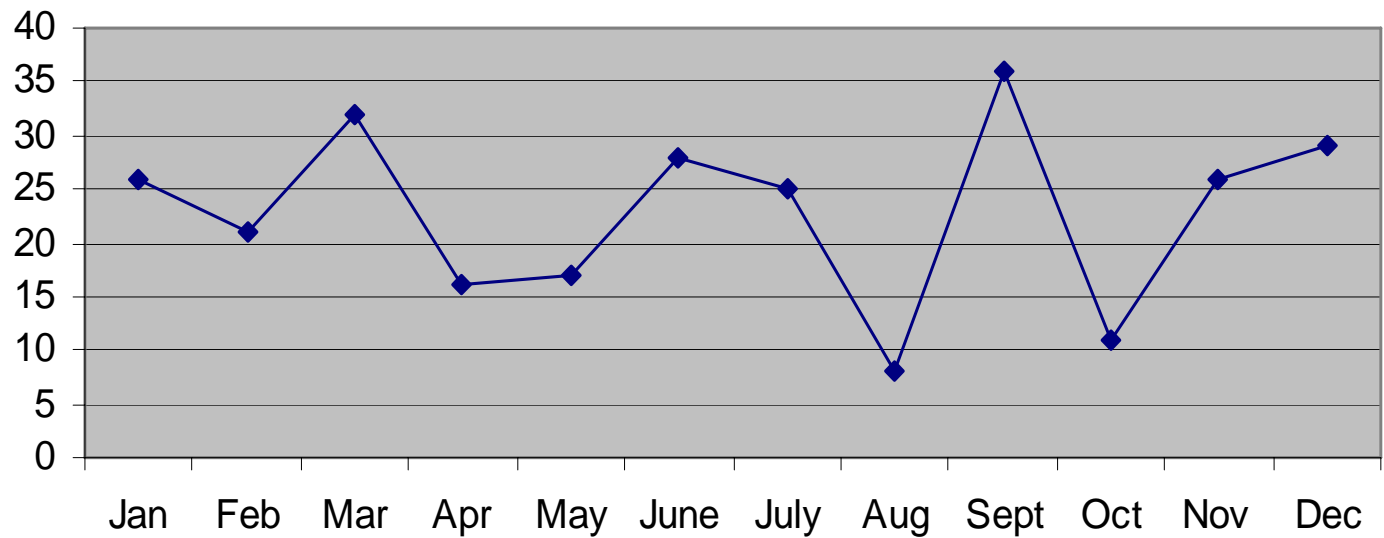


Immunisation Education of Parents

- Identify children on wards who are not vaccinated/incomplete.
- Discuss reasons why not vaccinated.
- Provide correct up to date appropriate information.
- Encourage and recommend **immunisation**.



Advice to parents on wards in CUH.
Total 275.



Immunisation advice/information by telephone

- Received many calls from parents requiring advice information.
- Total of 149 calls
 - 67 from Healthcare staff
 - 82 from parents.



Specialist Immunisation Clinic

- Clinic provided as support for GPs and AMO.
- 12 clinics. Once monthly.
- Waiting time max 4-5wks if possible.
- Paediatric Registrar and CNM2.

Preparing for the Specialist Immunisation Clinic

- Referral form received.
- Screened for contra indications.
- Previous medical record, contact GP and/or Parent.
- Small number immunised by GP following discussion.
- Appointment sent out.

Clinic

- Screening questionnaire completed by parent.
- Check child has no contraindications.
- Ensure child is well.
- Complete clinic checklist. Vital....
- Informed consent-information.

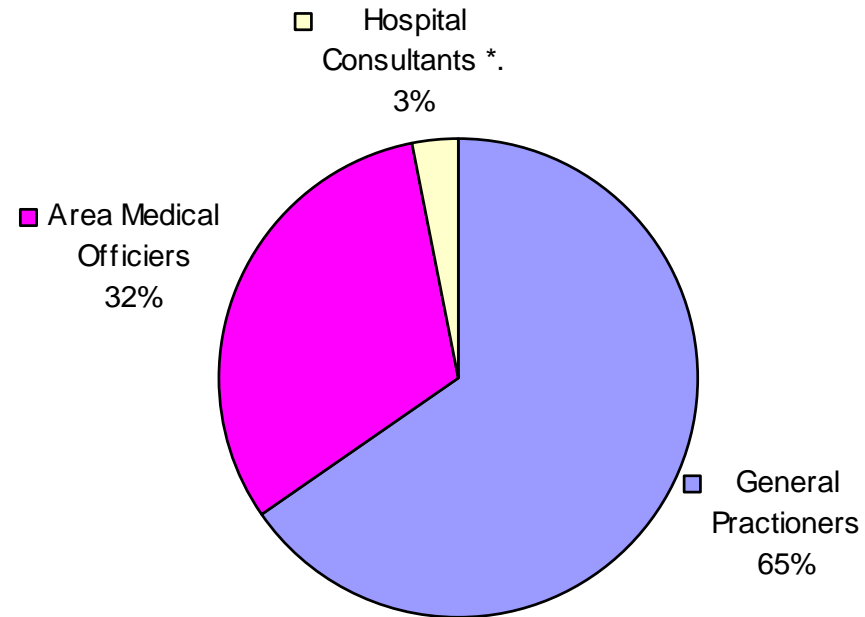


Specialist Immunisation Clinic



- Vaccine or vaccines administered.
- Child stays in room for 5 minutes.
- Wait in waiting room for 1 hr after.
- Immunisation records, record card, G.P./AMO, Immunisation unit informed.
- **N.B. *Parents of these children have concerns/doubt re vaccines and need a lot of time info and sensitivity required.***

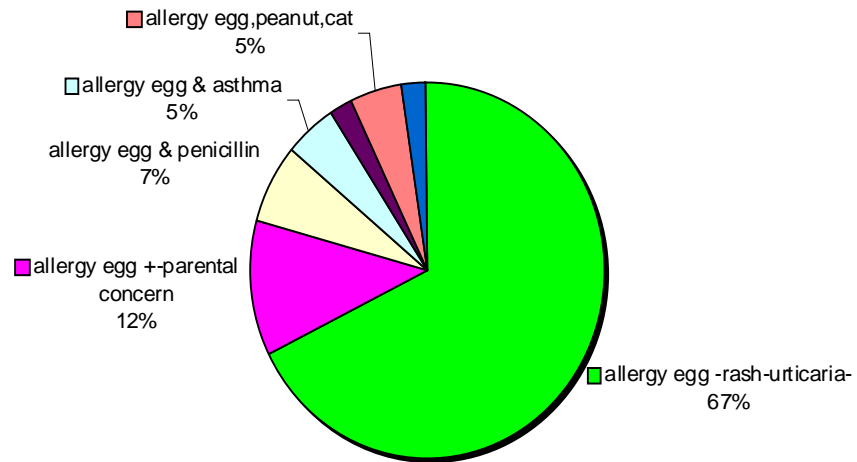
Referral source for clinic 2005
Total referrals to clinic 66.



Reason for Referral

- Egg Allergy 43
- Anaphylaxis 8
- Other reasons 15

Egg allergy—
Total 43



Other reasons for referral to Clinic 2005

Total 15

- Brother anaphylaxis to MMR
- Rash post MMR
- Rash post immunisation
- Allergy Antibiotic
- Severe local reaction
- Allergy to chicken and eggs
- Pale listless vomiting post menC
- Family history atopy-patient severe reaction to insect bite
- Pale grey listless post first immunisation
- Haemophiliac
- Bad reaction to vaccine ? Which one – incorrect info.
- Idiopathic urticarial rash

Opportunistic Immunisation of Inpatients in Hospital

- 18 children vaccinated in CUH, 2005
- Happens infrequently.
- Child needs to be well.
- May not be vaccinated otherwise.
- If first vaccine given more likely to continue
- Offers reassurance.
- Gives positive message from Hospital .

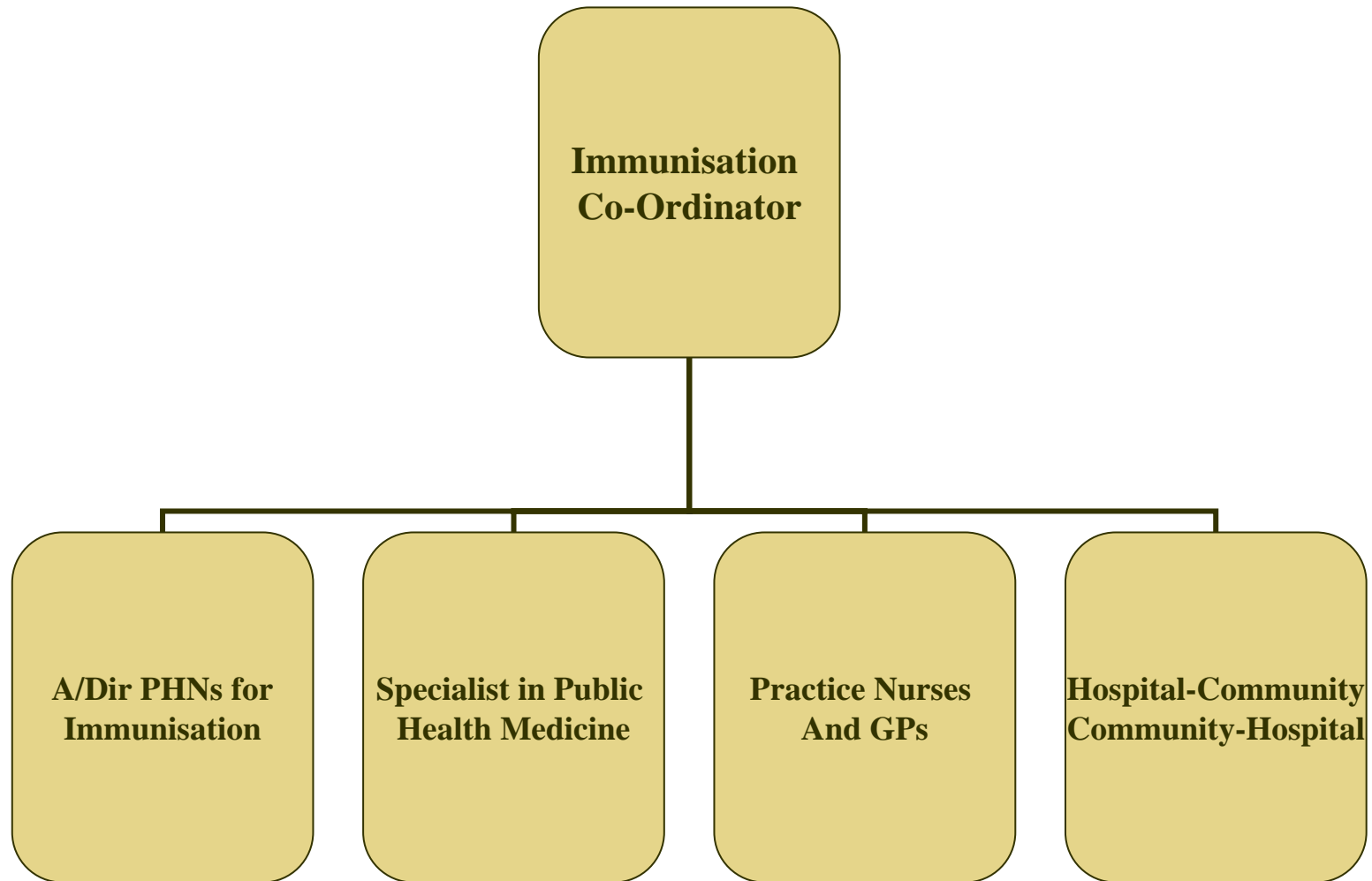


Immunisation Information in Clinical Areas

- Educational sessions formally/informally.
- Wards in CUH, A/E. Students.
- Visit Maternity Hospitals, Neonatal units.
- Other Hospitals.
- Disability services.



Community Links



Benefits of my Role

- Provide up to date immunisation information.
- Specialist Immunisation Clinic.
- Opportunistic immunisation.
- Promote immunisation.
- Resource to healthcare staff.
- Establishing links between Hospital and Community.



**Increasing Immunisation uptake*.*

IMMUNISATION CLINIC	CORK UNIVERSITY HOSPITAL	REFERRAL FORM
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Name of Child for vaccination: _____	Date of Birth: _____/_____/_____
Address: _____	
Parent / Legal guardian names: _____	Home Tel: _____
Address: _____	Work Tel: _____
1. Has this referral been discussed with parent/legal guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the child been in the care of a paediatrician in the last 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▪ <u>IF YES</u>	Name of Hospital: _____
Name of consultant: _____	_____
Reason for admission / OPD: _____	_____
_____	Current Medication: _____
Patients Medical History: _____	_____
_____	_____
_____	_____
State reason for referral to hospital for vaccination: _____	Vaccination Required: _____
_____	_____
_____	_____

Vaccinations Given To Date.

Vaccination given <i>Please tick</i>	1st	2nd	3rd	4th		1st	2nd	3rd
DTaP					Meningococcal C			
DT					Hib			
Oral Polio					MMR			
I.P.V					Other			
Other								

MCI no: _____ (On pre-printed immunisation paper)	Tel No: _____
Signed by Doctor: _____	Date: _____
Print Name: _____	Dr's Stamp: _____
Address: _____	

National Immunisation Conference

May 2006

Return to: Clinical Nurse Manager Immunisation, Children's Day Unit, Cork University Hospital, Wilton, Cork.