

JBI RECOMMENDED PRACTICE

Pneumococcal Infection: Adult Vaccination

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Equipment

- Vaccine (PNEUMOVAX 23 or alternative pneumococcal vaccine as ordered by Medical Officer)
- · Medical waste (sharps) container
- Sterile syringe
- · Appropriate drawing up and injection needle
- · Clean cotton wool and tape
- Alcohol wipe

Recommended Practice

CONTRAINDICATIONS:

Any history of anaphylaxis or severe allergic reaction to any component of the vaccine

PRECAUTIONS:

- Vaccinations should be deferred in a patient with a moderate or severe acute illness.
- Caution is required for patients with severely compromised cardiovascular and/or pulmonary function.

PRE-INJECTION:

- 1. Ensure an anaphylaxis response kit is available.
- 2. Confirm patient details and vaccination.
- 3. Obtain consent and record.
- 4. Conduct pre-vaccination screening checklist to check for allergies and contraindicating conditions. Prevaccination screening includes documenting the following:
 - Name of person to be vaccinated
 - Date of birth
 - Age today
 - Name of person completing this form
 - Indicate if the person to be vaccinated:
 - is unwell today
 - has a disease that lowers immunity (e.g. leukemia, cancer, HIV/AIDS) or is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
 - · has had a severe reaction following any vaccine
 - has any severe allergies (to anything)
 - has had any vaccine in the past month

- has had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year
- is pregnant
- · has a past history of Guillain-Barré syndrome
- · was a preterm infant
- · has a chronic illness
- has a bleeding disorder
- identifies as an Aboriginal or Torres Strait Islander
- does not have a functioning spleen
- is planning a pregnancy or anticipating parenthood
- is a parent, grandparent or carer of a newborn
- lives with someone who has a disease that lowers immunity (e.g. leukemia, cancer, HIV/AIDS), or lives with someone who is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, radiotherapy, chemotherapy)
- is planning travel
- has an occupation or lifestyle factor(s) for which vaccination may be needed (discuss with doctor/ nurse).
- 5. Wash hands and apply gloves.

INJECTION:

- 1. Remove the vaccine from the refrigerator and check that it is not expired, does not contain any particulate matter or appears discolored.
 - If any of these factors are present the vaccine is NOT to be used.
- If the vaccine is not in a preloaded syringe, use the drawing up needle to obtain the recommended dose for the vaccine (recommended dose for PNEUMOVAX 23 is 0.5mL).
- 3. Discard of the drawing up needle into the sharps bin and replace with the appropriate injection needle (PNEUMOVAX 23 is to be given subcutaneously or intramuscularly; DO NOT give PNEUMOVAX 23 intravenously or intradermally).
- Select injection site (preferred sites for PNEUMOVAX 23 injection are the deltoid muscle or lateral midthigh).
- 5. Clean injection site with alcohol wipe and wait for it to dry.
- 6. Give the injection using the appropriate technique.

POST VACCINATION:

- 1. Dispose of all clinical waste appropriately.
- 2. Cover injection site with dry cotton wool and tape.
- 3. Gently apply pressure for one to two minutes, do not rub the site.
- 4. Remove the cotton wool after a few minutes and expose to air.
- 5. Record and document the details of the vaccination given.
- 6. Patient should be advised to remain in the vicinity for a minimum of 15 minutes for observation.

Supporting Evidence Summaries

• JBI-ES-3614-4-Vaccines: Preventing Pneumococcal Infection in Adults

Archived Publications

- 1. JBI-RP-4746-2 (Published at 18 May 2021)
- 2. JBI-RP-4746-1 (Published at 13 May 2021)

Occupational Health and Safety Considerations









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For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. Worldviews Evid Based Nurs. 2015;12(3):131-8.

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