

(ADULTS ONLY)

ADRENALINE DOSAGE

Adrenaline 1:1000 (One in one thousand)

0.5 ml ADRENALINE

DEEP INTRAMUSCULAR INJECTION

**REPEAT EVERY 5 MINUTES
UNTIL THERE IS CLINICAL
IMPROVEMENT**

Adult dose (over 50kg)—0.5 ml

Or

Dose for Adrenaline 1:1000 = 0.01 ml per kg body weight up to a maximum of 0.5 ml or 0.5 mg

Deep intramuscular injection

Repeat every 5 minutes until there is clinical improvement

ACCREDITED NURSE IMMUNISERS

Under normal circumstances Division One nurses cannot administer vaccines or other scheduled drugs without a doctors order.

In Victoria, a 1995 amendment to the *Drugs, Poisons and Controlled Substances Regulations* allowed nurses to be accredited as nurse immunisers and provide scheduled vaccines to children and adults without supervision. They can administer vaccines to children and adults without the supervision or order of a medical officer. To become accredited immunisers they must complete an immunisation course accredited by the Department of Health.

Please contact your infection control nurse if you would like to complete the Accredited Nurse Immunisers Course

For more information on immunisation and vaccine administration see: *The Australian Immunisation Handbook, 10th Edition, 2013*
online at

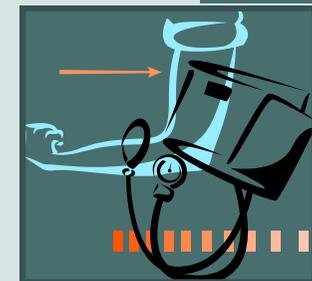
<http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>



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ANAPHYLAXIS

Following Adult Vaccination



A Severe Adverse Event

INFLUENZA PANDEMIC

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

It is difficult to predict when the next influenza pandemic will occur or how severe it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

Health professionals are concerned that the continued spread of a highly pathogenic avian H5N1 virus across eastern Asia and other countries represents a significant threat to human health. The H5N1 virus has raised concerns about a potential human pandemic because:

- It is especially virulent
- It is being spread by migratory birds
- It can be transmitted from birds to mammals and in some limited circumstances to humans, and
- Like other influenza viruses, it continues to evolve.



MASS INFLUENZA VACCINATION

In the event of an influenza pandemic it is envisaged that many more people than usual will require the influenza vaccine once it becomes available. The demand for vaccinators may mean that Division One Nurses are called upon to administer the influenza vaccine.

The information in this leaflet is designed to assist you gain the knowledge necessary to safely administer vaccines.

ADVERSE EVENTS

Minor adverse events such as fever, pain or redness at the site of injection, are reasonably common following immunisation with some vaccines.

Any vaccine may cause an adverse event. (See the Australian Immunisation Handbook for further details)

Adverse events following immunisation with the influenza vaccine fall into 3 categories:

- **Local reaction** (soreness at site) — least severe and most common (>10%)
- **Systemic reaction** (fever, malaise, and myalgia) - less common (1-10%)
- **Allergic reaction** (anaphylaxis) - rare but the most severe post immunisation adverse event.

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Rare but can be fatal—all immunisers must be able to distinguish between anaphylaxis, convulsions and fainting.

FAINTING (vaso-vagal episode)

Relatively common after vaccination of adults and adolescents, rare in children and babies. Sudden loss of consciousness in young children should be presumed to be an anaphylactic reaction, particularly if a strong central pulse is absent.



Severe allergic reactions

OBSERVATION AFTER VACCINATION

In general—the more severe the reaction, the more rapid the onset. Most life-threatening adverse events occur within 10 minutes of vaccination

All recipients of vaccines should remain under observation or in the vicinity of the place of vaccination for at least 15 minutes.

Vasovagal episode	Anaphylaxis
ONSET—Immediate—usually within minutes of or during vaccine administration	Usually within 5 minutes but can be within hours of vaccine administration
SKIN—Generalise pallor, cool clammy skin	Itchy skin, generalised redness, urticaria, localised oedema of deeper layers of skin or subcutaneous tissues
RESPIRATIONS—Normal respirations, may be shallow but not laboured	Cough wheeze, stridor, tachypnoea, cyanosis, rib retraction
CARDIOVASCULAR—Bradycardia, with a STRONG CENTRAL pulse	Tachycardia, WEAK/absent central pulse
HYPOTENSION— usually transient, corrects in supine position or head down	Sustained and no improvement without specific treatment
NEUROLOGICAL—Light-headedness, loss of consciousness, improves once supine or head down	Severe anxiety, distress, loss of consciousness—no improvement in supine position

MANAGEMENT OF ADVERSE EVENT

FAINTING

- Reassure
- Lie down, elevate persons feet above their head
- Observe until free of symptoms.
- If person does not regain consciousness within one/two minutes seek medical advice.

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- If unconscious—lie on left side and maintain airway
- Rapid administration of ADRENALINE 1:1000 0.5 ml
- If flushing or itching alone—do not administer adrenaline but observe for progression
- If no improvement in condition by 5 minutes REPEAT dose of ADRENALINE every 5 minutes until improvement occurs
- Administer oxygen by facemask at high flow rate
- Send for assistance