***Appendix 2: Immunisation Checklist***

Immunisation Checklist

Patient Identification Sticker

Completed by Name …………………………………..

Role………………… ……… Date…………………….

1. Nurse completed immunisation competency standard. **Yes / No/ Medical Staff**

2. Written information given to parents. **Yes / No**

3. Verbal explanation given to parents, including potential adverse effects of vaccines as per GBG and opportunity for questions. **Yes / No**

4. For patients on paediatric and neonatal wards - written consent should be obtained and in filed in notes. **Yes / No**

5. Patient eligible:

- Immunisation schedule. **Yes / No**

- Chronological age. **Yes / No**

- Previous vaccines recorded and dates. **Yes / No**

- (If not first set of immunisations) Any adverse reactions previously recorded. **Yes / No / 1st Set**

6. Correct vaccines prescribed:

- Appropriate vaccine. **Yes / No**

- Correct product. **Yes / No**

- Correct dose. **Yes / No**

- Correct route. **Yes/ No**

7. Paracetamol given prior to immunisations following new protocol. **Yes/ No**

8. Administration recorded in 4 places - (site, drug name, batch, and expiry):

- Patient notes. **Yes / No**

- Drug chart. **Yes / No**

- Red book. **Yes / No**

- Child Health Information System form completed & submitted. **Yes/No**

9. Photocopy the checklist & community form for notes (Auditing purposes)