

Excerpt from "The Immunization Encounter: Critical Issues satellite broadcast", originally broadcast June 27, 2002.

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#### After-care Segment

##### SCHMIDT:

Care of patients after the shots and instructions for patients and parents are an important part of the vaccine administration process. We have already discussed safety measures to avoid injury if someone faints and emergency procedures should an allergic reaction occur. Let's discuss after-care instructions. We recommend that you go over these instructions and provide a written copy BEFORE the vaccines are administered. It's unlikely that patients who have just received injections or parents who are trying to comfort a child are able to concentrate on after-care instructions.

Here is an example of written after-care instructions. This document was produced by the Immunization Action Coalition and the California Department of Health Services. You can find these instructions on the broadcast resource web page.

Parents should be prepared to give their child a little extra TLC and patience after immunization. Young children need reassurance that everything is all right, and parents are encouraged to cuddle and soothe their baby. An infant may also be comforted by a bottle, pacifier or breast feeding. Older children often respond positively to hugs, praise and little rewards.

Some vaccines can cause discomfort for a few days after the shots are given. Children- and adults- may be fussy, experience some redness, warmth, and tenderness at the injection site and have a low grade fever following vaccination. MMR and varicella vaccines may cause a rash or fever about a week after vaccination. The Vaccine Information Statement for each vaccine will tell parents and patients what kind of adverse reactions to expect. Encourage patients and parents to take the VIS home with them.

Parents should be instructed on how to manage fever and pain that may occur following vaccination. Either acetaminophen or ibuprofen can be given if necessary. Aspirin should NEVER be given to a child because of the risk of Reye Syndrome.

Other things the parent can do if the child has a fever include giving plenty of fluids to drink; dressing the child in light clothing, and not covering or wrapping the child tightly. The parent can also sponge the child in a few inches of lukewarm water. If the patient's arm or leg is swollen, warm and red, they can wet a clean washcloth with cool water and place it on the tender area to ease the discomfort. Let the parent know that the child may not eat as much as usual for the next day or two, but not to be alarmed as long as an adequate amount of fluids are tolerated.

Parents also should be given clear instructions about when to contact the health care provider. Parents should call if the child is fussy for more than 24 hours; has a rectal temperature of 105 degrees Fahrenheit or higher; is pale or limp; has been crying continuously for more than 3 hours; if the crying isn't normal, like a high-pitched cry; if the child is shaking, twitching or jerking; or if the parent has any other concerns about the way the child looks or acts.

Serious adverse events following vaccination occur infrequently, but minor events, such as pain and redness at the injection site are common. Good after care instructions will prepare the parent, reduce their anxiety, and reduce the number of telephone calls you need to handle.

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