

INJECTABLE INFLUENZA VACCINE ADMINISTRATION COMPETENCY ASSESSMENT

Patient Population Served: Infant/Toddler (6 – 35 months) Child (3 – 5 yrs) School Age (5 – 12 yrs) Adolescents (13 – 17 yrs) Adults (18 yrs +)

Required Competency or Skill	* Self Assessment	Orientation (Preceptor initials & date)	+ Evaluation Method	Competency Validated by Supervisor (Signature & date)	Comments/Additional Resources
Patient Screening	CRITICAL THINKING: <i>Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).</i>				
A. Understands the actions, implications, precautions and age groups for the administration of the trivalent influenza vaccine (TIV):					
(1) Vaccine screening sheet is reviewed for vaccine contraindications / precautions a. Age (younger than 6 mo) b. Severe allergy to eggs/egg protein or to any vaccine component (i.e., neomycin, polymyxin, gelatin, formaldehyde, thimerosal) or a previous life threatening reaction to the influenza vaccine c. An acute febrile illness d. History of Guillain-Barré					
(2) Select appropriate product based on age and screening of patient a. Afluria b. Fluzone					
(3) Familiar with Afluria and Fluzone package insert for this flu season.					
B. Verbalizes understanding of the standing order for the administration of the injectable influenza vaccine to adults and pediatric patients					
C. Provides patient/guardian a current Inactivated Influenza Vaccination Information Statement (VIS) sheet to read prior to administration of immunization and provides information on who to contact for follow-up questions					
(1) Verbalize to the patient and /or guardian the potential expected and rare reactions after vaccination. a. Mild symptoms after vaccination: soreness, redness, or swelling where the shot was given; hoarseness; sore, red or itchy eyes; cough; fever, aches, headache, itching, fatigue b. Serious allergic reactions after vaccination: difficulty breathing; hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness					

* **Self Assessment:** 1=Experienced

2=Needs Practice/Assistance

3=Never Done

N/A= Not Applicable

+ **Evaluation / Validation Methodologies:** T=Tests

D=Demonstration/Observation

V=Verbal

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D. Children must be accompanied by parent or legal guardian per local clinic policy					
Patient Care Procedures for RN, LPN, Medic, Corpsman	<i>CRITICAL THINKING: Recognizes unique needs of patients of all age groups and performs influenza vaccine administration accordingly. Gathers age appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the patient and/of the parent/guardian. Approaches child in non-threatening manner and comforts at completion.</i>				
A. Understands importance of the care and handling of influenza vaccine					
(1) Must be stored in a refrigerator (2-8°C) upon arrival, during transportation and until administered to patient. DO NOT FREEZE.					
(2) SINGLE-DOSE VIAL/SYRINGE: Use by expiration date on label; discard all single-dose vials missing caps at the end of the clinic day; manufacturer-prefilled syringe with needle attached, administer or discard at end of clinic day due to compromised sterility.					
(3) MULTI-DOSE VIALS: Afluria - once the stopper is pierced, the vial must be discarded within 28 days; Fluzone – may be used after puncture until the expiration date on the vial.					
(4) Verbalizes procedures to protect vaccine after temperature compromise is noted (segregate product, label as “DO NOT USE”, place in functioning refrigerator, contact USAMMA to verify stability, prepare EXSUM for loss as necessary)					
B. Demonstrates proper technique for administration of the injectable influenza vaccine					
(1) Administration Schedule a. All children 6mo-8yrs who meet either of the following requirement should receive two (2) doses of influenza vaccine separated by 4 weeks*: • Those receiving influenza vaccine for the first time or whose vaccination status is unknown • Those who have NOT received two or more total doses of influenza vaccine since July 2010 b. All other children who do not meet the above criteria and individuals 9 years of age and older should receive 1 dose. * Any combination of influenza vaccine may be used to complete the series					

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(2) Selects appropriate product based on age a. 6 mo and older = Fluzone b. 5 yrs and older = Afluria * ACIP recommends that Afluria not be administered to children 8 years of age or younger.					
(3) Selects 22-25g needle and appropriate length based on body size					
(4) Selects appropriate dose based on age a. 6-35 months = 0.25 mL (Fluzone) b. 3 yrs and older = 0.5 mL (Fluzone) c. 5 yrs and older = 0.5 mL (Afluria)					
(5) Single-dose syringe or multi-dose vial, shake the syringe/vial thoroughly and administer the dose immediately.					
(6) Using aseptic technique administer vaccine in appropriate anatomical site at 90° angle a. infants and toddlers (lacking adequate deltoid mass) = anterolateral thigh b. toddler, children, teens, adults = deltoid muscle					
(7) Document the date, type of vaccine, dose, manufacturer, lot number, VIS date and the person who administered the vaccine into the Service's immunization tracking system and/or electronic health record. Provide documentation of immunization to the patient.					
C. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and respond appropriately					
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse events					
(2) Positions patient on litter/ floor					
(3) Calls for assistance and administers epinephrine per protocol					
(4) Monitors vital signs / assess breathing					

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D. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds appropriately					
(1) Verbalize signs and symptoms of a vasovagal reaction					
(2) Position patient on litter/ floor and elevate legs					
(3) Monitor vital signs / assess breathing					
(4) Administer ammonia inhalant as needed					
E. Explains policy and procedure for waiting at least 15 min after vaccination for monitoring of possible adverse event					

Preceptor's Initials: _____ Printed Name: _____ Signature: _____

I understand the topics listed, I will be allowed to perform only those for my skill level/scope of practice and only after I have successfully demonstrated competency.

Employee Signature: _____ **Date:** _____

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