

**PATIENT GROUP DIRECTIONS FOR NAMED
REGISTERED MIDWIFE TO ADMINISTER/SUPPLY**

Influenza vaccine to pregnant women

DATE: JULY 2016

This protocol has been drawn up in accordance with the
requirements specified in HSC 2000 / 026

Part 1. Protocol Approval

Scope (Clinical Condition / Medicines Description)

To enable Registered Midwives to administer the influenza vaccine to pregnant women.

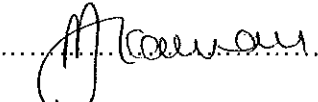
Health Professional authorised to administer / supply

Registered Midwives


Doctors approving administration


Clinical Director - Consultant Obstetrician and Gynaecologist

This PGD has been approved by:

.......... Clinical Director / O&G Consultant
Dr Mona Kamran

.......... Head of Midwifery / Nursing, Child and Family Services
Mrs Julie Estcourt

.......... Chief Pharmacist
Dr Paul Buckley

.......... Medical Director
Dr Colin Wasson

.....11/9/16..... Date

.....Sept 2017..... Review Date

Part 2. Certification

Training

Practitioners have a responsibility to ensure that they are competent and up to date in the administration of this vaccine.

All Midwives working under the trivalent Influenza Vaccine PGD must attend formal training before using the vaccine for the first time.

All Midwives must attend annual resuscitation and anaphylaxis training.

All Midwives must attend flu update training every 3 years or more frequently if required.

Competency Assessment

Registered Midwife with current Nursing and Midwifery Council registration who has completed an Influenza immunisation course and has been assessed as competent to work with this PGD.

All Midwives will have undertaken training in the role, care and administration of the vaccine specified in this PGD.

Must have access to Green Book and current BNF.

Continuing Training and Education

Attend annual influenza update training session and the annual mandatory anaphylaxis training update.

Certification

..... Professional (specify)

..... Signature

..... Person authorising

..... Signature

..... Date

Part 3. Protocol

1. Referral

- All pregnant women in the community either in the domiciliary or clinical setting requiring prophylaxis against influenza should be offered the flu vaccine.
- Women have the right to decline the vaccine.

2. Criteria for confirmation / patient eligibility / action if patient declines

Eligibility

- All pregnant women should be offered the flu vaccine.

Confirmation

- All pregnant women at any stage of pregnancy to be provided with the flu information leaflet prior to receiving the vaccine.

Action if woman declines vaccination

- Advise about protective effect of the vaccine and the risks of infection and disease complications.
- Inform or refer to GP as appropriate.
- Document in clinical records.

3. Exclusions and action to be taken

Criteria for exclusion

- Patient already immunised in this flu season
- Febrile illness
- Anaphylactic reaction to a previous dose of vaccine
- Anaphylactic reaction to any component of the vaccine except ovalbumin

Actions if excluded

- Advise if the vaccine may be given in future and if so when
- Arrange further appointment if needed
- Refer to medical practitioner if applicable
- Document in clinical records

4. Assessment and follow-up

- Advise on management of possible side effects
- If symptoms persist, seek medical opinion

5. Administration and supply

Description of Medicine

- Trivalent vaccine or quadrivalent vaccine
- POM - Prescription only medicine

Dose

- Adults and children aged 9 years and over: single 0.5ml injection

Storage / transportation

- Vaccine should be stored in accordance with Trust vaccine storage policy. Vaccine should be transported in validated cool boxes and temperature monitored and recorded at regular intervals with max / min thermometer.

Route / method

- Intramuscular injection, preferably into the deltoid area of the upper arm.
- In exceptional circumstances the vaccine may be administered subcutaneously in patients with thrombocytopenia or persons at risk of haemorrhage.

Frequency of administration

- One dose annually

Concurrent medication

- A trivalent or quadrivalent vaccine can be given at the same time as other vaccines. They should be given at a separate site, preferably in a different limb. The site at which vaccine was given should be recorded.

Relevant warnings and potential adverse reactions / interactions

- Advise the common side effects include pyrexia, fatigue, headache, myalgia, arthralgia, pain, swelling, redness at the injection site. These reactions usually disappear within 1-2 days of receiving the vaccine.
- Rarely – neuralgia, paraesthesia, convulsions, transient thrombocytopenia, neurological disorders, allergic reactions including anaphylaxis.
- In the event of anaphylaxis, follow Trust guidelines and PGD for administration of adrenaline.
- All serious adverse events should be reported using the yellow card system and documented in patient records.
- Complete clinical incident record.

6. Documentation

- Midwives using this PGD must record in the patient's record the vaccine name, dose, batch number, expiry date, route and method of administration, date given and signature.
- Inform patients GP that vaccination given
- Record and report all suspected ADRs to CHM using the yellow card scheme (www.yellowcard.gov.uk)

Patient group directions for a Registered Midwife to administer the flu vaccination

Drug / Dose Form (Legal status)	Strength / Frequency	Category of patient to receive drug	Exclusions to treatment / contraindications	Main drug interactions / Adverse drug reactions	Information to patient
Trivalent flu vaccine	One standard dose annually	All pregnant women eligible for vaccine	<ul style="list-style-type: none"> - Patient already immunised this flu season - Febrile illness - Anaphylactic reactions to a previous dose of vaccine - Anaphylactic reaction to any component of the vaccine except ovalbumin (see cautions) 	<ul style="list-style-type: none"> - Common side effects include pyrexia, fatigue, headache, myalgia, arthralgia, pain, swelling, redness at the injection site. These reactions usually disappear within 1-2 days of receiving the vaccine. - Rarely – neuralgia, paraesthesia, convulsions, transient thrombocytopenia, neurological disorders, allergic reactions including anaphylaxis - In the event of anaphylaxis, follow Trust guidelines and PGD for administration of adrenaline 	A flu vaccination information leaflet will be provided to all women.