

Paediatric Nursing protocol for the administration of immunisations to a child

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Key Amendments

Date	Amendment	Approved by
19th Nov 2020	Document extended for 1 year	Dr J West/Paediatric QIM
26th March 2021	Approved with no amendments	Paediatric QIM
9 th Feb 2024`	Document approved with no changes	Paediatric Guideline review

Introduction & Competencies required

Introduction

To ensure safe administration of immunisations to children who receive immunisations in hospital due to previous reactions, or have pre existing conditions, which may make them more susceptible to reactions.

Competencies required

A doctor may delegate responsibility for immunisation to a nurse providing the following conditions are fulfilled:

1. The nurse is willing to be professionally accountable for this work as defined in the NMC guidance on the "Scope of Professional Practice".
2. The nurse has received training and is competent in all aspects of immunisation, including the contraindications to specific vaccines.
3. Adequate training has been given for the recognition and treatment of anaphylaxis.

If these conditions are fulfilled and nurses carry out the administration in accordance with accepted District Health Authority, NHS trust or Health Board policy, the Authority/Trust will accept responsibility for immunisation by nurses.

Details

1. Consent must be obtained, and suitability for immunisation established.
2. Doctors and nurses providing immunisation should have received training and be proficient in the appropriate techniques.
3. Preparations must be made for the management of anaphylaxis and other immediate reactions.
4. The recommendations set out in the Green Book are based on the current expert advice available to the Joint Committee on Vaccination and Immunisation (JCVI), although in some circumstances they may differ from that contained in the vaccine manufacturer's data sheets. These recommendations reflect present national immunisation policy.
5. The leaflets provided with the product and prepared by the manufacturer in consultation with the Licensing Authority should be read.

6. The identity of the vaccine must be checked to ensure the right product is used in the appropriate way on every occasion.
7. The expiry date must be noted. Trust Policy for administration of medicines must be followed.
8. The date of immunisation, title of vaccine and batch number must be recorded on the recipients' record.

Note: When two vaccines are given simultaneously, the relevant sites should be recorded to allow any reactions to be related to the causative vaccine.

9. The recommended storage conditions must have been observed.
10. Administration of Immunisations to be documented in the patients notes and parent held red book if available

Reconstitution of Vaccines

1. Freeze dried vaccines must be reconstituted with the diluents supplied and used within the recommended period after reconstitution.
2. Before injection the colour of the product must be checked with that stated by the manufacturer in the package insert. The diluents should be added slowly to avoid frothing. A sterile 1ml syringe with a 21G needle should be used for reconstituting the vaccine and a smaller gauge needle for injection, unless only one needle is supplied with a pre-filled syringe (E.g. HIB/DTP).

Cleaning of skin

1. If the skin is to be cleaned, alcohol and other disinfecting agents must be allowed to evaporate before injection since they can inactivate live vaccine preparations.

Note: The child's immunisation history is confirmed and any previous reactions documented and discussed with the child's consultant or on call paediatrician prior to administration if indicated.

Route of administration

1. **Subcutaneous and intramuscular injections** – With the exception of BCG and oral vaccinations, all vaccines should be given by intramuscular or deep subcutaneous injection. In infants, the anterio-lateral aspect of the thigh or upper arm is recommended. If the buttock is used, injection into the upper outer quadrant avoids the risk of sciatic nerve damage. Injection into fatty tissue of the buttock has been shown to reduce the efficacy of hepatitis B vaccine.

Administration

1. For deep subcutaneous or intramuscular immunisation in infants, a 23G or 25G needle should be used.
2. For the administration technique please refer to manufacturer's guidance, the RCN's guidance on injection technique and "the Green Book".

REFERENCES

Department of Health (2006), Immunisation against infectious disease "The Green Book", London HMSO http://www.dh.gov.uk/en/PublicHealth/Healthprotection/Immunisation/Greenbook/DH_4097254

Royal College of Nursing (2007). UK Guidance on best practice in vaccine administration. http://www.rcn.org.uk/_data/assets/pdf_file/0010/78562/001981.pdf