***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 / leaflets 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. Consent should be obtained and documented in notes? **Yes / No**

5. Patient eligible:

- Immunisation schedule? **Yes / No**

- Chronological age? **Yes / No**

- Previous vaccines recorded and dates? **Yes / No / n/a**

- (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**

- In date? **Yes/ No** (Please document the expiry date of all vaccines being used.)

7. Paracetamol given prior to primary immunisations (1st set) following new protocol? **Yes / No**

8. Administration recorded in 3 places – (**site, drug name, batch, and expiry**):

- Paper drug chart (CDAU only) or Prescription chart on EPMA (NICU/ Sarum Ward)? **Yes / No**

- Red book? **Yes / No**

- Unscheduled immunisation form completed & filed in the medical notes? **Yes/ No**

**9. Administration of seasonal influenza vaccination recorded on NIVS? Yes/No**

10. File this checklist in the patient’s medical notes once completed. (Auditing purposes)