

# H1N1 INFLUENZA VACCINE

Level I

**Skill Level:** RN, LPN with RN consultation

**Definition:** Treatment with H1N1 influenza vaccine to help prevent the development and/or reduce severity of influenza in vaccinated individuals.

**NOTE THAT THIS ORDER IS VALID ONLY FOR 10-1-09 TO 8-30-11**

<p><b>Subjective/Objective:</b></p> <ul style="list-style-type: none"><li>• While vaccine is limited, administration is to be to the following inmates;</li><li>• Pregnant women</li><li>• Any inmate under 25 years of age</li><li>• Chronic disorders of the cardiovascular or pulmonary systems requiring regular medical care. (Priority is assigned to more severe illness, patients with uncomplicated hypertension or intermittent/mild persistent asthma will be considered only after distribution of vaccine to higher priority patients in all institutions).</li><li>• Neuromuscular afflictions as compromise the management of respiratory secretions or increase the risk of aspiration.</li><li>• Chronic metabolic disease such as diabetes, renal dysfunction, hemoglobinopathy, or immune suppression (caused by medications or infection including HIV).</li><li>• Persons, such as Health Service orderlies, providing assistance to infirmary patients (to protect vulnerable infirmary patients).</li><li>• After direction from DOC Medical Director, then vaccine may be offered to any inmate.</li></ul> <p><b>Do Not Give If:</b></p> <ul style="list-style-type: none"><li>• Patient is allergic to eggs, chicken, chicken feather, chicken dander.</li><li>• Patient has had prior allergic reaction to flu vaccine.</li><li>• Patient with past history of Guillain-Barre syndrome.</li><li>• Patient with acute febrile illness.</li></ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"><li>• Patient with appropriate risk factors to warrant current H1N1 Influenza vaccine.</li></ul> <p><b>Plan:</b></p> <ul style="list-style-type: none"><li>• Provide the current Vaccine Information Statement (VIS), answering any questions</li><li>• Patient to read and sign informed consent form. (VAR)</li><li>• Recheck for any contraindications to vaccine. If contraindications exist, refer patient case to practitioner.</li><li>• If no contraindications exist then: Standard Intramuscular Injection of 0.5ml of 2009-2010 H1N1 Influenza virus vaccine, in deltoid muscle, using a needle length of one inch or more to ensure sufficient penetration.</li></ul>
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**APPROVED:**

\_\_\_\_\_  
Medical Services Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Medical Director

10/15/09  
Date

Effective Date: 10/15/2009

Revised: October 2009

## Influenza Vaccine - Informed Consent

Recommended for those who are at risk for severe or fatal complications from influenza infection:

- Chronic disorders of the cardiovascular or pulmonary systems requiring regular medical care.
- Neuromuscular afflictions as compromise the management of respiratory secretions or increase the risk of aspiration.
- Chronic Metabolic disease such as diabetes, renal dysfunction, hemoglobinopathy, immunosuppression (caused by medications or infection, including HIV).
- Women who will be in their second or third trimester of pregnancy during influenza season (Fall/Winter).
- Persons, such as Health Service orderlies, providing assistance to infirmary patients (to protect vulnerable infirmary patients).
- All persons wishing to reduce the chance of becoming ill with influenza or transmitting it to others.

### **Do Not Give If:**

1. Patient is allergic to eggs, chicken, chicken feather, chicken dander.
2. Patient has had prior allergic reaction to flu vaccine.
3. Patient with past history of Guillain-Barre syndrome.
4. Patient with acute febrile illness.

The purpose of influenza vaccine is to help prevent the development and/or reduce severity of the current H1N1 pandemic influenza in vaccinated individuals. This is the vaccine recommended by the CDC.

The vaccine is a killed virus, split then filtered. **Because influenza vaccine contains only noninfectious viruses, it cannot cause influenza!**

Intramuscular injection of the vaccine stimulates the production of specific antibodies. Protection is afforded only against these strains or closely related strains of influenza.

### **Adverse reactions:**

1. Soreness at injection site for 1-2 days in less than one-third of vaccinees.
2. Less common: fever, malaise, myalgia for 24 - 48 hours may occur very infrequently. (Take acetaminophen)
3. Rare: (presumably allergic) weal, flare, asthma.
4. Very rare: Neurological disorders (may occur within 10 weeks), muscle weakness and paralysis (usually reversible).

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I have read the information about influenza vaccine above. I have had a chance to ask questions and receive answers. I believe that I understand the benefits and risks of influenza vaccine and request that this vaccine be given to me.

Name \_\_\_\_\_ SID# \_\_\_\_\_

Date: \_\_\_\_\_ Vaccine Lot#: \_\_\_\_\_

Site of injection: \_\_\_\_\_

Signature: \_\_\_\_\_