



COLLEGE OF NURSING UNIVERSITY OF THE PHILIPPINES MANILA



N13 Skills Checklist Infant Immunization

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Student's Name: _____

Date: _____

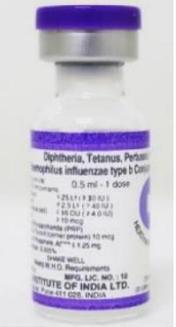
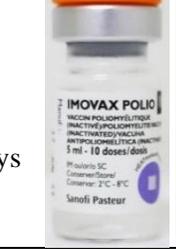
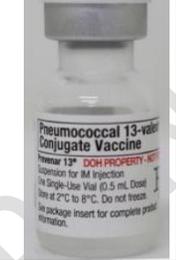
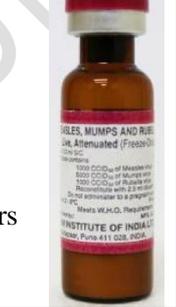
Instructions: Check the appropriate column below based on the student's performance or non-performance of expected skill. Any comments may be written on the last column.

Procedure	Yes	No	Remarks
I. Set up the immunization session <i>(before any clients arrive for the session)</i>			
Prepare the vaccines			
1. Wash hands with soap and water and dry thoroughly			
2. Take vaccines and diluents out of the refrigerator			
3. Procure, inspect the vaccines, and read carefully by checking for: <ul style="list-style-type: none"> a. Storage under appropriate cold-chain conditions b. Expiration date c. Vaccine Vial Monitor (VVM) <i>Plus, for multidose vials:</i> <ul style="list-style-type: none"> d. Date and time of initial administration e. Vaccine vial septum (seal) not been submerged in water f. Aseptic technique used to withdraw all doses 			
<p style="text-align: center;">OPV</p> <ul style="list-style-type: none"> ▪ Liquid in a vial with oral dropper ▪ clear yellowish, orange or light pink colored solution <p>for multidose vials: maximum of 28 days</p> <div style="display: flex; justify-content: space-around;">   </div>			
<p style="text-align: center;">BCG</p> <ul style="list-style-type: none"> ▪ Powder in a vial + diluent ▪ White cloudy liquid with sediment that suspends when shaken (after reconstitution) <p>for multidose vials: maximum of 6 hours after reconstitution</p> <div style="text-align: center;">  </div>			



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<p style="text-align: center;">Pentavalent (DPT + Hep B+ Hib vaccine)</p> <ul style="list-style-type: none"> ▪ Liquid in a vial, ready-to-use ▪ White, cloudy liquid with sediment that suspends when shaken <p>for multidose vials: maximum of 28 days</p>				
<p style="text-align: center;">IPV</p> <ul style="list-style-type: none"> ▪ Liquid in a vial, ready-to-use ▪ Clear colorless liquid <p>for multidose vials: maximum of 28 days</p>				
<p style="text-align: center;">PCV</p> <ul style="list-style-type: none"> ▪ Liquid in a vial, ready-to-use ▪ Clear colorless liquid <p>for multidose vials: maximum of 28 days</p>				
<p style="text-align: center;">MMR</p> <ul style="list-style-type: none"> ▪ Powder in a vial + diluent ▪ Clear, slightly yellow liquid (upon reconstitution) <p>for multidose vials: maximum of 6 hours after reconstitution</p>				
<p>4. Prepare the vaccine carrier with ice packs (ice packs against each of the four sides of the carrier)</p>				
<p>5. Place vaccines in the middle</p>				
Prepare immunization workspace and equipment				
<p>1. Wash hands with soap and water, and dry thoroughly</p>				
<p>2. Prepare the equipment needed for the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soap or Hand sanitizer for hand washing <input type="checkbox"/> Metal file to open ampules 				



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<ul style="list-style-type: none"> <input type="checkbox"/> syringes and needles (1cc syringes, 26 gauge 10mm needle; 23-25 gauge 5/8in and 1in needle) <input type="checkbox"/> Safety box <input type="checkbox"/> Cotton <input type="checkbox"/> Waste container <input type="checkbox"/> New Child Immunization Records (infant immunization cards) <input type="checkbox"/> Immunization tally sheets or forms <input type="checkbox"/> Paper, pencils, and pens <input type="checkbox"/> Separate table for vaccination <input type="checkbox"/> Stool / chair(s) for health providers and clients 			
<p>3. Layout immunization workplace with these considerations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Separate table for vaccination <input type="checkbox"/> Separate infants to be immunized from those who have just been immunized <input type="checkbox"/> Have a distance or barrier between infant and all needles and sharp objects <input type="checkbox"/> Dispose needles without settling it down or carrying around <input type="checkbox"/> Have the handwashing equipment next to immunization table <input type="checkbox"/> Have immunization cards, tally sheets or forms on the table for immediate recording after vaccine administration <input type="checkbox"/> Work on a clean table 			

II. Assess and screen infants for immunization and communicate with the caregiver			
1. Greet the parent/caregiver, thank them for waiting and coming for vaccination			
2. Determine knowledge about vaccination or ask if they have questions. Communicate using appropriate language and parent's/caregiver's level of understanding			
3. Acknowledge and normalize feelings of the parent/caregiver ("it is normal to feel nervous...")			



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<p>4. Assess infant for immunization</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Vaccines received <input type="checkbox"/> All vaccines infant is eligible based on national schedule 			
<p>5. Screen for immunization</p>			
<p>a. Enumerate conditions when vaccination should NOT be withheld</p> <ul style="list-style-type: none"> Mild and minor illness (URI, diarrhea with fever <38.5 C) Malnourished infants Prematurity, low birth weight Treatment with antibiotics Dermatoses, eczema, localized skin infection Allergy, asthma Stable neurological conditions: cerebral palsy, down syndrome 			
<p>b. Enumerate conditions when it is safer to wait and not vaccinate</p> <ul style="list-style-type: none"> High fever and under medication HIV infection (for BCG) 			
<p>c. Enumerate conditions when a senior health care worker must decide</p> <ul style="list-style-type: none"> Very ill infants Needing hospitalization 			
<p>6. Advise: (using short and simple explanations)</p> <ul style="list-style-type: none"> ▪ on the vaccine(s) and its purpose, ▪ on number of doses and timing, importance of completing series to be fully protected ▪ how you will carry it out and take steps to minimize discomfort ▪ her participation in positioning the infant ▪ that the needle may hurt, but is normal, brief and resolves on its own ▪ potential adverse events and what to do (can be done before or after administration depending on individual needs and understanding) 			



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III. Give Vaccines Safely												
Position the infant for vaccination												
<p>1. Keep in mind the location of the injection sites</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">BCG</td> <td>Outer upper arm - right</td> </tr> <tr> <td>PENTA</td> <td>Outer upper thigh – right</td> </tr> <tr> <td>IPV, PCV</td> <td>Outer upper thigh – left (2.5 cm apart)</td> </tr> <tr> <td>MMR</td> <td>Outer upper arm – right</td> </tr> </table>		BCG	Outer upper arm - right	PENTA	Outer upper thigh – right	IPV, PCV	Outer upper thigh – left (2.5 cm apart)	MMR	Outer upper arm – right			
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<p>2. Ask the parent/caregiver to hold the infant and Choose position depending on age of child, site of administration, number of vaccines to be given, and available materials</p> <ul style="list-style-type: none"> ▪ Cuddle—semi-recumbent on caregiver’s lap <ul style="list-style-type: none"> <input type="checkbox"/> position infant sideways on mother’s lap and expose arm and shoulder <input type="checkbox"/> instruct mother to hold infant close to the body, supporting head and holding arms close to the body <div style="text-align: center;">  </div> <ul style="list-style-type: none"> ▪ Bed—lying on back against flat surface <div style="text-align: center;">  </div> <ul style="list-style-type: none"> ▪ Upright—sitting upright on caregiver’s lap, facing straight outwards <div style="display: flex; justify-content: center; gap: 20px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>												



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3. Encourage breastfeeding at the time of vaccination (if appropriate) as this helps with relaxation and pain relief			
Administer the vaccines			
1. Wash hands with soap and water and dry thoroughly			
2. Procure, inspect the vaccines, and read carefully by checking for: <ul style="list-style-type: none"> a. Storage under appropriate cold-chain conditions b. Expiration date c. Vaccine Vial Monitor (VVM) <i>Plus, for multidose vials:</i> <ul style="list-style-type: none"> d. Date and time of initial administration e. Vaccine vial septum (seal) not been submerged in water f. Aseptic technique used to withdraw all doses 			
3. Prepare necessary vaccines for each infant (do not prefill syringes), turning slightly from the caregiver to shield the preparation			
4. Organize vaccines in order of the administration			
Oral vaccines (OPV)			
1. Administer oral vaccines first			
2. Ask the caregiver to hold infant with head supported and tilted slightly back			
3. The chin and cheeks should be dry			
4. Open infant's mouth gently, either with your thumb on the chin if infant is small, or by squeezing the cheeks gently between fingers			
5. Squeeze two drops of vaccine from dropper onto the tongue, not letting the dropper touch the infant's tongue or mouth			
Reconstitute the vaccine(s) immediately before use (BCG, Measles)			
<i>For the vaccine</i>			
1. Flick/tap the vial/ampoule with your finger to ensure that the powder is at the bottom			
2. Open the vaccine vial/ ampoule:			



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<p><i>If in a vial, depending on the type of vial:</i></p> <ul style="list-style-type: none"> ▪ Open the vial by lifting the pre-cut center using a file / ▪ Open the vial by flipping the plastic cap with your thumb / ▪ Open the vial by slowly twisting the cap 			
<p><i>If in an ampoule:</i></p> <p>a. Hold ampoule between thumb and middle finger</p>			
<p>b. Use your index finger to support the top</p>			
<p>c. Using the metal file, scratch hard around the neck of ampoule</p>			
<p>d. Hold the top of the ampoule with a piece of clean cloth, and gently break off the top Do this slowly to prevent airflow from blowing out the powder</p>			
<i>For the Diluent</i>			
<p>1. Ensure that the appropriate diluent for the vaccine will be used</p>			
<p>2. Inspect the diluent for cracks (usually in glass ampoules) and ensure expiry date has not passed</p>			
<p>3. Open the glass ampoule following the same procedures above.</p>			
<p>4. Aspirate/ draw all the diluent using a new disposable mixing syringe and needle</p>			
<i>Reconstitute</i>			
<p>1. Insert the mixing syringe with diluent into the vaccine vial/ampoule</p>			
<p>2. Inject all of the diluent into the vaccine vial by holding the plunger between index and middle fingers and pushing with the thumb</p>			
<p>3. Remove the needle and mixing syringe, and discard properly</p>			
<p>4. Swirl the vial to mix the vaccine with the diluent. Do not touch the rubber membrane.</p>			
<p>5. Indicate the date and time of reconstitution in the vaccine label</p>			



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6. Place reconstituted vaccine on the foam pad of vaccine carrier			
Intradermal (ID) (BCG)			
1. Aspirate the prescribed dose: BCG: 0.05ml using a new special small syringe and needle, then change to the 26g 10mm needle.			
2. Locate injection site: outer, upper right arm Expose arm and shoulder (the infant is already in a cuddle position)			
3. Clean and dry injection site before vaccination. If skin is dirty, clean with cotton balls wet with sterile water. Wait until it dries. Do not use alcohol to clean the skin before giving vaccinations			
Administer the vaccine using appropriate injection technique:			
4. Hold syringe barrel with fingers and thumb (of right hand/ dominant hand) on the sides of the barrel, with bevel facing upwards			
5. Gently stretch out flat and support the skin with the thumb and forefinger of your non-dominant hand			
6. Lay the syringe and needle almost flat along the skin, with the bevel facing up			
7. Request the parent/caregiver to stay still and give neutral verbal signal before administering the needle (count to 3)			
8. Gently insert the tip of the needle under the surface of the skin, just past the bevel			
9. Keep the needle flat along the skin, so that it goes into the top layer only. Do not push too far, do not angle the needle down.			
10. Hold the needle in place by placing thumb of non-dominant hand on the lower end of the syringe near the needle (do not touch the needle)			



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11. Hold the plunger between index and middle finger of dominant hand, press the plunger with you thumb			
12. Inject 0.05 ml of the vaccine slowly and smoothly, taking care not to move the syringe. Create a small wheal once you are certain that you are injecting intradermally			
13. Remove the needle quickly and smoothly, at the same angle it was inserted			
14. Discard the needle and syringe straight into the safety box			
15. Do not rub or massage. Allow parent to swab the site gently if there is a small bleed.			
16. Soothe and distract the infant.			
Subcutaneous (SC) (MMR)			
1. Reconstitute the vaccine by following the aforementioned steps			
2. Aspirate the prescribed dose: MMR: 0.5ml then change to the 23-25g 16mm (5/8in) needle			
3. Locate injection site: upper right arm			
4. Position the infant sideways on the adult's lap with the whole arm exposed			
5. The adult should hold the infant's legs			
6. Reach your fingers around and pinch the skin.			
7. Request the parent/caregiver to stay still and give neutral verbal signal before administering the needle (count to 3)			
8. Quickly push the needle into the pinched skin, towards the shoulder at a 45°angle			
9. To control the needle, support the end of the syringe with your thumb and forefinger but do not touch the needle.			
10. Depress the plunger smoothly, do not move the needle under the skin			



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11. Pull the needle out quickly and smoothly at the same angle it went in							
12. Discard the needle and syringe straight into the safety box							
13. Do not rub or massage. Allow parent to swab the site gently if there is a small bleed.							
14. Soothe and distract the infant.							
Intramuscular (IM) (Penta, PCV, IPV)							
1. Aspirate the prescribed dose: Penta: 0.5 ml PCV : 0.5 ml IPV : 0.5 ml then change to the 23-25g 25mm (1in) needle							
2. Position the infant sideways on the adult's lap with the infant's whole leg exposed							
3. Ask the adult to hold the infant's legs							
4. Locate injection site:							
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PENTA	Outer upper thigh – right						
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5. Gently stretch the skin flat between your thumb and forefinger							
6. Request the parent/caregiver to stay still and give neutral verbal signal before administering the needle (count to 3)							
7. Insert the needle at a 90° angle.							
8. Quickly push the entire needle through the skin and into the muscle. Inject slowly to reduce pain.							
9. Pull the needle out quickly and smoothly, ask parent/caregiver to press site gently with cotton							



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10. Discard the needle and syringe straight into the safety box			
11. Do not rub or massage. Allow parent to swab the site gently if there is a small bleed.			
12. Soothe and distract the infant.			

IV. End the session (After vaccination)			
1. Smile, encourage, and praise the parent/caregiver for having the infant vaccinated. Congratulate for completing the series (as applicable)			
2. Provide instructions on aftercare (breastfeed the infant more frequently, extra hugs and attention but avoiding pressure to the site)			
3. Alert: a. possible mild side-effects after getting the vaccine ▪ infant being irritable ▪ some redness and swelling at the site—may place clean, cold damp cloth to help ease pain ▪ mild fever—may take antipyretics as prescribed ▪ BCG—flat-topped swelling is normal ▪ Measles/MMR—rash or fever after 6-12 days (give extra fluids and keep them cool) b. when to seek medical attention ▪ severe allergic reaction (swelling of face and throat, hives, difficulty of breathing, cyanosis) ▪ serious side effects (seizures) ▪ BCG-signs of abscess and enlarged glands ▪ infant's condition worsens or reactions continue for more than a day or two			
4. Complete the immunization card, write the date of next appointment, and tell the parent the date as clearly as possible			
5. Remind to always bring the immunization card for vaccination			
6. Ask if they have any questions and repeat instructions if needed			



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<p>7. Ensure safety and viability of vaccines</p> <ul style="list-style-type: none"> ▪ Follow multi-dose vial policy ▪ Label opened vials that can be used for following session “USE FIRST” ▪ Discard opened BCG and measles vaccine at the end of each session or after 6 hours, whichever comes first 			
<p>8. Properly dispose used equipment</p>			
<p>9. Document by completing the immunization tally sheet and immunization register</p>			
<p>Evaluation: Date Completed: Faculty-In-Charge: (Initials and Signature)</p>	<p>(Pass or Practice)</p>		

Overall Feedback:

UPCN

References:

Department of Health. (n.d.). National Immunization Program Manual of Operations. Department of Health Republic of the Philippines. <https://doh.gov.ph/sites/default/files/publications/NIP-MOP-Booklet%204.pdf>

World Health Organization. (2015). Immunization in Practice A Practical Guide for Health Staff. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/193412/9789241549097_eng.pdf;jsessionid=8090B6390E20045A8ABC6399FB5551CD?sequence=1