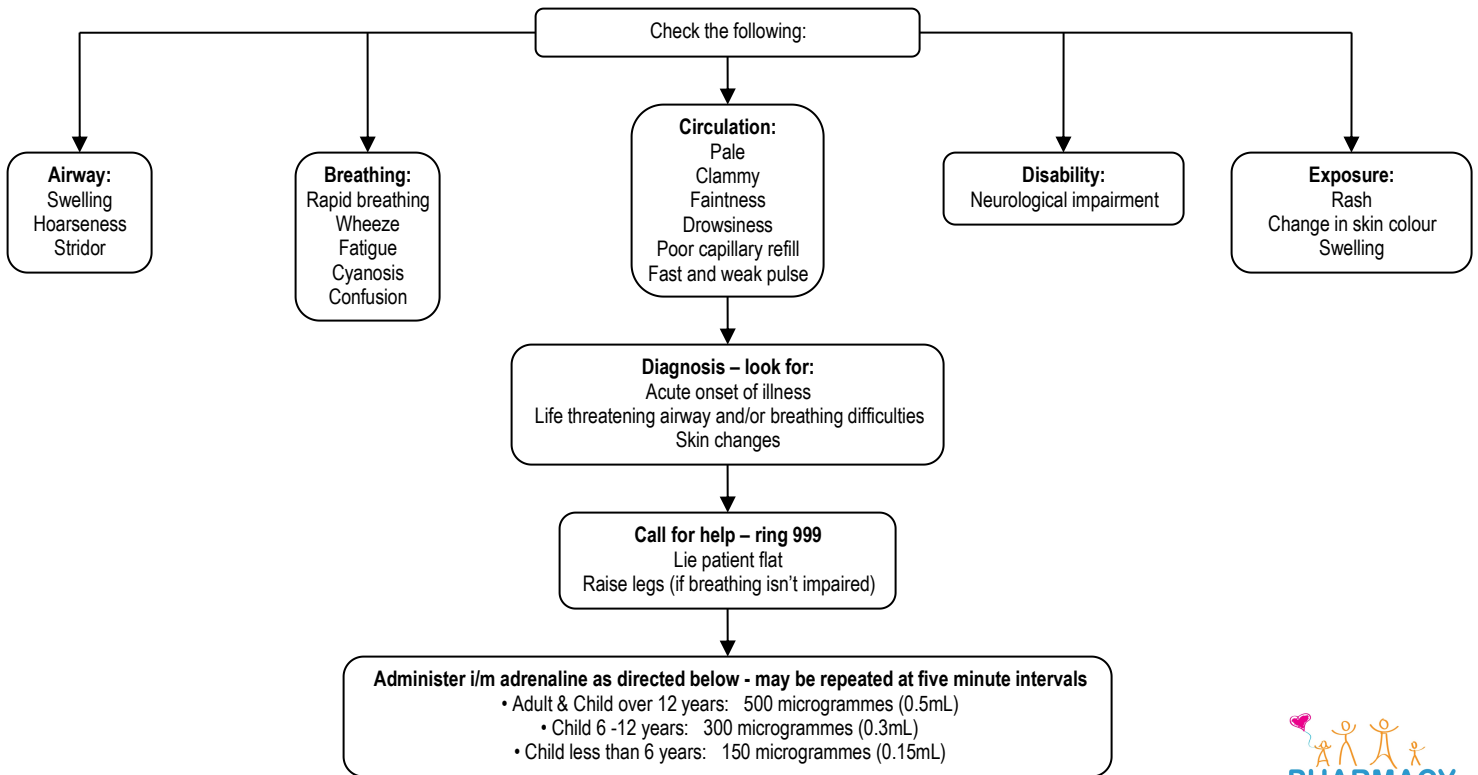
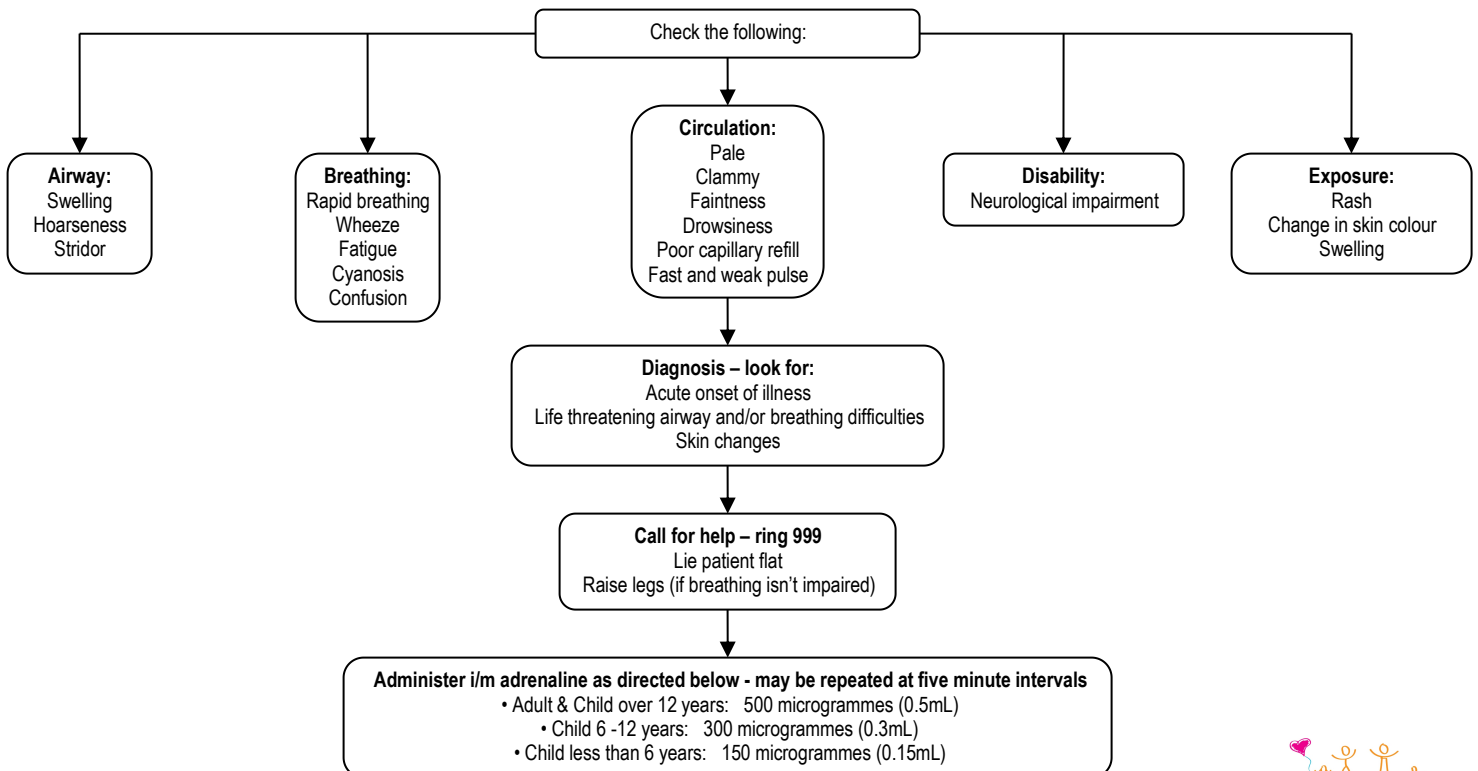


## Suspected Anaphylactic Reaction



## Suspected Anaphylactic Reaction



Distinguishing Features of Anaphylaxis Compared to Other Common Reactions to Vaccination

	<b>Faint</b>	<b>Anxiety Attack</b>	<b>Anaphylaxis</b>
<b>Circulatory</b>	good pulse	usually tachycardic	poor central pulse
	may be bradycardic		sinus tachycardia
<b>Respiratory</b>	respiration continues	hyperventilation	possible apnoea
	no respiratory oedema		bronchospasm (wheeze or stridor)
			sneezing
			upper airway oedema
<b>Skin</b>	pallor	pallor	urticaria/itching
	warm skin	flushing to neck	flushing/sweating
	no rash or itching	complain of tingling to extremities	cold skin
			poor capillary refill
<b>Central</b>	regains consciousness upon lying	lightheadedness	patient does not revive when lying
		feeling numb	sense of impending doom
		may appear fearful	

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## **PLEASE READ THIS INFORMATION BEFORE YOUR VACCINATION**

**If you have any questions about the influenza vaccine, please ask the pharmacist before the treatment is administered.**

As with all medicines, side effects can sometimes occur after you have been given the influenza vaccine. However, this vaccine is very safe. The most common side effects of the injectable (inactivated) influenza ('flu) vaccine include soreness, redness, or swelling at the site of the injection. These reactions only usually last for a couple of days and occur in about a fifth of patients. Rarely, patients may experience fever, muscle aches or chills. However:

### **IT IS NOT POSSIBLE TO GET 'FLU FROM THIS VACCINE**

If you experience any soreness or stiffness in your arm, these tips may help to ease the pain:

- continue to move your arm regularly – don't let it get stiff and sore
- use a heat pack or warm compress on the area
- use an ice pack on the area if it becomes hot and sore – do not apply ice directly to your skin, wrap it in a towel first
- medicines such as paracetamol and ibuprofen can help ease any pain and discomfort in the area.

Severe allergic reactions (anaphylaxis) to 'flu vaccines are very rare. Our staff have been fully trained to deal with anaphylaxis and we have the equipment necessary to treat any adverse events. With prompt treatment, individuals suffering from anaphylaxis make a quick and complete recovery. If you experience any side effects that do not improve over time, please get in touch either with your pharmacist or GP.



## **INFLUENZA VACCINE EXCIPIENT LIST**

The following list details common excipients of intramuscular 'flu vaccines that patients may be hypersensitive to and those products that contain them. Please note, this is not an exhaustive list – see the SPC for details.

Excipient	Vaccines Containing the Excipient
cetyltrimethylammonium bromide	Influvac, Imuvac
betapriopriolactone	Fluvirin
benzonase	n/a
egg products	all vaccines except Optaflu
formaldehyde	Fluarix, , Influvac, Imuvac, Fluvirin, Sanofi MSD generic
gentamicin	Fluarix, Influvac, Imuvac
neomycin	Enzira, CSL inactivated, Sanofi MSD generic
nonoxynol 9	Fluvirin
Kanamycin	n/a
Polymyxin B	Enzira, CSL inactivated, Fluvirin
Polysorbate 80	Influvac, Imuvac
Sodium deoxycholate	Fluarix
Thiomersal	Fluvirin
Octoxinol 9	Sanofi MSD generic
Latex	Fluvirin, Fluarix, Sanofi MSD generic, Enzira, CSL inactivated

# Tips for running a Flu Service from LPC member John Urwin

The flu vaccination season will soon be upon us. This will be the second year that Cumbrian pharmacies have been involved. Last year there was a large variation in numbers of flu vaccinations performed. The LPC thought that sharing the strategies and techniques used by the higher performing pharmacies might be of value.

Involvement and engagement by ALL members of the pharmacy team is essential. Staff should be consulted and invited to participate in both planning and delivery of your Flu Service.

## Planning

- Having decided to offer the service it is necessary for all pharmacists involved to complete training to qualify for the PGD.
- SOPs should be written/reviewed/adapted. Suggestions in this document can be incorporated into the SOP but do not over-ride the SOP
- Give some thought to how you would deal with a collapsed patient. Where is the Adrenaline injection? Consider training members of the dispensary staff to draw up the Adrenaline (using WFI amps) as the pharmacist is likely to be a) busy and b) stressed. Have a card detailing calling an ambulance and brief staff.
- Ensure availability of sharps bin (clinical waste bin also if you are performing health checks as well)
- An estimate should be made of how many vaccines you think you will need (probably an underestimate, but that isn't a problem). Contact the suppliers of flu vaccine and shop around for the best price/delivery schedule. Discounts are available. Consider multiple delivery drops. Fridge capacity needs to be taken into account. Last year it was noted that 10 x 1 vaccines occupied more volume than 1 x 10.
- From the start of August begin to create demand. Posters, flyers, bag stuffers and word of mouth to create awareness. Target patients in the various qualifying groups using your PMR. Some are difficult to spot such as liver disease. Others are easy – inhaled corticosteroids, 65+ (by 31.3.14 – not date of vaccination). Our service last year was very well received, so be sure to speak to last years patients and tell them to tell their friends.

Once you have a start date from NHS England and delivery date from your supplier you can start more detailed planning.

- Walk-in, appointments or both?  
10 minute appointments are probably the best to start with. Once the pharmacist's skill and confidence has built up (after the first few patients) you will find there is plenty of time to perform other duties and maybe even squeeze in a walk-in between appointments. Do include a lunchbreak! When making appointments don't forget to suggest they attend suitably dressed. The more clothes the client is wearing, the longer the whole process takes!
- Working with the whole pharmacy staff decide who will do what. A key principle is to minimise pharmacist workload and delegate as much as possible.
  - Identifying and recruiting patients – everyone
  - Greeting patients – counter staff
  - Administering vaccine - pharmacist

- Completing paperwork – pharmacist and designated flu-helper
- Managing submission of completed paperwork – designated individual or anyone initialling daily checklist.
- Re-ordering stock – take care as demand drops off, but remember we are contractually required to offer the service until the end of March.
- Just before start date familiarise yourselves with the paperwork and make sure you maintain a sufficient stock of forms. Some pharmacies adapted the form by pre-populating the pharmacy details area before printing.
- Check your fridge temp monitoring system. Temp should be checked and recorded at least once a day.
- Depending on your PMR system create a flag (e.g. FluVac13/14) to identify vaccinated patients. Note inclusion of flu season in flag.

#### Delivering the service

- Prepare several clipboards with a set of paperwork i.e. patient form on top of a survey form.
- When patients arrive for appointments, or are recruited opportunistically, greet them and encourage them to sit down with a clipboard and start to fill in the patient form.
- Flu-helper to check and complete the form with the patient, prior to escorting them into the Consultation Room.
- Pharmacist to review patient form and get the patient's consent.
- Pharmacist to wash/handgel hands
- Administer the vaccine. Remember to remove the batch details sticker and apply to form.
- After patient has re-assembled themselves give them the clipboard (remove patient form first) and hand them back to your flu-helper to complete the survey form.
- Pharmacist to tidy up and finish paperwork.
- Flag patient on PMR system, create new patient if necessary.
- Fax the Flu Consultation Form to the appropriate GP surgery, either immediately or in a batch at the end of the day (you will need to agree with the surgery what works best for them)
- Complete the daily entries on to Pharmoutcomes; this is most important, as it is the way you claim for payment

Regular staff discussions can identify problems and improvements. Please share with the LPC any spiffing wheezes developed by your team.

Suggested large print cards next to phone:

1. Dial 999
2. Request AMBULANCE
3. Give details of problem e.g. Flu Vaccination patient collapsed, possible anaphylactic shock
4. Address - write it out on card including postcode (in case caller has a memory dump)
5. Stay on the phone until told by the operator