

Policies and Procedures

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Department: **Clinic**

Subject: **Vaccine Administration Record**

Date:

Intent: The Vaccine Administration Record (VAR) will be utilized to provide an accurate, on-going record of all vaccines administered to Clinic clients.

Policy:

1. The clinician administering the vaccine is responsible for ascertaining the correct client will receive the correct vaccine.
2. The clinician will complete the appropriate information on the form as follows:
 - a. Client's last name; first name; Medical Record number;
 - b. Write in the date of administration in the box titled Date next to the appropriate vaccine;
 - c. Complete the form with the following information in the appropriate boxes: vaccine expiration date, lot number, route of administration, and site of injection;
 - d. Ascertain the client was provided an Vaccine Information Sheet (VIS) and consent to administer the vaccine was obtained in writing;
 - e. Initial the box at the right of the administration information for the vaccine;
 - f. At the bottom of the form, sign, write in your title, initial, and date.

The Vaccine Administration Record will be filed in the primary care charts under the tab "Medications" along with the consent forms. Vaccines will also be recorded on the flow sheet of the primary care chart.

If the client should decline to receive any vaccine, this information will be recorded on the VAR under the correct vaccine box; the clinician will then initial.

VACCINE ADMINISTRATION RECORD

Patient Name:	MR#:
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<u>Tetanus</u>	Date	Expiration Date	Lot #	Route	Site	Consent signed: Given Info Sheet	Initials
						Yes No	
<u>Pneumovax</u>	Date	Expiration Date	Lot #	Route	Site	Consent signed: Given Info sheet	Initials
						Yes No	
<u>Influenza</u>	Date	Expiration Date	Lot #	Route	Site	Consent signed: Given info Sheet	Initials
						Yes No	
<u>Hepatitis A</u>	Date	Expiration Date	Lot #	Route	Site	Consent signed: Given Info sheet	Initials
#1						Yes No	
#2							
<u>Hepatitis B</u>	Date	Expiration Date	Lot #	Route	Site	Consent signed: Given Info sheet	Initials
#1						Yes No	
#2							
#3							
<u>Twin Rx</u>	Date	Expiration Date	Lot #	Route	Site	Consent signed: Given Info sheet	Initials
#1						Yes No	
#2							
#3							

Clinician's Signature	Title	Initials	Date