

A to Z of baby immunisation

The baby immunisation clinic is not as easy as ABC. It is one of the most underrated and demanding consultations for practice nurses. It is no wonder that it is a pet hate of most practice nurses.

The below A to Z suggests practical tips to aid the smooth running of a baby immunisation clinic. It is not intended as a reference guide to the immunisation schedule.

Accountability

It is important to feel confident as an immuniser. It is a stressful consultation without the added complication of self doubt.

If you are sharing a clinic with a colleague, clarify who is responsible for what. For example, if one nurse draws up the vaccine and one administers it, who is accountable if the wrong immunisation is given?

Nationally, immunisation training varies widely. Sometimes it is inhouse; in other regions it is organised by the health authority or commissioning group. A word of hope for new practice nurses: the baby clinic gets easier as you gain more experience and familiarity with the vaccines.

Box for emergency

Have the resuscitation box in the baby clinic, and check it monthly. Use a check sheet to make it easier, including expiry dates. Familiarise yourself with the equipment, and ensure there is clear guidance for anaphylaxis doses for infants. Have the infant's airway available.

Check consent

Who has brought the child? If it is a childminder or grandparent, is the parent aware of what they are here for? Is the guardian competent to give consent (e.g. if brought by an older sibling)?

Does the parent understand? Are there language barriers? You may need to use interpreter to gain informed consent.

Check the parent/guardian agree with the vaccine you are planning to give. Often parents have no idea what vaccine their child will be given; they just know 'they need a needle'. Consent must be informed.

Documentation

Documentation should include vaccine name, dose, site, batch number, and expiry date. Any other relevant information (e.g. 'child has cold but well enough for immunisation') should be recorded.

If anything adverse happens (e.g. if the child moves suddenly and is scratched with the needle), document the injury sustained and action taken. Parents will usually be understanding, as long as nothing is covered up. A good template will make recording such information easier.

Explain and educate

Emphasise to parents/guardians how the immunisation will protect their child. Include post-immunisation advice (e.g. managing temperature). Use childhood immunisation pages in their baby's book to reiterate the information you give them.

Signpost them to literature if needed, and have handouts ready. Parents are increasingly savvy and ask challenging questions. Time is limited in the baby clinic; overly questioning parents should be directed to a health visitor who can spend longer trying to allay fears.

Fridges

Fridges should be models of the recommended standard for storing vaccines. Check the fridge temperature daily (tick form as evidence). Store all vaccines as recommended, and ensure the cold chain is maintained when vaccines are delivered.

It can be helpful to have a selection of vaccines taken out of the fridge for a clinic, but ensure that they are kept in a cool box and for a short duration only. Place them away from radiators and bright sunshine.

Green book

The green book is your bible. It overrides manufacturers' advice. Have access to the online green book with all of the changes and updates.

Habit

Being a creature of habit will make it easier for you. By always giving injections in the same sites, completing the template information will be quicker.

For example, I always give pediacel in the left thigh and other vaccines in the right. Parents hold the child on their knee, facing a certain direction. I write the box batch numbers down so I don't have to keep checking individual vials.

If there is doubt

If there is any doubt about immunisation status, it is better to overimmunise than to not give. Explain to the parent that if a child is given an extra dose inadvertently it will not do them any harm.

Overseas patients with complicated immunisation status should follow the Health Protection Agency guidelines for vaccination of individuals with uncertain or incomplete immunisation status. For Arabic

and African babies, be as proactive as possible with hepatitis B vaccination. This can be given at the same time as the childhood immunisation programme.

Join a network

Join a network. Have friends you can talk concerns over with. Being on 'borrowing terms' with a nearby practice can be valuable (e.g. if you have had a fridge malfunction and your vaccine stock is suddenly low).

Keep up to date

As we all know, the immunisation schedule is always changing. Have access to the relevant websites and mailing lists, and check them regularly.

Listen to the parent

Prior to immunisation, always ask parents 'is there anything else you would like to ask?' They may have a specific question and will feel more confident in the procedure if you can respond to their concern.

Media

The media stirs up concerns. Be prepared and have facts ready. Be aware of current issues and controversies and stick to the Department of Health guidance. Try to familiarise yourself with easy access online resources that you can print off to reassure parents.

Never

Never give an immunisation if you are unhappy about the circumstances (e.g. if you are unsure that the parent understands, if there are too many other children in the room to concentrate properly, if the child seems actively unwell with a fever, or if the computer is malfunctioning and you need to get the immunisation history from elsewhere). Do not give in to parental pressure if you have doubts.

Only

Only have the parent and relevant child in the clinic room, if possible. Sometimes the baby clinic is treated as a family day out. The treatment room should be as safe as possible, but it is never a suitable playroom. If there is more than one adult, it is perfectly reasonable to ask one of them to take the other children out to the waiting room.

For a parent attending alone with two or more children, I have paper and crayons at the ready to occupy the children with drawing. If things are hectic, I have resorted to asking a nursery nurse or helpful receptionist to play with them for a minute or two.

Pre-school

Pre-school children are old enough to understand. In my experience, they are accepting of the procedure if it is explained to them.

Telling them that everyone at their nursery/playgroup has had an injection normalises the procedure for them. Stickers as a prize after immunisation work like magic; they seem to forget their sore arms. Asking them to count to four while immunising also helps. I prepare the immunisation before the patient enters the room.

By doing this, you can concentrate on what you are drawing up without distraction. Anxiety can be provoked if they have to sit and watch you prepare the syringe. If you have a pre-school child and an infant both in for an immunisation, I would always vaccinate the older child first. Ensure that parents/guardians understand that they should be holding the child securely.

Questions

Parents often don't want lots of information. They have decided to have their child immunised, and they want you to get on with it. Being clear about the practicalities is important. Explain how to hold the infant and how to turn them for the second immunisation (if doing alone). Explain which sites are to be used prior to administering.

Resentment

From the onset of the consultation, there can be resentment felt by parents. We are doing something to their child that they don't like; it is instinctive to react. We have to rise above the 'nasty nurse stuck a needle in you' mentality.

Safety

Safety in preparation for a baby clinic: items may need moving in the treatment room so that children are not at risk of injury. Cupboard and fridge locks should be on and clinical waste bins may need moving so that children can't open them. Scissors, forceps, and other clinical instruments should be out of reach. The door may need locking so that older children don't run out or catch their fingers in the door.

Time

Do you have time to explain the procedure, the vaccination, get informed consent, explain possible side effects, draw up, give safely, and record all the relevant information?

Most baby clinics are a team effort: receptionist, health visitor, GP, practice or treatment room nurse, and nursery nurse. It may be that the sharing of tasks is indicated. In some practices, the health visitor is deemed responsible for educating and responding to all immunisation questions prior to the immunisation. In this scenario, it is assumed that the nurse will run a task-orientated clinic and only

be giving the immunisation. Likewise, some practices use receptionists to enter data onto the computer notes.

I have 15 minutes for each immunisation, which I believe I need to do all the above properly. Many clinics only have 10 minute appointments, so allocation of tasks is necessary.

Use a receiver

In what can often seem like a chaotic consultation, you must know where your needles and syringes are. Have your sharps box within easy reach and put used syringes in immediately after (ensuring that you have the batch number). It's amazing how little hands can reach and grab; don't give anyone the opportunity to have a needlestick injury.

Very tidy

The baby clinic is unpredictable and sometimes hectic, so being tidy helps. Keep the sharps box within reach and have a bin for the empty vial boxes nearby. Have a high surface to prepare your immunisations away from reaching fingers. Have your seating arranged to suit you.

Well

Is the child well? The only contraindication to immunisation is a very unwell child. Coughs, colds, and sniffles are not contraindications. If a child has had a previous anaphylactic reaction to an immunisation, he/she should be referred to secondary care for any further immunisation needed. Egg allergy is not a contraindication.

Extremely

Parents can be extremely disorganised and distressed. They may have postnatal depression, concern for their child's normality, be going through a relationship break-up, or be suffering from sleep deprivation.

For whatever reason, what parents say they have brought their child to the clinic for cannot be trusted. Always check children's immunisation history before you call them in. Parents often attend saying a child needs a certain immunisation, when the schedule indicates something else. They may attend for immunisations that aren't due or have already been given.

You

You need to feel comfortable with what you are doing. If not, you need to discuss it with your line manager.

General practices should have a patient group directive for your locality. This is your protocol or guideline. Make sure you have a copy you can refer to easily on the computer desktop.

The green book is clear. It will tell you what to give and when. Most immunisations given within a baby clinic are intramuscular. Use the appropriate needle. Bear in mind that intramuscular injection is less painful and causes less discomfort than subcutaneous injection.

Zzz

Sleep easy.