INDICATIONS

- Adult or pediatric (age ≥ 6 years) recipient that has not previously received the vaccine or as an annual schedule

CONTRAINDICATIONS

- Age less than 6 years
- Severe allergic reaction (e.g. anaphylaxis) after a previous dose or to a vaccine component
- Additional vaccine specific contraindications

EQUIPMENT

- CDC Vaccine Information Statement (VIS)
- Vaccine Administration Record (VAR)
- Alcohol swab
- Needle (1 inch length, 22-25 gauge)
- Syringe
- Vaccine medication

PROCEDURE

1. Provide recipient the appropriate CDC Vaccine Information Statement (VIS).
2. Complete the information for the Vaccine Administration Record (VAR).
3. Review completed VAR, this serves as written consent for vaccination.
4. Apply personal protective equipment.
5. Prepare and verify appropriate name, medication, dose, route, and expiration date.
6. The injection site (left or right deltoid) should be identified and cleansed with alcohol pad.
7. Select 1-inch needle (22-25 gauge) and draw up vaccine medication with syringe.
8. Stretch the skin flat between the thumb and forefinger.
9. Insert the needle at 90 degrees to the skin and deliver medication in a quick, steady manner.
10. If possible, monitor the patient for allergic reaction 15-20 minutes after administering vaccine.
ADMINISTRATION

A. Intramuscular Injection Site

Intramuscular (IM) injection site for children and adults

Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

B. Needle Insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.)*

Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.


C. Emergency Treatment for Vaccine Reactions

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination. When adverse reactions do occur, they can vary from minor to the rare and serious. Be prepared for any type of reactions.

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Signs and Symptoms</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>Soreness, redness, itching or swelling at the injection site</td>
<td>Apply a cold compress to the injection site. Consider giving an analgesic or antipruritic medication.</td>
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<td>Slight bleeding</td>
<td>Apply pressure and an adhesive compress over the injection site.</td>
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<td>Continuous bleeding</td>
<td>Place thick layer of gauze pads over site and maintain direct and firm pressure.</td>
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<td>Psychological fright, pre-syncope and syncope</td>
<td>Fright before injection is given</td>
<td>Have patient sit or lie down for the vaccination.</td>
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<td>Patient feels “faint” (e.g. light-headed, dizzy, weak, nauseated or has visual disturbance)</td>
<td>Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient’s face and neck. Keep them under close observation until fully recovered.</td>
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<td>Fall without loss of consciousness</td>
<td>Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.</td>
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<tr>
<td></td>
<td>Loss of consciousness</td>
<td>Check to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td><strong>Skin and mucosal symptoms</strong> such as generalized hives, itching or flushing; swelling of lips, face, throat or eyes. <strong>Respiratory symptoms</strong> such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheezing, or cough <strong>Gastrointestinal symptoms</strong> such as nausea, vomiting, diarrhea, cramping abdominal pain. <strong>Cardiovascular symptoms</strong> such as collapse, dizziness, tachycardia, hypotension</td>
<td>See the Allergic Reaction and/or Anaphylaxis Region 11 EMS Protocol – ALS.</td>
</tr>
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</table>
ALLERGIC REACTION and/or ANAPHYLAXIS - ALS

RMC

Secure and maintain airway

Severity of reaction?

SEVERE SYMPTOMS OR > 1 MILD SYMPTOM*

SINGLE MILD SYMPTOM**

Monitor
Establish vascular access

Benadryl 50 mg IM

Epinephrine 0.3mg
1:1,000 IM
(May repeat x1 in 5-10 min)

Benadryl 50mg IV

If wheezing, Albuterol 2.5 mg
MIXED WITH Atrovent 0.5 mg via nebulizer
Repeat Albuterol as needed

Administer fluid bolus 300 ml if BP < 100
Repeat as indicated

Sustained severity/deterioration?

Epinephrine 0.1mg as 1ml
1:10,000, IV
Repeat every 5 minutes as indicated

Transport and contact Medical Control as appropriate

*Severe symptoms of an allergic reaction may include any combination of the following:
RESPIRATORY – Shortness of breath, wheezing, repetitive coughing
CARDIOVASCULAR – Pale, cyanotic, low blood pressure, dizzy
THROAT – Tightness, hoarse, trouble breathing/swallowing
MOUTH – Swelling of the tongue and/or lips
SKIN - Diffuse hives or redness
GI – Repetitive vomiting, severe diarrhea
NEURO – Anxiety, confusion, sense of doom

**Mild symptoms of an allergic reaction may include any combination of the following:
NOSE – Itchy/runny nose, sneezing
MOUTH – Itching
SKIN - Few hives, mild itching
GI – Mild nausea/discomfort
VACCINE ADMINISTRATION RECORD (VAR)

Site Name/Location: ___________________________________________  Date: _____________________

<table>
<thead>
<tr>
<th>Name</th>
<th>VIS Reviewed</th>
<th>Date of Vaccine Administration</th>
<th>Vaccine Manufacturer</th>
<th>Vaccine Lot Number</th>
<th>Vaccine Expiration Date</th>
<th>Dose</th>
<th>Injection Site</th>
<th>Injection Route</th>
<th>Vaccine Administrator Initials</th>
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Vaccine Information Statement (VIS); **Injection Site**: RA = right arm, LA = left arm; **Injection Route**: IM = Intramuscular

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<thead>
<tr>
<th>Name of Vaccine Administrator</th>
<th>Signature of Vaccine Administrator</th>
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