

# Medical Directive

NAME OF MEDICAL CLINIC

<b>TITLE:</b> Administration of Immunizations	<b>NUMBER:</b> MD 03.0
Section: Medical Directives FPN	Date Issued: January 2009 <i>Date to Be Reviewed:</i> March 2012
Source: Capital District Health Authority	Issuing Authority: Dr./clinic Name
Distribution: Family Practice Nurses (FPNs) in Nova Scotia	Signature _____ FPN Signature _____

## Print Material Disclaimer

Based on an identified need for Medical Directives in family practices settings, we are providing the attached document(s), *Medical Directives for Family Practice Nurses* which have been developed for use within primary care settings. Use of this information should be carefully assessed prior to implementation. It was developed as a resource by the Capital District Family Practice Nurse Professional Practice Council and may not be suitable for your practice setting. The Professional Practice Council is happy to share this document(s) for informational/educational purposes, but does not accept any responsibility for its use by you or any outside agency. Where used, appropriate referencing is expected and appreciated.

**POLICY:** A registered nurse employed at \_\_\_\_\_ (Clinic Name) is to administer vaccines to registered children and adult patients. The registered nurse is to have obtained the required competencies prior to performing this medical directive.

2. Following the Nova Scotia Childhood Immunization Schedule and the Canadian Immunization Guide, the nurse may administer the following immunizations to high risk clients:

- 2.1. DaPTP,
- 2.2. Hib,
- 2.3. Pneumococcal conjugate,
- 2.4. Pneumococcal polysaccharide,
- 2.5. Influenza,
- 2.6. Meningococcal,
- 2.7. MMR,

# Medical Directive

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NAME OF MEDICAL CLINIC

2.8. Varicella,

2.9. Td,dTap

2.10. Heb B

3. The nurse may administer vaccines after:

3.1. Appropriate assessment of the patient.

3.2. Completion of a Post-Entry Level Competency program of administering immunizations is completed.

3.3 Completion in the Post-Entry Level Competency of administering Epinephrine in the Treatment of Anaphylaxis (Capital District Health Policy and learning module attached)

**4. The RN who performs the assessment is responsible/ accountable for the administration of the vaccine.**

## **EXPECTED OUTCOMES**

1. Age appropriate immunization for all recommended vaccines will be provided to the (name of Clinic) patient population.

2. Diphtheria, tetanus, measles, rubella, mumps, pertussis, bacterial meningitis (from Haemophilus influenza type b) meningococcal group c disease and varicella will be essentially eliminated as a significant cause of death, disease and disability.

3. Pneumococcal pneumonia and influenza will be significantly reduced in our patient population.

**GUIDING PRINCIPLES AND VALUES:** Immunization competency is a post entry level nursing skill.

## **PATIENT/STAFF SAFETY:**

1. The administration of vaccines to patients/individuals is to ensure the person is protected from diseases that are life threatening. Review the following information each time a vaccine is administered:

1.1. The nature, prevalence and risk of the infection or disease that is being prevented

# Medical Directive

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NAME OF MEDICAL CLINIC

1.2. The nature of the product used

1.3. Informed consent as defined by NACI is to be obtained for the administering of the vaccine and epinephrine from the patient or substitute decision maker before administering a vaccine.

1.4. The expected benefit of the vaccine, possible side effects, the risk of adverse effects and importantly what to do if a side effect does occur. If a person should develop an adverse reaction, notify the physician caring for this patient, as well as the local Public Health services and document the adverse events form.

**2. Review past reactions/events to ensure safety for the patients.**

## **PATIENT/FAMILY EDUCATION**

1. Review/discuss with the patient /family members the following:

1.1. Vaccines are intended to reduce the risk of invasive preventable diseases.

2. Provide individual patient education handouts for vaccines, side effects, etc as appropriate. (Provided by Local Public Health Department.) website

## **MONITORING**

1. Explain to the patient/family that, as with any vaccine, a reaction can occur. Therefore each individual is required to wait 15- 30 minutes in order to monitor for signs and symptoms of anaphylaxis.

1.1. Swelling or numbness of lips

1.2. Sweating

1.3. Itchy, urticarial rash

1.4. Painless swelling about the face and mouth, which may be preceded by itchiness, tearing, nasal congestion and facial flushing

1.5. Respiratory symptoms include sneezing, coughing, wheezing, labored breathing and upper airway obstruction (indicated by hoarseness and/or difficulty swallowing).

1.6. Hypotension

If any of these signs and or symptoms occur, further treatment and observation is required

# Medical Directive

---

NAME OF MEDICAL CLINIC

2. Ensure that the monitoring of these symptoms is be done in a clinic where appropriate equipment is available.
3. Should an anaphylactic reaction occur, it may be necessary to send the patient for further assessment/treatment to the nearest Emergency Center.

## EQUIPMENT

\*25 gauge needle 5/8", 1" or 1 1/2"

1cc-3cc syringe as appropriate

Alcohol swab

Band-aid

Immunizing agent

Anaphylaxis kit as outlined by *Canadian Immunization Guide*

Sharps container

\* Follow the Nova Scotia Childhood Immunization Schedule poster to determine which needle to use for specific vaccine.

\* Current Canadian Immunization Guide

## DOCUMENTATION

1. Document:

1.1. The vaccines that children receive on the health record and advise parents when the next immunization is required.

1.2. All pertinent information in the client's health record.

**Example** - immunization (name of product), manufacture information, route of injection, site of injection, lot number, expiry date.

1.3 according to policy, any adverse events or reactions related to the administration of the Immunization.

2. Report all adverse events to the Medical Officer of Health through local Public Health.

3. Complete Department of Health Services reciprocal form as required.

# Medical Directive

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NAME OF MEDICAL CLINIC

## RELATED CAPITAL HEALTH DOCUMENTS

Post-Entry Level Competencies (Shared Competencies) CC 02-010

Affiliate learner participation in shared competencies and delegated medical functions CC 02-012

Documentation and Abbreviations in the Health Care Record CH 30-018

Influenza Immunization and Learning Module MM20-010

Hepatitis B, Tetanus and Diphtheria, and Influenza Immunization CH 40-080

Disclosure of Adverse Events CH 70-006

Consent to Treatment CH 70-045

Occurrence Reporting CH 100-035

Disease Index

Other site-related policies specific to vaccines {pending release of the CDHA vaccine policies}

## REFERENCES

1. Public Health Agency of Canada. (2006). *Canadian Immunization Guide* (7th Edition) Ottawa: Author.
2. Standards for Nursing Practice (CRNNS)
3. Immunization Guidelines for Registered Nurses (CRNNS)
4. A Discussion Paper on scope of Practice for Registered Nurses in Nova Scotia (CRNNS)
5. Guidelines for Delegated Medical Functions & Medical Directives (CRNNS)
6. Public Health Agency of Canada. (2008) Immunization Competencies for Health Professionals
7. Immunization Protects Children (Immunization Schedule)  
[www.gov.ns.ca/hpp/publichealth/content/pubs/13002\\_ImmunizationProtectsBrochure\\_Jun08\\_En.pdf](http://www.gov.ns.ca/hpp/publichealth/content/pubs/13002_ImmunizationProtectsBrochure_Jun08_En.pdf)
8. National Advisory Committee on Immunizations (NACI) <http://www.phac-aspc.gc.ca/naci-ccni/>

# Medical Directive

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NAME OF MEDICAL CLINIC

**HISTORICAL DATES:** January 2009, Medical Directive completed, reviewed by Family Practice Nurse Professional Practice Council and posted on Family Practice Nurses of Association of Nova Scotia website. FPNs are required to retain any MDs on file indefinitely.