

# Influenza Immunization for Patients Receiving Hemodialysis

## Site Applicability

All Hemodialysis Units (SPH In-center, and Community Dialysis Units)

## Practice Level

Registered Nurses and Licensed Practical Nurses who have completed required education to provide hemodialysis care for patients at Providence Health Care.

## Requirements

A prescriber's order (paper pre-printed or electronic order) is required to utilize the influenza immunization protocol for chronic hemodialysis outpatients.

## Eligibility

All individuals with chronic kidney disease, receiving hemodialysis.

## Contraindications

History of anaphylactic or shock-like reaction to previous dose of influenza vaccination. This contraindication is extremely rare.

## Need to Know

1. Immunization guidelines/protocol can only be applied to patients who are chronic hemodialysis outpatients.
2. Vaccine availability is generally between October/November until the end of March, unless otherwise instructed by the Medical Health Officer.
3. Potential adverse event events include fever, soreness, redness, swelling.

## Protocol

### Assessment

1. Confirm informed consent from patient or substitute decision-maker.
2. Review allergies to ensure no contraindication.
3. Review vaccination history to determine if patient has received an influenza vaccination during the current flu season.

**Procedure**

1. Select powerplan NEPH Hemodialysis Vaccination.
2. Select add to phase and choose order sentence appropriate for patient based on their age:
  - a. influenza vaccine seasonal - adult (18 to 64 years of age) Sentence: 0.5 mL, IM, once
  - b. influenza vaccine seasonal - adult (65 years of age and above) Sentence: 0.5 mL, IM

**Intervention**

1. Administer 1 dose of the influenza vaccine given as 0.5 mL IM.

**Documentation**

## Sites live with CST-Cerner

1. Sign for vaccine in MAR (medication administration record), recording dose, site of administration and lot number of vaccine, utilizing bar code scanner.
2. For sites with split activation ensure that the vaccine is documented in PROMIS.

## Sites not using CST-Cerner

1. Transcribe vaccination order onto paper MAR and Prescriber's Order sheet (insert form number) from Pre-printed Order to facilitate data entry into PROMIS— influenza virus vaccine, inactivated (adult 65 years of age and above) 0.5 mL IM once

**OR**

Transcribe vaccination order to paper MAR and Prescriber orders from Pre-printed order - influenza virus vaccine, inactivated (adult 18 to 64 years of age) 0.5 mL IM once

2. Sign for vaccine on paper MAR recording date and time, site of administration and lot number of vaccine.
3. Document vaccine in PROMIS Database.

**Patient and Family Education**

1. Patient to observe for any adverse reactions and report them to a health care professional immediately or seeking emergency assistance if they cannot breathe, feel throat tightening or swelling.
2. Inform patients that local reactions (redness, soreness or swelling) at the site of injection are not uncommon and resolve within 24 to 48 hours after vaccination.
3. Patient is to remain in the hemodialysis unit for 15 minutes after vaccination to observe for any adverse events.

**Related Documents**

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- BCCDC Communicable Disease Control Manual: Chapter 2 Immunizations, Part 4 Biological Products
  - [Seasonal Influenza Vaccine Eligibility](#)
  - [Intended Use of Influenza Vaccines](#)
  - [Safety Issues Applicable to Influenza Vaccines](#)
- Hand Hygiene
  - [PHC Hand Hygiene](#)
- Immunization Guidelines
  - [Canadian Immunization Guide Chapter on influenza and statement on seasonal influenza vaccine](#)
- British Columbia College of Nurses and Midwives
  - [Registered Nurses Scope of Practice, Standards, Limits, Conditions](#) (Acting with Client-Specific Orders)
  - [Licensed Practical Nurses Scope of Practice, Standards, Limits, Conditions](#) (Acting with Client Specific Orders)

## **Persons/Groups Consulted:**

Clinical Practice Group, PHC Renal Program

## **Developed By:**

PHC Hemodialysis Program

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