

Intensive Care Nursery House Staff Manual

Immunizations: Policies and Procedures

INTRODUCTION: All infants admitted to the ICN will receive immunizations according to their age after birth and consistent with CDC guidelines.

DOCUMENTATION POLICY:

- By law, all health care providers who administer vaccines shall provide a copy of the **vaccine information sheet (VIS)** to the legal representative of an infant **before the vaccine is given and for each dose of vaccine**. The VIS should be supplemented with visual presentation or oral explanations as appropriate.
- VIS forms are kept at the ICN Secretary's desk for the following: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, hepatitis A, and Haemophilus influenzae B.
- It is not necessary to obtain a signature acknowledging receipt of the VIS, but a notation must be made in the medical record indicating that the VIS materials were provided.
- This policy applies to both inborn and outborn infants.
- Documentation can be on the Physician's Order Sheet (*e.g.*, for 1 month immunization, write "IPV 0.5 mL SQ, DTaP 0.5 mL IM now; VIS have been provided.")
- Although written consent for vaccine administration is not required, it is better to obtain it.
- For each patient, a **Vaccine Administration Record** will be kept in the bedside chart. This record shall include all immunizations as well as lot numbers and manufacturer (as required by the CDC). All immunizations shall also be documented on the yellow state immunization card that is given to the parents at the time of discharge.
- A detailed description of the vaccine documentation policy can be obtained from the Pharmacy.

IMMUNIZING AGENTS:

COMVAX, HBV and HIB combined

DTaP, Diphtheria, Tetanus, acellular Pertussis

HBIG, Hepatitis B Immune Globulin

HBV, Hepatitis B vaccine

HIB, Haemophilus influenzae B

IPV, inactivated Polio vaccine

PCV7, Pneumococcal Conjugate vaccine

Dose for all of these agents is 0.5 mL IM, except IPV which is 0.5 mL SQ or IM.

ADMINISTRATION of VACCINES:

- Each Monday, the ICN Pharmacy will generate a list of patients to be vaccinated the current week, those eligible the next week and those past due. This list will be given to the Discharge Coordinators, who will give the information to the Residents, Fellows and NNPs.
- To minimize the number of injections, the HBV series will be initiated at birth only for infants born to mothers whose HbsAg status is either + or unknown. All others will be given COMVAX at 2, 4 and 12-15 months.
- The patient care team will review the list for contraindications. If none, infants will be immunized. For any patient for whom a decision is made not to give an immunization, notify the Pharmacy and the bedside Nurse and document the decision in the infant's medical record.
- All vaccines are contraindicated in infants who have or who are being evaluated for active infection.
- The only other contraindication for HBV is allergic reaction to a prior dose of vaccine.
- The only other contraindication for Pertussis vaccine is uncontrolled active seizures.

- If a decision is made to **never** immunize an infant (*e.g.*, if the parents do not want their infant immunized), the infant's Nurse will document this on the immunization record in the medical record and the Pharmacy will not include this patient on future notification lists.
- Unless contraindicated, all patients should receive Acetaminophen (10 mg/kg PO) 1-2h prior to DTaP immunization and q4-6h after for 24 hours.

IMMUNIZATION SCHEDULE for ICN:

<u>Age</u>	<u>Mother's HbsAg Status</u>		
	<u>Negative</u>	<u>Positive</u>	<u>Unknown</u>
Birth		HBV #1 (by age 12 h) HBIG	HBV #1 (by age 12 h) HBIG*
	*Determine maternal HbsAg status after birth; if positive, give HBIG by age 7d for full term infants; for preterm, give HBIG within 12h after birth..		
1 month		HBV#2	
2 months	IPV #1 DTaP #1 COMVAX #1 PCV7 #1	IPV #1 DTaP #1 HIB #1 PCV7 #1	
4 months	IPV #2 DTaP #2 COMVAX #2 PCV7 #2	IPV #2 DTaP #2 HIB #2 PCV7 #2	
6 months[‡]	DTaP #3 PCV7 #3	DTaP #3 PCV7 #3 HIB #3 HBV #3	
	[‡] Consider giving Influenza vaccine to infants with chronic lung disease or cardiac disease.		
12-15 months	IPV #3 COMVAX #3	IPV #3	

IMMUNIZATION against RESPIRATORY SYNCYTIAL VIRUS (RSV): RSV pneumonia is a major cause of serious pediatric respiratory disease from November through April, especially among infants who have chronic lung disease and those born prematurely. **Palivizumab (Synagis™)**, a recombinant monoclonal antibody against RSV, is effective in decreasing the incidence of RSV pneumonia in high risk infants. Current recommendations are that infants at risk for RSV be given Synagis™ 15 mg/kg IM monthly from November through April after discharge from hospital. This treatment is started a few days before discharge (November to April). Patients who are to be given this treatment include:

- Gestational age (GA) ≤ 28 wks and < 12 months postnatal age at start of RSV season
- GA 29-32 wks and postnatal age ≤ 6 months at start of RSV season
- GA 33-35 wks and additional risk factors as judged by the ID Service.
- Patients up to age 24 months with chronic lung disease and requiring O₂, steroids or bronchodilators in the 6 months prior to start of RSV season
- Consult with Cardiology regarding administration of Synagis™ to infants with **congenital heart disease**.

For any questions about immunizations not covered here, consult the Neonatology Fellow, the Discharge Coordinator or the Pharmacy.