



VACCINE ADMINISTRATION

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OBJECTIVE

TO ADMINISTER VACCINATIONS IN ACCORDANCE WITH NIAC
GUIDELINES WITH RESPECT TO THE CLIENT'S AGE, SITE OF
VACCINATION AND NEEDLE SIZE



PRIOR TO VACCINATION

- INFORMED CONSENT MUST BE OBTAINED PRIOR TO ANY VACCINATION
- ALL INFORMATION REQUIRED BY THE PERSON PROVIDING CONSENT SHOULD BE GIVEN BY THE VACCINATOR
- THOSE OVER 16 CAN CONSENT ON THEIR OWN BEHALF
- THE PATIENT SHOULD BE POSITIONED IN A WAY THAT IS COMFORTABLE FOR THE PATIENT AND THE VACCINATOR

PREPARING THE VACCINE

- SOME VACCINES REQUIRE RECONSTITUTION – IT IS NOT NECESSARY TO CHANGE NEEDLES.
- SMALL AIR BUBBLES DO NOT NEED TO BE EXPELLED EXCEPT FOR INTRADERMAL INJECTIONS
- VACCINATION NAME AND EXPIRY DATE SHOULD BE CHECKED WITH PATIENT/PARENT.

NEEDLE SIZE





Patient's age	Site (see illustrations below)	Needle length and size
Birth to <12 months	Vastus lateralis muscle in anterolateral aspect of mid or upper thigh	25 mm* 23-25 gauge
12 to <36 months	Vastus lateralis or deltoid muscle (depending on muscle mass)	25 mm 23-25 gauge
3 years and older	Deltoid muscle (see diagram page 17)	25 mm** 23-25 gauge

* Use a 16 mm needle in infants under 2.5-3 kg.

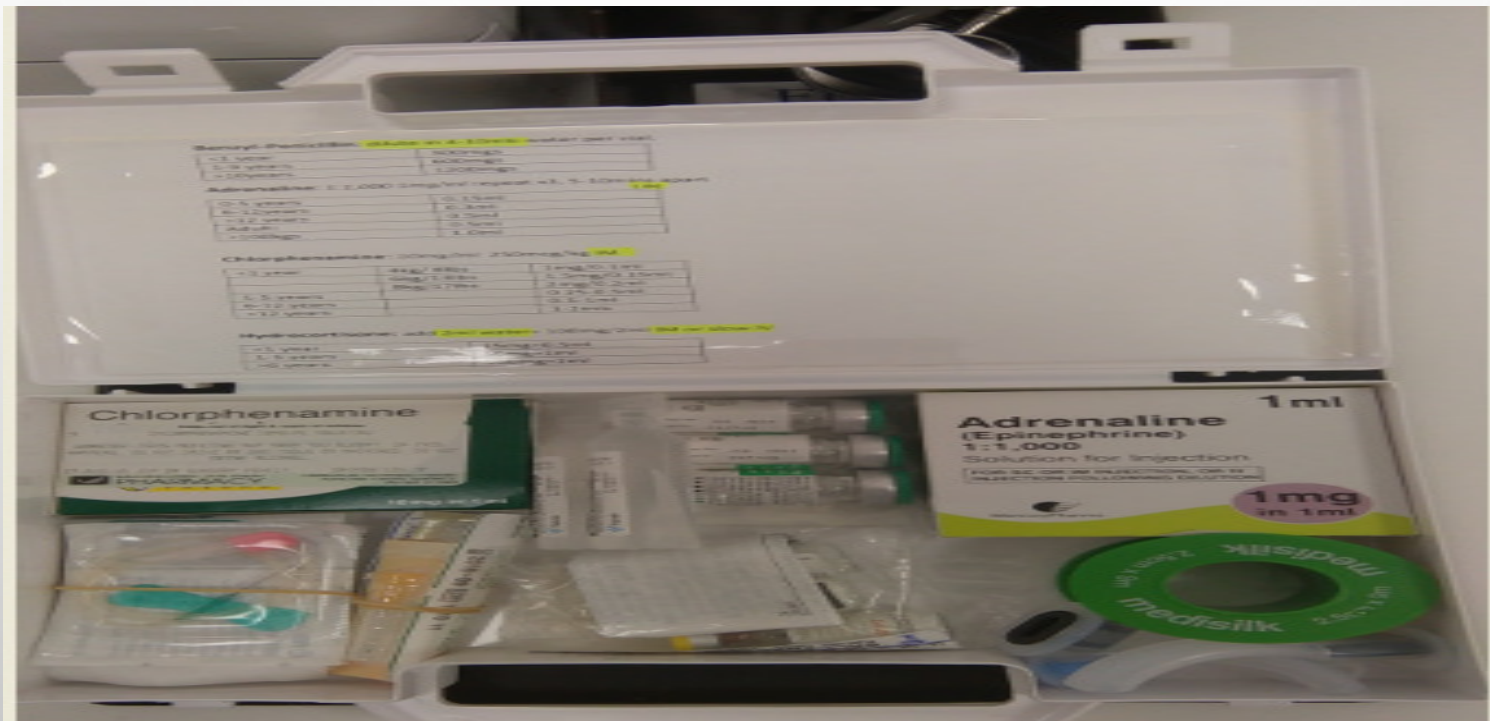
** Use 40 mm needle in females >90 kg, males >118 kg.

NEEDLE SIZE CONTINUED

Orange and Blue Needles !

	Orange 25 gauge 16 mm long
	Orange 25 gauge 25 mm long
	Blue 23 gauge 25mm long
	Blue 23gauge 30 mm long

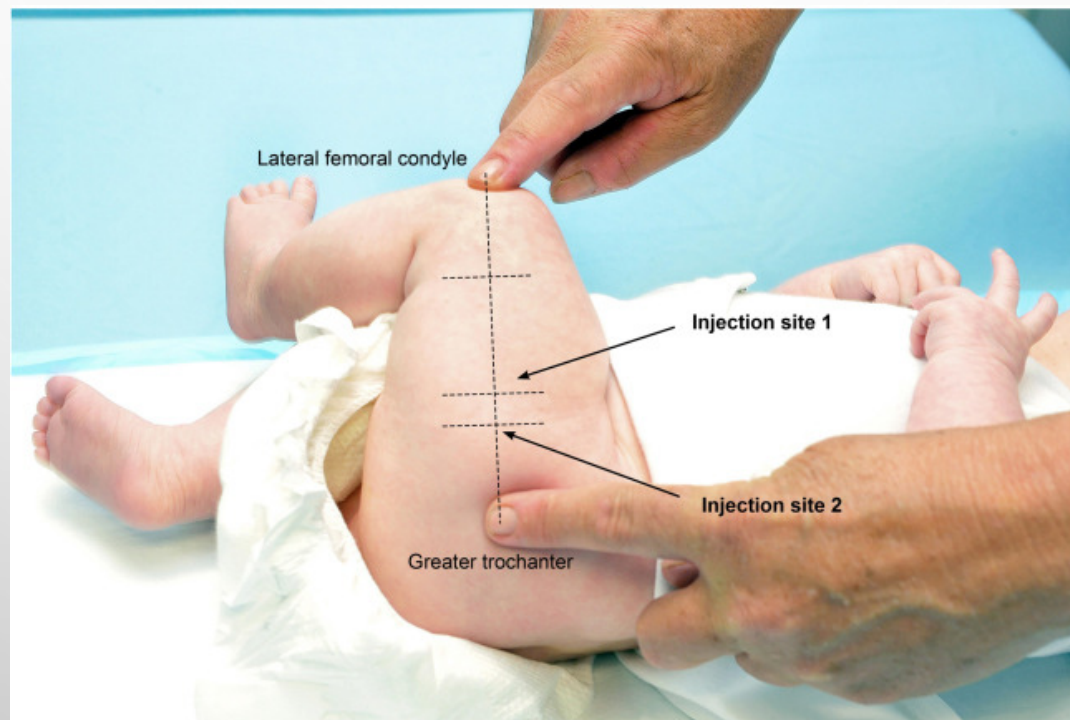
ANAPHYLAXIS KIT IN SURGERY



POSITION OF A BABY FOR VACCINATION



ROUTE OF ADMINISTRATION



ADMINISTERING THE VACCINATION

- THE SKIN DOES NOT REQUIRE CLEANING BEFORE THE VACCINE IS ADMINISTERED UNLESS VISIBLY DIRTY
- IF AN ALCOHOL SWAB IS USED THE SKIN SHOULD BE ALLOWED TO DRY PRIOR TO INSERTION OF ANY VACCINATION
- THE APPROPRIATE SINGLE DOSE VACCINATION SHOULD BE GIVEN INTRAMUSCULAR (IM) AT A 90 DEGREE ANGLE TO THE SKIN AT THE APPROPRIATE SITE
- ALL SHARPS SHOULD BE DISPOSED OF IMMEDIATELY AND NOT RECAPPED

CONTINUED

- WASH YOUR HANDS
- ADVISE THE PATIENT TO WAIT IN THE SURGERY FOR 15MINS POST VACCINATION UNDER OBSERVATION
- COMPLETE ALL ADMINISTRATION INCLUDE
 1. VACCINE NAME
 2. MANUFACTURER
 3. BATCH NUMBER
 4. EXPIRY DATE

AND THE SAME IN THE IMMUNISATION PASSPORT FOR CHILDREN

- ALL CHILDREN RECEIVING THE MEN B VACCINATIONS ARE RECOMMENDED TO HAVE 3 DOSES OF LIQUID INFANT PARACETAMOL AFTER THE 2 AND 4 MONTH VACCINES, DUE TO THE INCREASED RISK OF FEVER WHEN THE MEN B VACCINE IS GIVEN WITH OTHER PCI VACCINES.
- PROVIDE INFORMATION REGARDING ADVERSE REACTIONS TO THE PARENT/LEGAL GUARDIAN/CLIENT.
- REPORT ADVERSE EVENTS TO THE (HPRA)

NEW SCHEDULE

- ALWAYS CHECK THE CHILD'S DATE OF BIRTH TO DETERMINE WHICH SCHEDULE TO GIVE

SITE OF VACCINATION

FOR ALL BABIES BORN ON OR AFTER 1ST OCTOBER 2016

AT 2 MONTHS-

- ROTAVIRUS ORAL VACCINE SHOULD BE GIVEN AT THE BEGINNING OF THE VISIT
- MEN B VACCINE SHOULD THEN BE GIVEN 1ST INTO THE LEFT ANTEROLATERAL THIGH.
- THEN 6 IN 1 VACCINE FOLLOWED BY PCV INTO RIGHT ANTEROLATERAL THIGH

AT 4 MONTHS-

- ROTAVIRUS ORAL VACCINATION SHOULD BE GIVEN AT THE BEGINNING OF THE VISIT.
- MEN B SHOULD BE GIVEN 1ST INTO THE LEFT ANTEROLATERAL THIGH.
- THEN 6 IN 1 VACCINE SHOULD BE GIVEN INTO THE RIGHT ANTEROLATERAL THIGH.

AT THE 6 MONTH VISIT

- INFANTS WILL RECEIVE THREE VACCINATIONS (6 IN 1, MEN C AND PCV)- AS PCV IS MORE REACTOGENIC IT IS RECOMMENDED THAT THIS VACCINATION IS GIVEN IN ONE LIMB AND THAT
- 6 IN 1 AND MEN C ARE GIVEN IN A SEPARATE LIMB, SEPARATED BY A DISTANCE OF 2.5CMS

- AN AT RISK ADULT RECEIVING INFLUENZA AND PPV23- THESE VACCINES SHOULD BE GIVEN IN SEPARATE LIMBS

THE SITE OF ALL VACCINATIONS GIVEN SHOULD BE RECORDED ACCURATELY

ADMINISTRATION OF ROTARIX



ROTARIX

- THE BABY SHOULD BE SITTING IN A RECLINING POSITION
- REMOVE THE PROTECTIVE CAP FROM THE VACCINATION
- INSERT THE APPLICATOR TIP INTO THE BABY'S MOUTH TOWARDS THE INNER CHEEK
- THE APPLICATOR SHOULD BE AIMED DOWN ONE SIDE AND TOWARDS THE BACK OF THE BABY'S MOUTH
- THE APPLICATOR SHOULD NOT BE INSERTED SO FAR BACK THAT THE BABY GAGS
- ALL THE CONTENT (1.5MLS) SHOULD BE GIVEN TO THE BABY, IF THE INFANT SPITS OUT OR REGURGITATES MOST OF THE VACCINE DOSE, A SINGLE REPLACEMENT DOSE SHOULD BE GIVEN AT THE SAME VACCINATION VISIT

ROTARIX CONTINUED

- THE APPLICATOR SHOULD NOT BE INSERTED SO FAR BACK THAT THE BABY GAGS
- ALL THE CONTENT (1.5MLS) SHOULD BE GIVEN TO THE BABY, IF THE INFANT SPITS OUT OR REGURGITATES MOST OF THE VACCINE DOSE, A SINGLE REPLACEMENT DOSE SHOULD BE GIVEN AT THE SAME VACCINATION VISIT

USEFULL RESOURCES

1. GUIDELINE FOR VACCINATIONS IN GENERAL PRACTICE 2016

[HTTP://WWW.HSE.IE/ENG/HEALTH/IMMUNISATION/INFOMATERIALS/PUBS/GUIDELINESGP.PDF](http://www.hse.ie/eng/health/immunisation/infomaterials/pubs/guidelinesgp.pdf)

2. 'NEW SCHEDULE MORE PROTECTION'

[HTTPS://WWW.HSE.IE/ENG/HEALTH/IMMUNISATION/INFOMATERIALS/PUBS/FAQSHCP2016.PD
E](https://www.hse.ie/eng/health/immunisation/infomaterials/pubs/faqshcp2016.pdf)

3. NATIONAL IMMUNISATION OFFICE. HEALTH SERVICE EXECUTIVE, IRELAND

[WWW.IMUNISATION](http://www.imunisation.ie) .IE