

**Adolescent Immunization Webcast
Adolescent Case Study**

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Disclosure Statement

JoEllen Wolicki, RN, BSN, has no relevant financial relationships with commercial interests that creates a conflict of interest in this activity.


- ### Six Steps in the Immunization Process
1. Assess the immunization record
 2. Check the correct immunization schedule
 - Age appropriate and current!
 3. Ask the screening questions
 4. Educate the parent and patient
 5. Administer the vaccines
 6. Document what you have done
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- ### Jill
- 11 years old and entering the 6th grade
 - No history of chickenpox disease
 - Your immunization record in the chart shows:
 - Hep B at birth, and 2 months
 - Hib at 2, 4, and 6 months
 - DTaP at 2, 6, and 24 months
 - IPV at 2, 6, and 14 months
 - MMR at 14 months
 - MCIR record shows additional vaccine doses:
 - Hep B at 6 months
 - DTaP at 5 years
 - IPV at 5 years
 - MMR at 5 years
- 4

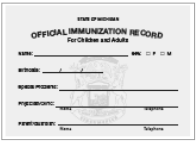
1. Assess the Immunization Record

- Sources for the immunization history include:

Child's Chart



State Immunization Record Card



Michigan Care Improvement Registry



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Jill's Immunization History in MCIR

Vaccine	#	Age	Date	Manufacturer	Lot #
DTaP/DTaP/DT/Td/Tdap					
DTaP	1	2 Months 6 Days	07/08/1998	Unknown	Delete
DTaP	2	6 Months 13 Days	11/15/1998	Unknown	Delete
DTaP	3	2 Years	05/30/2000	Unknown	Delete
DTaP	4	5 Years 1 Month	06/12/2003	Unknown	Delete
Polio					
IPV	1	2 Months 6 Days	07/08/1998	Unknown	Delete
IPV	2	6 Months 13 Days	11/15/1998	Unknown	Delete
IPV	3	5 Years 1 Month	06/12/2003	Unknown	Delete
MMR					
MMR	1	1 Year 2 Months	07/24/1999	Unknown	Delete
MMR	2	5 Years 1 Month	06/12/2003	Unknown	Delete
Hib					
Hib-2 (red/act)HIB	1	2 Months 6 Days	07/08/1998	Unknown	Delete
Hib-2 (red/act)HIB	2	4 Months 10 Days	09/12/1998	Unknown	Delete
Hib-2 (red/act)HIB	3	6 Months 13 Days	11/15/1998	Unknown	Delete
Hepatitis B					
Hep B (red/adol)	1		05/02/1998	Unknown	Delete
Hep B (red/adol)	2	2 Months 6 Days	07/08/1998	Unknown	Delete
Hep B (red/adol/hr)	3	6 Months 13 Days	11/15/1998	Unknown	Delete
Non-Administrations/Titers					
Antivirals/Antibiotics					

(The presentation may not include all slides listed and the order may be changed.)

2. Check Adolescent Immunization Schedule

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009
For those who fall behind or start late, see the catch-up schedule below and the catch-up schedule

Vaccine	Age	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertussis ¹	see footnote 1		Tdap	Tdap
Human Papillomavirus ²	see footnote 2		HPV (3 doses)	HPV Series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴			Influenza (Yearly)	
Pneumococcal ⁵			PPSV	
Hepatitis A ⁶			HepA Series	
Hepatitis B ⁷			HepB Series	
Inactivated Poliovirus ⁸			IPV Series	
Measles, Mumps, Rubella ⁹			MMR Series	
Varicella ¹⁰			Varicella Series	

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) consensus for detailed recommendations, including high-risk conditions. <http://www.cdc.gov/vaccines/pubs/acip-08a.htm>. Classify significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Go to <http://www.vaers.hhs.gov> for information about how to obtain and complete a VAERS form and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) consensus for detailed recommendations, including high-risk conditions. <http://www.cdc.gov/vaccines/pubs/acip-08a.htm>. Classify significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Go to <http://www.vaers.hhs.gov> for information about how to obtain and complete a VAERS form and if approved by the Food and Drug Administration for that dose of the series.

Jill's MCIR Assessment

Person	Rem/Reg	YM	My Site	Reports	Other		
Add/Find	Roster	Add Imm	Add Event	Information	Status	History	Clinic Reg
<p>• Jill's immunization assessment shows she is eligible for:</p> <ul style="list-style-type: none"> • Tdap • MCV4 • HPV4 • Var (chicken pox) • Hep A 							
Personal Information	3642060167						
Name							
Patient ID							
Administrative	4 vaccinations administered/truncated						
DTP-DT-aP	Overdue						
Polio	35/02/2010						
MMR							
Hepatitis B							
Varicella	07/10/2003						
HPV	11/02/2009						
Hepatitis A	11/02/1999						
Influenza	11/01/2008						
Meningococcal	35/02/2010						
Waivers							
<p>Take off Roster Unlock Person</p>							

3. Ask the Screening Questions

Screening Questionnaire for Child and Teen Immunization

- Always screen for contraindications before administering vaccines
 - Status may change from one visit to the next
 - Note any permanent or temporary contraindications outlined in the patient's history related to vaccines
- Jill does not have any contraindications to the vaccines she needs today

4. Educate the Parent and Patient

- Education when giving vaccines should include information on:
 - Disease and complications
 - Vaccine and vaccine side effects
 - Comfort measures
 - Symptoms to notify the clinic about after vaccination
 - If administering vaccines that requires multiple doses - when the next dose of vaccine is due

Vaccine Information Statements (VIS)

- Give a VIS for each vaccine and every time a dose is given
- Available free from:
 - Your local health dept &
 - MDCH website michigan.gov/immunize
- VIS in multiple foreign languages also available from the MDCH website

Use "Michigan" VIS

- By Michigan law, patients/parents must be informed that vaccine doses will be entered into MCIR
- Providers should use "Michigan" VIS to inform patients/parents about documenting vaccine doses MCIR
 - Included on both English and foreign language VIS

Additional Resources Regarding Adolescent Vaccination

After the Shots . . .
What to do if your child has discomfort
Be alert for signs and symptoms of a reaction to the vaccine. If you notice any of the following signs or symptoms, call your doctor immediately:
• Fever
• Rash
• Swelling
• Pain
• Redness
• Itching
• Nausea
• Vomiting
• Diarrhea
• Stomach pain
• Headache
• Dizziness
• Fainting
• Trouble breathing
• Swelling of the face, lips, or throat
• Hives
• Difficulty swallowing
• Wheezing
• Coughing
• Runny nose
• Sneezing
• Crying
• Irritability
• Sleeplessness
• Loss of appetite
• Persistent crying
• Persistent fussiness
• Persistent irritability
• Persistent redness, swelling, or pain at the injection site
• Persistent redness, swelling, or pain at the injection site
• Persistent redness, swelling, or pain at the injection site

It's their turn!
It's time to get your child vaccinated. Make sure your child is up to date on all recommended vaccines. Call your doctor to schedule an appointment.

Information for parents about pre-teen vaccines
Your child's doctor will recommend certain vaccines for your child. These vaccines protect your child from serious diseases. It's important to get your child vaccinated on time. Call your doctor to schedule an appointment.

5. Administer Vaccines

- Administering vaccines correctly is critical
 - Appropriate needle length is essential
 - Separate injections by at least 1 inch
 - Reconstitute vaccine with the diluent supplied for that vaccine
 - Do NOT use any other liquid/diluent to mix the vaccine
 - When using a single dose vial administer the correct dosage for pre-mixed vaccine
- Consider local reactions when choosing injection sites
 - Tdap and MCV4 in separate limbs
- Helpful Tool- Injectable Vaccine Administration for Children 7-18 Years of Age table

Injectable Vaccine Administration for Children 7-18 Years

Vaccine	Age/Reminders	Route	Site*	Needle*	Contraindications †
Tetanus, diphtheria (Td)	7 years and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Tetanus, diphtheria, pertussis (Tdap)	Routinely given at age 11-12 years; one dose is	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy within 7 days of previous pertussis vaccine without other known cause

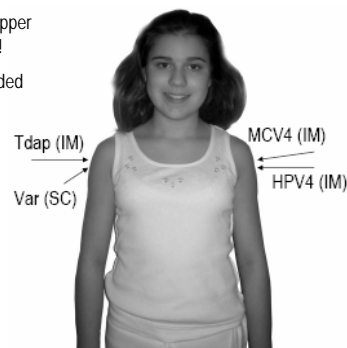
Jill's Vaccines Today		
Vaccine	Route	Needle Length
• Tdap	IM injection	1-1.5 inch
• MCV 4	IM injection	1-1.5 inch
• HPV4	IM injection	1-1.5 inch
• Var	SC injection	5/8 inch
• Hep A	IM injection	1-1.5 inch

• Use professional judgment when choosing needle length

Giving All the Doses at 11-2 Years of Age

- Administer vaccines in the upper arm or thigh only. No buttocks!
- Administer other recommended vaccines that may be needed:

- MMR SC
- Polio SC or IM
- Hep B IM
- Hep A IM
- Flu IM or intra-nasally



Other Helpful Vaccine Administration Tools

Quick Reference to Using Combo Vaccines

Brand Name	Manufacturer	Age Group	Route	Site	Needle Length
ProQuad	Novartis	12-23 months	IM	Deltoid	1-1.5 inch
ProQuad	Novartis	12-23 months	IM	Deltoid	1-1.5 inch
ProQuad	Novartis	12-23 months	IM	Deltoid	1-1.5 inch

Always Reconstitute Vaccines with the Correct Diluent

Always Reconstitute Vaccines with the Correct Diluent

Manufacturer	Vaccine	Diluent
Ciba/Geigy/Novartis	ProQuad	CSGK reconstitute in sterile water diluent
Novartis	ProQuad	Novartis reconstitute in sterile water diluent
Novartis	ProQuad	Novartis reconstitute in sterile water diluent

- These vaccines must be reconstituted or mixed before administering.
- Only use the diluent provided by the manufacturer (listed above) for these vaccines.
- Always check the expiration date on both the diluent and vaccine. **Never** use expired diluent or vaccine.
- Contact your local health department when vaccine not mixed with the correct diluent was given. These doses may need to be repeated.

Special Considerations for Adolescents Receiving Vaccines

- Syncope or fainting after vaccination occurs most often in adolescents and young adults
 - It can result in serious injury- usually from falling
 - Most often occurs within 15 minutes of vaccination
- When administering vaccines to adolescents:
 - Have the patient sit down while you are giving vaccine(s)
 - A 15 minute observation period after vaccination is recommended

6. Document What You Have Done

- Document the vaccines in the child's medical record and in MCIR
 - Six required elements of documentation are:
 - 1.Date vaccine dose given
 - 2.Date Vaccine Information Statement (VIS) given
 - 3.Date on VIS- located on the back of the VIS, towards the bottom
 - 4.Vaccine manufacturer
 - 5.Vaccine lot number
 - 6.Signature of person administering the vaccine
- Best practice: Record type of vaccine, site, & route



Vaccine Information Statement (Interim)
 Td&Tdap (1/18/08) U.S.C. § 42 300aa-26

Document Vaccines

1. In Your Medical Record

2. In MCIR



3. For the Parent/Guardian



Or give an updated record from MCIR

Ensure that Adolescents are Protected

- Ensure all 6 steps in the immunization process are completed
- Use both sick and well visits to assess for and give needed immunizations
- Administer all needed vaccines correctly
- Stay current! Keep your immunization knowledge up to date

All Tools and Resources Highlighted in this Presentation are available in the 2009 AIM Provider Tool Kit



www.aimtoolkit.org