

Name: _____

Temple College

VNSG 2461 Clinical LVN Training III

Immunization Simulation Check off

Skill	S	U	Comments
Introduction			
Knock on door and ID self			
Washed hands			
Identified w/2 identifiers			
Assessment			
Allergies/Type of reaction			
Currently sick/check temp, pulse, respiration, and O2 saturation			
Education			
Type of immunization			
Risks/Benefits			
Common SE's and treatment			
Who to contact for emergency			
Rapport			
Informed Consent			
Relationship to child			
Signed before injection			
Gave VIS to parent			
Med Administration			
Appropriate needle and syringe			
Clean top of vial with alcohol			
Withdraws correct dose			
Activate safety device and change needle			
Cleanse injection site			
Proper administration			
Uses proper one-handed technique to activate safety immediately and dispose in sharps container			
Medication documented in MAR			
Infection Control			
Gloves worn for med administration			
Washed hands			

Satisfactory

Unsatisfactory

Instructor: _____