

# INTRANASAL INFLUENZA VACCINE ADMINISTRATION COMPETENCY ASSESSMENT

Patient Population Served: Child (2 – 5 yrs) School Age (5 – 12 yrs) Adolescents (13 – 17 yrs) Adults (18 - 49 yrs)

Required Competency or Skill	* Self Assessment	Orientation (Preceptor initials & date)	+ Evaluation Method	Competency Validated by Supervisor (Signature & date)	Comments/Additional Resources	
<b>Patient Screening</b>	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>					
<b>A. Understands the actions, implications, precautions and age groups for administration of the live, attenuated influenza vaccine(LAIV):</b>						
(1) Vaccine screening sheet is reviewed for vaccine contraindications/precautions a. Age (younger than 2 yrs, 50 years and older) b. Children younger than 5 yrs with asthma or 1 or more episodes of wheezing within the past year c. Pregnant women d. Severe allergy to eggs/egg protein or to any vaccine component (i.e., gentamicin, gelatin, arginine) or a previous life threatening reaction to the influenza vaccine e. People with long-term health problems i.e., heart, lung, kidney, liver, or metabolic (e.g., diabetes) disease, asthma, anemia and other blood disorders f. Anyone with muscle or nerve disorders that have breathing or swallowing difficulty g. Anyone with weakened immune system h. Anyone in close contact with someone whose immune system is so weak they require care in a protected environment i. Children and adolescents on long-term aspirin therapy j. History of Guillain-Barré k. Vaccination with live virus in last 28 days						
(2) Familiar with the FluMist package insert for this influenza season						
<b>B. Verbalizes understanding of the standing order for the administration of the intranasal influenza vaccine to adults and pediatric patients</b>						
<b>C. Provides patient/guardian a current Live Intranasal Vaccination Information Statement (VIS) sheet to read prior to administration of immunization and provides information on who to contact for follow-up questions</b>						

\* **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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(1) Verbalize to the patient and /or guardian the potential expected and rare reactions after vaccination. a. Mild symptoms after vaccination: runny nose, nasal congestion, sore throat or cough; fever, chills, tiredness/weakness; headache and muscle aches; wheezing, abdominal pain or occasional vomiting or diarrhea b. Serious allergic reactions after vaccination: difficulty breathing; hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness; behavior changes or high fever					
<b>D. Children must be accompanied by parent or legal guardian per local clinic policy</b>					
<b>Patient Care Procedures for RN, LPN, Medic, Corpsman</b>	CRITICAL THINKING: <i>Recognizes unique needs of patients in the 2-49 year old age groups and performs FluMist 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/or the parent/guardian. Approaches child in non-threatening manner and comforts at completion.</i>				
<b>A. Understands importance of the care and handling of the live attenuated influenza virus vaccine</b>					
(1) Must be stored in a refrigerator (2-8°C) upon arrival, during transportation and until administered to patient. DO NOT FREEZE.					
(2) Use by expiration date on the syringe label					
(3) Washes hands between each procedure					
(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>B. Demonstrates proper technique for administration of FluMist (Self administration by the patient is NOT authorized per package insert)</b>					

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(1) Administration Schedule a. All children 2-8yrs who meet either of the following requirements should receive two (2) doses of influenza vaccine separated by 4 weeks*: <ul style="list-style-type: none"> <li>• Those receiving influenza vaccine for the first time or whose vaccination status is unknown</li> <li>• Those who have <b>NOT</b> received two or more total doses of influenza vaccine since July 2010</li> </ul> b. All others 2-49 years of age who do not meet the above criteria should receive 1 dose. * Any combination of influenza vaccine may be used to complete the series					
(2) Select appropriate dose <ul style="list-style-type: none"> <li>• 2-49 yrs = 0.2mL dose, 0.1mL into each nostril</li> </ul>					
(3) Remove rubber tip protector					
(4) Patient sits upright, tilt head back, place tip just inside nostril, as rapidly as possible depress plunger until clip prevents you from going further					
(5) Pinch and remove dose divider clip and repeat procedure in opposite nostril					
(6) Do <b>NOT</b> have the patient actively inhale (i.e., sniff) the mist					
(7) Dispose of sprayer in rigid sharps container					
(8) 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.					
<b>C. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and respond appropriately</b>					
(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					

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(4) Monitors vital signs / assess breathing					
(5) Proper documentation of event a. Documents a temporary medical exemption in MEDPROS, ASIMS, MRRS b. Document incident in AHLTA c. Completes and submits a VAERS form					
<b>D. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds appropriately</b>					
(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					
<b>E. Explains policy and procedure for waiting at least 15 min after vaccination for monitoring of possible adverse event</b>					

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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