

Introduction to Pediatric Immunization Curriculum



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About the Author



Kasey Carlson has been a Registered Nurse for 19 years. She holds a master's degree in Nursing Education from the University of Wisconsin – Eau Claire and taught associate degree nursing for over 13 years. She also has a second master's degree in Learning Design and Technology from San Diego State University. She currently is a Curriculum Technology Manager with Adtalem Global Education. Ms. Carlson also specializes in healthcare simulation curriculum design.

Introduction to Pediatric Immunization

This curriculum and accompanying manikin will help students learn about pediatric vaccine administration through the injection route.

Curriculum Structure

The *Introduction to Pediatric Immunization* curriculum is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	FOCUS: Part 1 – Developing Awareness of Patient-Focused Care	10 minutes
One	FOCUS: Part 2 – Anatomy (Identifying Layers of Skin)	10 minutes
One	LEARN: Introduction to Pediatric Immunization Slide Presentation	20 minutes
One	REVIEW: Practice and Assessment of Pediatric Immunization	30 minutes
	Total	1-1½ hours

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table which lists the lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which will contain some of the sections described below.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a review of previous lesson information, or a demonstration. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.

Lesson One – Introduction to Pediatric Immunization

Lesson Overview

In this lesson, students will learn about pediatric vaccine administration through the injection route.

Pre-Lesson Knowledge

- Integumentary anatomy
- Dosage calculation
- Safe medication administration practices – parenteral route

Lesson Objectives

After completing this lesson, participants will be able to:

- Identify guidelines for safe vaccine administration
- Identify locations for pediatric inoculation
- Demonstrate intramuscular vaccine injection technique
- Explain how to document a vaccine

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS: Part 1	• <i>Introduction to Pediatric Immunization (Focus on Empathy)</i> worksheet • <i>Introduction to Pediatric Immunization (Focus on Empathy) Instructor Resource</i>	1. Print/photocopy <i>Introduction to Pediatric Immunization (Focus on Empathy)</i> worksheet (one per participant)	10 minutes
FOCUS: Part 2	• <i>Introduction to Pediatric Immunization (Focus on Anatomy)</i> worksheet • <i>Introduction to Pediatric Immunization (Focus on Anatomy) Instructor Resource</i>	1. Print/photocopy <i>Introduction to Pediatric Immunization (Focus on Anatomy)</i> worksheet (one per participant)	10 minutes
LEARN	• <i>Introduction to Pediatric Immunization</i> slide presentation • <i>Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)</i> • Injection pad, model or simulator	1. Prepare <i>Introduction to Pediatric Immunization</i> slide presentation for viewing 2. Print/photocopy <i>Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)</i> (one per participant)	20 minutes
REVIEW	• <i>Introduction to Pediatric Immunization</i> slide presentation • <i>Introduction to Pediatric Immunization Check-Off (Instructor Resource)</i> • <i>Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)</i> • <i>Introduction to Pediatric Immunization Check-Off (Sample Provider's Orders)</i>	1. Prepare <i>Introduction to Pediatric Immunization</i> slide presentation for viewing 2. Print/photocopy (one per participant): • <i>Introduction to Pediatric Immunization Check-Off (Sample Provider's Orders)</i> • <i>Introduction to Pediatric Immunization Check-Off</i> worksheet	30 minutes

Introduction to Pediatric Immunization

	• <i>Introduction to Pediatric Immunization Check-Off</i> worksheet • <i>Introduction to Pediatric Immunization Check-Off (Medication Administration Record)</i> worksheet • Injection pad, model or simulator • <i>Introduction to Pediatric Immunization Quiz</i> • <i>Introduction to Pediatric Immunization Quiz - Answer Key</i> Supplies: • Provider Standing Order • Medication Administration Record (MAR) • Med cart or mock med cart • Mock/demo vial of DTaP and/or Influenza vaccine • Intramuscular injection models (can be placed on a manikin) • Intramuscular syringes and needles • Alcohol swab • Hand sanitizer or access to a sink • Clean gloves • Access to CDC guidelines, immunization schedules, vaccine information sheets	• <i>Introduction to Pediatric Immunization Check-Off (Medical Administration Record)</i> worksheet • <i>Introduction to Pediatric Immunization Quiz</i> 3. Get the supplies ready for the lesson	
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Instructor Note: For the Focus and Review activities, the instructor may choose to have students complete both or one of the activities. Focus activities may also be completed prior to class.

Lesson One – Introduction to Pediatric Immunization

FOCUS: Part 1 – Developing Awareness of Patient-focused Care

10 minutes

Purpose:

To help students develop an awareness of patient-focused care.

Materials:

- *Introduction to Pediatric Immunization (Focus on Empathy)* worksheet
- *Introduction to Pediatric Immunization (Focus on Empathy) Instructor Resource* page

Facilitation Steps:

1. Distribute the *Introduction to Pediatric Immunization (Focus on Empathy)* worksheets prior to or at the start of the class.
2. Have the *Introduction to Pediatric Immunization (Focus on Empathy) Instructor Resource* page available.
3. Have students read through the information and complete the worksheet.
4. Have students pair up upon completion and share answers.

Name: _____ Class: _____

Introduction to Pediatric Immunization (Focus on Empathy)

READ the following:

Belonephobia (fear of injections) is a disorder that affects 3.5% to 10% of the population. The median age of onset is 5-and-a-half years. Adults may have panic or anxiety attacks. Children may have similar symptoms in addition to crying, tantrums, agitation, and clinging to a parent.

Many people with belonephobia may also react to injections with a vasovagal reflex response. This response may include paleness, sweating, nausea, shortness of breath, loss of bladder and bowel control, and various levels of unresponsiveness (light-headedness or fainting). The onset of the vasovagal response may be 2 to 3 seconds following the needlestick or up to several hours later.

REFLECT on the situation

What could you do if parents say their child has a fear of needles?

SHARE your thoughts with a peer:

Introduction to Pediatric Immunization (Focus on Empathy) Instructor Resource

READ the following:

Belonephobia (fear of injections) is a disorder that affects 3.5% to 10% of the population. The median age of onset is 5-and-a-half years. Adults may have panic or anxiety attacks. Children may have similar symptoms in addition to crying, tantrums, agitation, and clinging to a parent.

Many people with belonephobia may also react to injections with a vasovagal reflex response. This response may include paleness, sweating, nausea, shortness of breath, loss of bladder and bowel control, and various levels of unresponsiveness (light-headedness or fainting). The onset of the vasovagal response may be 2 to 3 seconds following the needlestick or up to several hours later.

REFLECT on the situation.

What could you do if parents say their child has a fear of needles?

If a medication or immunization cannot be given a different route, you need to prepare the child for the injection. Be honest; do not say that it will not hurt. Explain the procedure in an age-appropriate way. Consider giving the child a choice such as right or left side. They may want a particular person (parent, friend) or distraction during the procedure. Gradually expose the patient to unopened supplies and observe their response. Numbing medication or ice may be used if the fear is of pain. Praise the child for being brave.

SHARE your thoughts with a peer.

Lesson One – Introduction to Pediatric Immunization

FOCUS: Part 2 – Anatomy (Identifying Layers of Skin)

10 minutes

Purpose:

To teach students how to identify the layers of the skin.

Materials:

- *Introduction to Pediatric Immunization (Focus on Anatomy) Instructor Resource*
- *Introduction to Pediatric Immunization (Focus on Anatomy) worksheet*

Facilitation Steps:

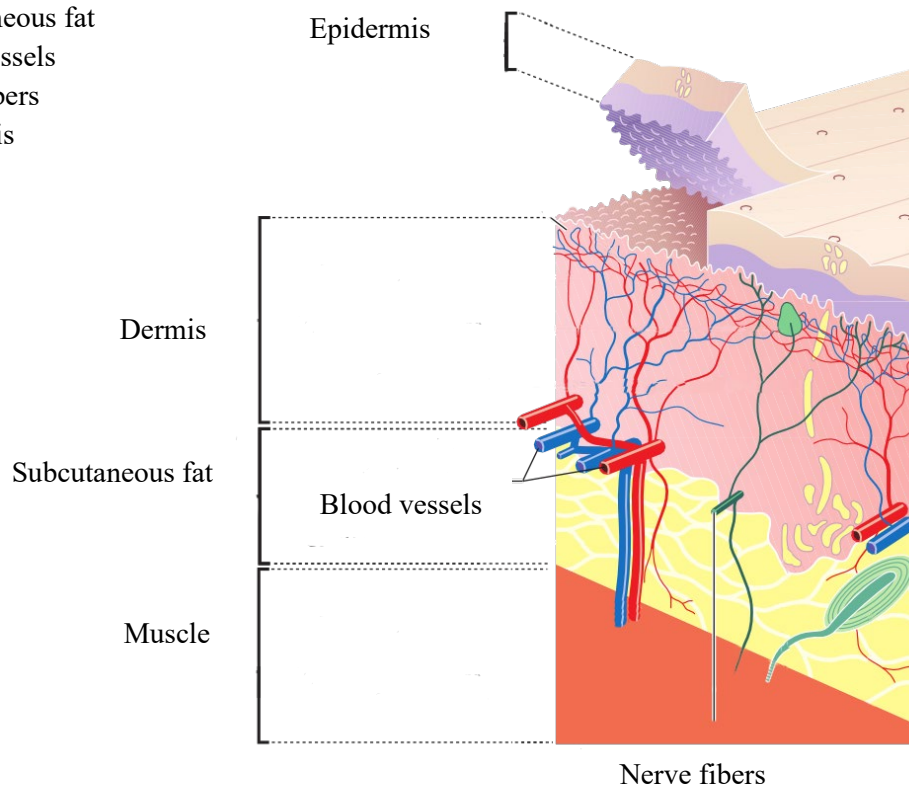
1. Distribute the *Introduction to Pediatric Immunization (Focus on Anatomy)* worksheets prior to or at the start of the class.
2. Have the *Introduction to Pediatric Immunization (Focus on Anatomy) Instructor Resource* page available.
3. Have students read through the information and complete the worksheet.
4. Have students pair up upon completion and share answers.

Introduction to Pediatric Immunization

(Focus on Anatomy) Instructor Resource

Intramuscular is defined as “situated within, occurring within, or administered by entering a muscle (Merriam-Webster).” Below is a diagram of the layers of the skin. Label the diagram with the words listed and answer the questions below.

1. Subcutaneous fat
2. Blood vessels
3. Nerve fibers
4. Epidermis
5. Dermis
6. Muscle



1. Can immunizations bleed? Why or why not?

Yes. The vessels are larger in the muscle. We want to make sure that the medication is being placed in the muscle and not the blood vessels.

2. Do immunizations hurt? Why or why not?

Yes. As you can see, the nerve fibers do go through the dermis, subcutaneous fat, and muscle, so pediatric immunizations are the most painful injections.

Modified work.

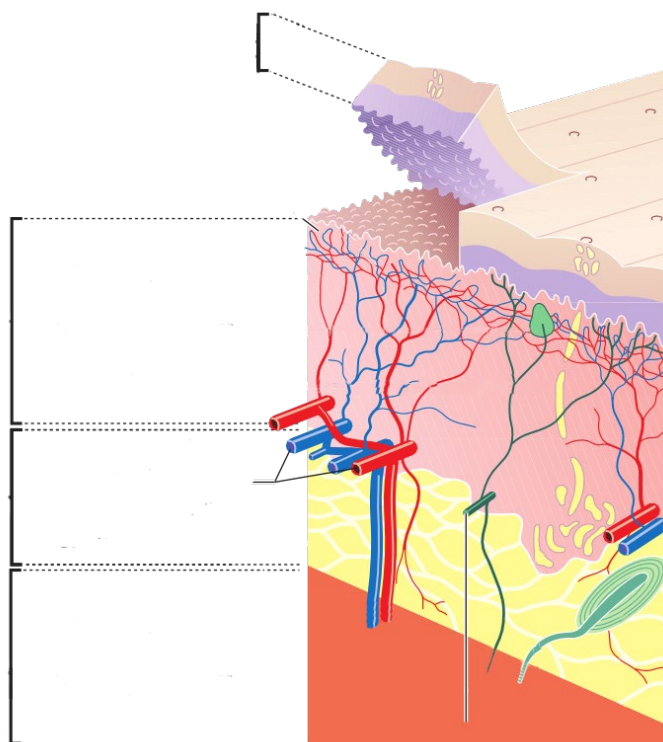
By Madhero88 (Own work) [CC BY-SA 3.0 (<http://creativecommons.org/licenses/by-sa/3.0>)], via Wikimedia Commons(https://commons.wikimedia.org/wiki/File%3ASkin_layers.png)

Merriam-Webster (2016). Dictionary. Retrieved from <https://www.merriam-webster.com/>

Introduction to Pediatric Immunization (Focus on Anatomy)

Intramuscular is defined as “situated within, occurring within, or administered by entering a muscle (Merriam-Webster).” Below is a diagram of the layers of the skin. Label the diagram with the words listed and answer the questions below.

1. Subcutaneous fat
2. Blood vessels
3. Nerve fibers
4. Epidermis
5. Dermis
6. Muscle



1. Can immunizations bleed? Why or why not?
2. Do immunizations hurt? Why or why not?

Modified work.

By Madhero88 (Own work) [CC BY-SA 3.0 (<http://creativecommons.org/licenses/by-sa/3.0/>)], via Wikimedia Commons(https://commons.wikimedia.org/wiki/File%3ASkin_layers.png)

Merriam-Webster (2016). Dictionary. Retrieved from <https://www.merriam-webster.com/>

Lesson One – Introduction to Pediatric Immunization

LEARN: Pediatric Immunization Slide Presentation

20 minutes

Purpose:

Participants will receive a thorough introduction to pediatric immunization, the proper procedure, and documentation surrounding it.

Materials:

- *Introduction to Pediatric Immunization* slide presentation
- *Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)*
- *Introduction to Pediatric Immunization (Focus on Empathy)* worksheet (completed)
- Injection pad, model or simulator

Facilitation Steps:

1. Share the following information as you show the slide presentation:

Slide 1: Introduction Slide

Slide 2: The terms “vaccines,” “inoculations,” and “immunizations” are often used interchangeably, but there are differences. A vaccine is a product that stimulates a person’s immune system to produce resilience and resistance to a specific disease; inoculation is the process of administering a vaccine; lastly, immunization is the process by which a person is made immune or resistant to an infectious disease.

Slide 3: Many organizations support immunization efforts. The Centers for Disease Control and Prevention (CDC) is the main organization that organizes information regarding disease prevention efforts. They develop schedules for routine vaccination to prevent 17 vaccine-preventable diseases. The Advisory Committee on Immunization Practices (ACIP), which is a subcommittee of the CDC, creates Best Practice Guidelines for Immunization. The Immunization Action

Coalition (IAC), a non-profit organization, creates educational materials for healthcare professionals and the public.

Slide 4: Step 1 of administering vaccines is to review the patient’s immunization history. This can be found in medical records, personal vaccination cards, and immunization information systems (IISs) or state registries. After reviewing immunization history, the next step is to determine the need for vaccines. Since most vaccines are administered in a series based on age, the CDC has created schedules for all vaccines for all ages. Also, please note that vaccines are abbreviated. For example, Hepatitis B is abbreviated HepB.

Click the link to show the different schedules:
<https://www.cdc.gov/vaccines/schedules>

Slide 5: Vaccine Information Sheets (VIS) contain information about the vaccine. This includes indications, contraindications, and adverse effects. It is important to review the VIS with the patient.

Federal law under the National Childhood Vaccine Injury Act requires healthcare professionals to provide a copy of the current VIS to an adult patient or a child’s parent/legal representative before inoculation. These can be found on the CDC website.

VIS can be distributed in print, lamination, or electronic. The patient does not need to physically take the VIS.

Slide 6: VIS must be reviewed before the vaccine is administered and before each dose of the vaccine. If a vaccine is a combination of multiple components, then a VIS needs to be reviewed for each of the components. VIS are available in multiple languages. Healthcare professionals must document that the VIS was provided.

Slide 7: Prior to inoculation, it is important to review any contraindications with the patient or their parent/guardian. These are listed on the VIS and are specific to the vaccine. This example is from the Hepatitis B VIS.

Slide 8: The following supplies should be collected for administration of a vaccine through the intramuscular route. Note that not all vaccines are given intramuscularly. Others are intradermal, subcutaneous, nasal, or oral. Select the correct needle size based on the route, age, patient size, and injection technique. Some vaccines come in multi-dose vials, while others are single-dose.

Show the students the supplies and where to find the length/gauge of a needle on the package.

Slide 9: Prior to administering any medication, it is important to review the medication administration record and provider's order. Complete the rights of administration three times.

Slide 10: *Demonstrate swabbing of the vial, removing the needle cap in one smooth motion to prevent a rebound needle stick, and the drawing of the vaccine.*

One-handed scoop method: Place the cap on a flat surface and hold the syringe in one hand. Keep the other hand by your side. Slide the needle into the cap, then lift it up and snap it on securely using only one hand.

Adding air equal to the dose into the vial prior to removing the vaccine equalizes the pressure in the vial.

Finish completing the rights of administration once the dose is drawn. This may be done at a medication cart or at the bedside depending on the facility.

Slide 11: Introduce yourself and provide for privacy. Identify the patient using proper identifiers (name, date of birth, medical record number, photograph in MAR, etc.) and perform proper hand hygiene. Verify allergies and allow for questions.

Slide 12: Injections are painful and can be a source of distress for children and parents.

According to the CDC, evidence-based strategies to reduce pain include:

- Breastfeeding
- Giving sweet-tasting liquids (orally)
- Injecting vaccines rapidly without aspiration
- Injecting the most painful vaccine last
- Using tactile stimulation (rubbing/stroking near the injection site before and during injection)
- Distracting the patient (done by either the parent or clinician)
- Having the patient seated rather than lying down
- Using topical anesthetics

Source:

<https://www.cdc.gov/vaccines/hcp/admin/administer-vaccines.html>

Slide 13: The site should be free of pain, infection, necrosis, bruising, and abrasions.

Consider the location of underlying bones, nerves, and blood vessels, as well as the volume that you will administer.

Because of the sciatic nerve location, the dorsogluteal muscle is not recommended as an injection site. If a needle hits the sciatic nerve, the patient may experience partial or permanent paralysis of the leg.

The recommendation for pediatric vaccine IM injection sites includes use of the anterolateral thigh for infants up to 12 months of age and deltoid in children 18 months and older. The back of the arm is used for subcutaneous vaccines.

Have students locate these muscles on each other.

Slide 14: Assist the patient to a comfortable position. Consider placing the child on the lap of a parent in a seated position. Assistance may be needed to ensure that the child does not move during the injection. Make sure you are communicating the process to the parent. Apply gloves, select the site, and clean it with alcohol swabs. Allow it to dry.

Slide 15: *Demonstrate intramuscular injection.*

1. Remove cap
2. Hold syringe like a dart
3. Insert needle in a dart like motion
4. Inject medication slowly
5. Remove needle
6. Activate needle guard
7. Firmly apply alcohol swab or gauze over site. Apply band-aid.

Per recent literature, aspiration is not needed for pediatric IM injections if proper technique is used and the correct location is identified.

Aspiration is not needed for vaccines per CDC.

Slide 16: It is important to praise the child for his bravery. Rewards, such as stickers, can help the child associate a positive experience with getting vaccines. Make sure you have answered all of the parents' and child's questions. Patient teaching can include reviewing signs/symptoms of an adverse reaction.

Slide 17: Besides the documentation on the medication administration record, there is additional vaccine-specific documentation. This includes:

- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of the person who administered the vaccine and the address of the facility where the permanent record will reside
- Vaccine information statement
- Date printed on the VIS
- Date the VIS was given to the patient or parent/guardian

Slide 18: Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program. All healthcare providers are required to report any adverse reactions to any vaccine. Reports also should be filed if a post-vaccination event occurs, but the exact cause is uncertain.

Slide 19: For more information, please visit the CDC or VAERS.

Slide 20: Closing slide

Lesson One – Introduction to Pediatric Immunization

REVIEW: Practice and Assessment of Pediatric Immunization

30 minutes

Purpose:

Participants will practice pediatric immunization on models and will then complete a quiz to assess their mastery.

Materials:

- *Introduction to Pediatric Immunization Check-Off (Instructor Resource)*
- *Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)*
- *Introduction to Pediatric Immunization Check-Off (Sample Provider's Orders)*
- *Introduction to Pediatric Immunization worksheet*
- *Introduction to Pediatric Immunization Check-Off (Medication Administration Record) worksheet*
- Injection pad, model or simulator
- *Introduction to Pediatric Immunization Quiz*
- *Introduction to Pediatric Immunization Quiz – Answer Key*

Supplies:

- Provider Standing Order
- Medication Administration Record (MAR)
- Med cart or mock med cart
- Mock/demo vial of DTaP and/or influenza vaccine
- Intramuscular injection models (can be placed on a manikin)
- Intramuscular syringes and needles
- Alcohol swab
- Hand sanitizer or access to sink
- Clean gloves
- Access to CDC guidelines, immunization schedules, Vaccine information sheets

Facilitation Steps:

1. Give students the following handouts:
 - *Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)*
 - *Introduction to Pediatric Immunization Check-Off (Sample Provider's Orders)*
 - *Introduction to Pediatric Immunization worksheet*
 - *Introduction to Pediatric Immunization Check-Off (Medication Administration Record) worksheet*
2. Access the *Introduction to Pediatric Immunization Check-Off (Instructor Resource)* page. Following the steps on the check-off page, demonstrate an intramuscular injection on the model, task trainer, or simulator.
3. Have students review the *Introduction to Pediatric Immunization Check-Off (Sample Medication Administration Record)* and *Introduction to Pediatric Immunization Check-Off (Sample Provider's Orders)*. Answer any questions that students may have about using these.
4. Following the steps on their *Introduction to Pediatric Immunization worksheet*, have students practice pediatric immunization on the model, task trainer, or simulator available.
5. Students should properly document their injection on the *Introduction to Pediatric Immunization Check-Off (Medication Administration Record) worksheet*.
6. Hand out the *Introduction to Pediatric Immunization Quiz* to students. Give them a couple of minutes to complete it.
7. Have students self-check or peer-check their answers as you share them from the *Introduction to Pediatric Immunization Quiz - Answer Key*.

Introduction to Pediatric Immunization

Check-Off (Instructor Resource)

PREPARATION:

Supplies:

- Provider Standing Order
- Medication Administration Record (MAR)
- Med cart or mock med cart
- Mock/demo vial of DTaP and/or influenza vaccine
- Intramuscular injection models (can be placed on a manikin)
- Intramuscular syringes and needles
- Alcohol swab
- Hand sanitizer or access to sink
- Clean gloves
- Access to CDC guidelines, immunization schedules, vaccine information sheets

After the demonstration, have students practice inoculation on the models using the following steps:

1.	Verify MAR with written order from provider
2.	Assess child's need for immunization according to CDC guidelines
3.	Screen for contraindication and precautions according to CDC guidelines
4.	Obtain Vaccine Information Sheet (VIS) from CDC and review with parent/guardian/patient
5.	Gather supplies needed for preparing and administering medication
6.	Wash your hands with sanitizer or soap/water
7.	Compare MAR with medication; complete the Rights of Administration
8.	Draw up the correct dose; complete the Rights of Administration
9.	Wash your hands with sanitizer or soap and water
10.	Gather supplies, lock medication cart, and ensure no patient information is visible per HIPAA
11.	Knock, enter room, and provide for privacy
12.	Identify yourself with name and title (student nurse, medical assistant, etc.)
13.	Wash your hands with sanitizer or soap and water

Introduction to Pediatric Immunization

14.	Identify patient and verify this information with the MAR	
15.	Explain the procedure to the parent and patient using age-appropriate terminology, ask if they have any questions and verify allergies with MAR	
16.	If not completed at the cart, complete the Rights of Administration	
17.	Apply clean gloves	
18.	Assist patient to comfortable position and select appropriate site. Explain role of parent or assistant in holding child	
19.	Clean site with alcohol swab	
20.	Remove needle cap and hold syringe securely	
21.	Insert needle in a dart like motion at 90-degree angle	
22.	Administer injection into the model and withdraw needle	
23.	Apply alcohol swab or gauze firmly over site for several seconds, then apply band-aid	
24.	Dispose of needle and supplies	
25.	Praise child; ask parent if they have any questions and observe for signs of allergic reaction	
26.	Remove gloves and wash your hands with sanitizer or soap/water	
27.	Document administration on the MAR	
	Score	

Optional: Evaluate the student's ability to complete an immunization using the above steps. May score via points or satisfactory/unsatisfactory. See sample completed MAR for proper documentation.

Introduction to Pediatric Immunization

Check-Off

(Sample Medication Administration Record)

Patient	Grant, Hannah	MRN	1524833
Date of Birth	02/28/XXXX	Provider	Frey
Age	4 years	Allergies	NKDA

Medication	Time	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
DTaP 0.5mL IM per standing orders Manufacturer <u>Realityworks</u> Lot number <u>98765</u> VIS date <u>09/30/2019</u> VIS given on <u>10/20/2019</u>	Now Site	<i>JW</i> <i>Right vastus lateralis</i>						
Influenza 0.5mL IM per standing orders Manufacturer <u>Sim Inc.</u> Lot number <u>87654</u> VIS date <u>09/01/2019</u> VIS given on <u>10/20/2019</u>	Now Site	<i>JW</i> <i>Left vastus lateralis</i>						

Initials	Signature/Title	Initials	Signature/Title
<i>JW</i>	<i>Janice Wells SN</i>		

Realityworks Hospital
1000 West. Simulation St
Anywhere, US 54321

Introduction to Pediatric Immunization Check-Off (Provider Standing Order)

[illegible]

GRANT, HANNAH

MRN: 1524833

Age: 4 years

Introduction to Pediatric Immunization

PART ONE: Practice inoculation on the model using the following steps:

1.	Verify MAR with written order from provider
2.	Assess child's need for immunization according to CDC guidelines
3.	Screen for contraindication and precautions according to CDC guidelines
4.	Obtain Vaccine Information Sheet (VIS) from CDC and review with parent/guardian/patient
5.	Gather supplies needed for preparing and administering medication
6.	Wash your hands with sanitizer or soap/water
7.	Compare MAR with medication; complete the Rights of Administration
8.	Draw up the correct dose; complete the Rights of Administration
9.	Wash your hands with sanitizer or soap/water
10.	Gather supplies, lock medication cart, and ensure no patient information is visible per HIPAA
11.	Knock, enter room, and provide for privacy
12.	Identify yourself with name and title (student nurse, medical assistant, etc.)
13.	Wash your hands with sanitizer or soap and water
14.	Identify patient and verify this information with the MAR
15.	Review VIS with parent
16.	Explain the procedure to the parent and patient using age appropriate terminology, ask if they have any questions and verify allergies with MAR
17.	If not completed at the cart, complete the Rights of Administration
18.	Apply clean gloves
19.	Assist patient to comfortable position and select appropriate site; explain role of parent or assistant in holding child
20.	Clean site with alcohol swab
21.	Remove needle cap and hold syringe securely

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22.	Apply clean gloves
23.	Assist patient to comfortable position and select appropriate site; explain role of parent or assistant in holding child
24.	Clean site with alcohol swab
25.	Remove needle cap and hold syringe securely
26.	Insert needle in a dart like motion at 90-degree angle
27.	Administer injection into the model and withdraw needle
28.	Apply alcohol swab or gauze firmly over site for several seconds, then apply band-aid
29.	Dispose of needle and supplies
30.	Praise child; ask parent if they have any questions and observe for signs of allergic reaction
31.	Remove gloves and wash your hands with sanitizer or soap/water
32.	Document administration on the MAR

Introduction to Pediatric Immunization Check-Off

(Medication Administration Record)

Patient	Grant, Hannah	MRN	1524833
Date of Birth	02/28/XXXX	Provider	Frey
Age	4 years	Allergies	NKDA

Medication	Time	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
DTaP 0.5mL IM per standing orders Manufacturer _____ Lot number _____ VIS date _____ VIS given on _____	Now Initials Site							
Influenza 0.5mL IM per standing orders Manufacturer _____ Lot number _____ VIS date _____ VIS given on _____	Now Initials Site							

Initials	Signature/Title	Initials	Signature/Title

Realityworks Hospital
1000 West. Simulation St
Anywhere, US 54321

Name: _____ Class: _____

Introduction to Pediatric Immunization Quiz

Select the best answer to the following multiple-choice questions:

1. Federal law requires healthcare staff to provide which of the following to patients prior to vaccine administration?
 - a. Copy of provider's orders
 - b. Vaccine information sheet
 - c. Link to CDC website
 - d. List of possible side effects
2. Which of the following is the proper site for an intramuscular vaccine for a small child?
 - a. Anterior thigh
 - b. Abdomen
 - c. Buttocks
 - d. Back of the arm
3. You need to give an intramuscular injection to a child. Which of the following needles would you correctly select?
 - a. 1 to 3 inches, 18- to 16-gauge needle
 - b. 5/8 to 1 inch, 25- to 22-gauge needle
 - c. 5/8 to 1 inch, 27- to 30-gauge needle
 - d. 3/8 to 5/8 inch, 25- to 27-gauge needle
4. When administering an intramuscular injection, what angle should be used?
 - a. 5-15 degree
 - b. 15-45 degree
 - c. 45-90 degree
 - d. 90 degree only
5. If there is an adverse event following the administration of a vaccine, submit a report to the:
 - a. Vaccine Adverse Event Reporting System
 - b. Centers for Disease Control
 - c. Advisory Committee on Immunization Practices
 - d. Immunization Action Coalition

Introduction to Pediatric Immunization Quiz – Answer Key

1. Federal law requires healthcare staff to provide which of the following to patients prior to vaccine administration?
 - a. Copy of provider's orders
 - b. Vaccine information sheet**
 - c. Link to CDC website
 - d. List of possible side effects
2. Which of the following is the proper site for an intramuscular vaccine for a small child?
 - a. Anterior thigh**
 - b. Abdomen
 - c. Buttocks
 - d. Back of the arm

*Choice **a** is the recommended site per CDC. Choice **c** is contraindicated for IM injections. Choices **b** and **d** are used for subcutaneous injections.*

3. You need to give an intramuscular injection to a child. Which of the following needles would you correctly select?
 - a. 1 to 3 inches, 18- to 16-gauge needle
 - b. 5/8 to 1 inch, 25- to 22-gauge needle**
 - c. 5/8 to 1 inch, 27- to 30-gauge needle
 - d. 3/8 to 5/8 inch, 25- to 27-gauge needle

*Choice **b** is recommended by CDC guidelines. Choice **a** is too large of a gauge and length. Choices **c** is too small of gauge and **d** is used for intradermal injections.*

4. When administering an intramuscular injection, what angle should be used?
 - a. 5-15 degrees
 - b. 15-45 degrees
 - c. 45-90 degrees
 - d. 90 degrees only**

90 degrees allows for access to the muscle.

5. If there is an adverse event following the administration of a vaccine, submit a report to the:
 - a. Vaccine Adverse Event Reporting System**
 - b. Centers for Disease Control
 - c. Advisory Committee on Immunization Practices
 - d. Immunization Action Coalition

*Choice **a** is the federal reporting system. The other choices are other vaccine related organizations*

Sources

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