

## Immunization Policy Competency -2011

The Immunization Policy for [Your Hospital Medical Groups]

YOUR NAME: \_\_\_\_\_ date: \_\_\_\_\_

1. Which patients will have their immunization records reviewed at their office visit? **(All)**
2. What action will you take if an adult patient tells you they had a tetanus shot a couple of years ago in the ED? **(If CH – call medical records and get the date. If outside ED have pt sign release now)**
3. When talking about vaccine dosing, what do the terms minimum age and minimum interval mean? **(The earliest age at which a dose of vaccine can be given and the earliest time between doses that you can give a valid dose of vaccine)**
4. The following are questions about the VIS (vaccine information statements) sheets and screening? Circle the correct answer to the following questions:
  - a. It is OK for the nurse of MA to give the patient/parent the VIS sheets when she brings the shots into the room? **(Answer: False – patients should get the VIS sheet when they are being roomed – so they have an opportunity to read the information and ask questions)**
  - b. It is federally mandated that the VIS sheet that you give the patient is the most current version of that vaccine information. True or false **(answer - True)**
  - c. Screening questionnaires done prior to vaccination help us to find contraindications or precautions to administering certain vaccines. True or false **(answer -True)**
  - d. It's ok to wait till after the shots to discuss positive responses on the screening questionnaire with the provider. True/false **(answer – false)**
5. Providers are responsible for reviewing which vaccines are due at a patient visit. (True/False) **(Answer. True)**
6. During a nurse visit, if the provider ordered dose one of Hep B, who can order the subsequent doses? **(RN or qualified clinic staff can order)**
7. Labeling syringes is left to the discretion of the person who drew up the vaccine (True/false) **(answer –false – all syringes must be labeled).**
8. What information is reviewed with the child's parents after they received their shots? **(“After the Shots – CDC document)**
9. If a 66-year-old patient comes in for a B/P check nurse visit in November, which vaccines is the nurse able to administer without a provider order per se? **(Answer: FLU and pneumovax – considering previous vaccine hx)**

## Immunization Resource Scavenger Hunt

Using the CDC Pink Book (@ [www.cdc.gov](http://www.cdc.gov)) provide the answers to the following questions: Chapter: General Recommendations

1. On page 11: What does the CDC say about giving multiple routine vaccines at the same visit? (This is acceptable)
2. On page 12: What action should you take if 2 live vaccines are accidentally given closer than 4 weeks apart? (Repeat the second vaccine given in 4 weeks)
3. Page 12: What might happen if you decrease the interval between doses of a multidose vaccine? (It may interfere with antibody response and protection)
4. pg 14: Why is it that we do not give booster doses of Hib vaccine? (Hib disease is rare in children over age 5 years)
5. Pg 13: What should you do if a vaccine is given 5 or more days earlier than the minimum interval or minimum age for that vaccine? (The dose is not valid: repeat the doses at the appropriate age. If it is the interval that is incorrect generally the repeat dose is spaced after the invalid dose by an interval at least equal to the minimum spacing for that vaccine as shown on Table 1).
6. pg 15: What are the 3 general categories that vaccine adverse reactions fall into? (local, systemic, allergic)
7. pg 15: Which reactions are the most common? (local) Least common? (allergic)
8. pg 15: What are some symptoms that are typical of systemic reactions? (fever, malaise, headache –rash, myalgias, loss of appetite)
9. pg 15: What are 3 common local reaction symptoms following vaccination? (pain, swelling and redness at the site)
10. pg 16: How can we minimize the risk of severe allergic reactions to vaccines? (By screening prior to giving vaccines).
11. pg 16: What does VAERS stand for? (Vaccine Adverse Event Reporting System)
12. pg 16: What kinds of events should be reported to VAERS? (Any clinically significant event that occurs after vaccine administration)
13. pg 16: What is a contraindication to a vaccine? (The condition in a recipient that greatly increase the chance of a serious adverse reaction )
14. pg 18: What are some typical symptoms of a person who is having an allergic reaction to a vaccine? (Generalized urticaria (hives), swelling of the mouth, throat, difficulty breathing, wheezing, hypotension and shock.
15. pg 19: In general, which type of vaccines should not be administered to pregnant women? (live vaccines – MMR, MMRV, Varivax, LAIV)
16. pg 20: What might happen to someone who is immunocompromised who received a dose of live vaccine? (Could have a fatal reaction due to uncontrolled replication of the vaccine virus.
17. pg 21: Is the use of aerosolized steroids a reason to hold live vaccines for a patient? (No)
18. pg 23: why do we hold vaccines in persons with moderate –severe illness? (An adverse reaction such as fever may make medical management of the illness complicated)
19. pg 26: MMR and varicella vaccine can be given to a patient on the same day as a Tuberculin test (PPD –mantoux) or any time after. (true or false)

# Vaccine documentation Checklist

The following list represents information that is either required by law or by the New Hampshire Immunization Program (NHIP) to be documented in the patient's chart when giving vaccines.

Using a test patient locate the area where the following information is documented. Place a check mark on each line until you have completed the search.

- \_\_\_\_\_ Vaccine (ie pneumococcal, tetanus)
- \_\_\_\_\_ type /brand of vaccine (ie Tdap, Pentacel™)
- \_\_\_\_\_ date vaccine was administered
- \_\_\_\_\_ site and route
- \_\_\_\_\_ vaccine lot number
- \_\_\_\_\_ vaccine manufacturer
- \_\_\_\_\_ vaccine expiration date
- \_\_\_\_\_ date VIS was given to patient
- \_\_\_\_\_ edition date of VIS
- \_\_\_\_\_ VFC status for children under age 19 years
- \_\_\_\_\_ eligibility status for adults (if using adult free vaccines from NHIP)
- \_\_\_\_\_ screening for contraindication and precautions
- \_\_\_\_\_ consenting done
- \_\_\_\_\_ signature of vaccinator

NAME: \_\_\_\_\_ date: \_\_\_\_\_