

PRE-VACCINATION CHECKLIST & CONSENT FORM – for Tdap (Boostrix®) Vaccination

A trained Pharmacist Vaccinator must conduct the pre-vaccination consultation, consent process and vaccine administration.

Customer Name:		Customer Address:	
Phone Number:			
DOB:	Age:	NHI Number (if known):	
GP Name:		GP Address:	
GP Phone Number:		Date:	

CONSULTATION QUESTIONS	RECORD YES / NO	WHEN TO REFER
Are you under 18 years of age? (Tdap catch-up dose from 11 year old vaccinations is free at GP)		If YES, refer to GP
Is this your first time having tetanus vaccinations? (Ask: Have you had your childhood vaccinations? If not: Have you been vaccinated for tetanus?) (Give Tdap either way, but send to doctor if no previous tetanus series to ensure tetanus coverage)		If YES/uncertain give Tdap and refer to GP for primary Td
Have you had a pertussis vaccination in the last five years? (Pertussis protection should last ≥5 years. Not applicable for pregnancy – see IMAC information)		If YES, may not need
Have you ever had a severe reaction to any vaccine?*		If YES, refer to GP*
Have you had a severe allergic reaction from any cause? Excluding food allergies or bee stings		If YES, refer to GP
Are you allergic to formaldehyde, glutaraldehyde aluminium, or other vaccine components? (no egg)		If YES, refer to GP
Are you unwell today? (NB. OK to vaccinate if person is mildly unwell but temperature <38°C)		If YES, refer to GP
Are you taking anticoagulants or have coagulation or bleeding problems?		If YES, refer to GP
Are you taking immunosuppressant medicines or do you have immune deficiencies?		If YES, refer to GP
Do you have any neurological conditions? (potential risk of recurrence of Guillain-Barre syndrome, neuritis, encephalomyelitis and other)		If YES, refer to GP
Are you less than 28 weeks pregnant? (Preferably vaccinate from 28 weeks pregnancy: note, may be funded at GP. If pregnant, give her information for her LMC)		If YES, wait to 28 weeks or more to vaccinate

*severe reaction includes anaphylaxis, coma, seizure, or Guillaine Barré syndrome within 7 days after tetanus, diphtheria or pertussis vaccine, or severe swelling or severe pain after a previous tetanus or diphtheria containing vaccine, or any severe reaction with any other vaccine.

If all questions are answered NO, please complete the rest of the form (over page) for provision of information and patient consent.

VACCINATION INFORMATION CHECKLIST AND CONSENT

Information Checklist for Customer	Comments	Completed ✓
Explain how the vaccination works, how often it is required, benefits of the vaccination. (if using for pertussis protection in babies or other vulnerable persons, there is no minimum gap after Td before Tdap can be given). Offer IMAC Pertussis Fact Sheet.	Advise that the vaccination includes tetanus, diphtheria and pertussis. Protection helps them, and may prevent transmission to babies who have high risk with the disease	
What effects may be expected after the vaccination (e.g. fever, pain, redness or swelling at injection site, usually mild, fainting)	Seat the patient for the injection, and preferably afterwards (fainting risk)	
Explain how Tdap vaccine is given and that the customer has to wait in the pharmacy for 20 minutes after vaccination	Shake well then administer by deep intramuscular (IM) injection	
What to do if localized adverse events occur e.g. cold compresses on injection site for swelling; paracetamol if painful / feverish, when and how to seek medical advice if you feel unwell after the vaccination Give verbal advice and side effect handout.	If unusual and rapidly extensive swelling occurs, seek medical help or phone Emergency services (111)	
Confirm the customer understands that the vaccine is not government funded and the customer will have to pay for the vaccination.	Pharmacies could display a sign about availability and cost of the vaccination.	
Customer consent to Tdap vaccination (verbal)	Pharmacist signature: _____	
Customer consent signature : _____	Customer Name (printed): _____	
Customer consent to notify GP (and LMC if applicable) of vaccination and any related Adverse Event.	Customer Signature: _____	

NOTE: Within the Boostrix® brand of vaccine there are two different needles:

- Blue is 23G x 25mm used for Adults
- Orange is 25G x 16mm used for Children (not Pharmacy) and underweight adults

Name of Pharmacist Vaccinator:	
Brand name of Tdap vaccine given: _____	Batch number: Expiry:
Vaccine Administration Date: _____	TIME ADMINISTERED: 20 MINUTE WAIT COMPLETE AT:
Administered:	Left Arm / Right Arm
Pharmacy Name:	
Pharmacy Phone Number:	

NOTIFICATION OF TETANUS-DIPHTHERIA-PERTUSSIS BOOSTER (Tdap) VACCINATION

Dear Doctor/or LMC

For your records, please note that:

Name: _____

NHI Number: _____

DOB: _____

was vaccinated with tetanus-diphtheria-pertussis booster vaccine on

Date of vaccination: _____

Vaccine brand used: _____

Batch number: _____ Expiry Date: _____

Administered: Deltoid Left Arm / Deltoid Right Arm

Pharmacy Name:	
Pharmacy Address:	
Pharmacy Telephone Number:	
Pharmacist Name:	
Date of Notification:	

Information for adults after a tetanus-diphtheria-pertussis (Tdap) booster vaccination

After your Tdap Immunisation

You need to wait at the pharmacy for 20 minutes after the vaccine is given. This is to make sure treatment is quickly available if a rare, severe allergic reaction occurs. This is estimated to occur less than once in a million doses given.

Common reactions are the body's normal response to immunisation. Most reactions are mild, do not interfere with activities, and usually resolve after a day or so. If these symptoms continue and/or get worse, talk to your healthcare professional.

Common Problems ¹	What to do
Pain, redness and/or swelling at the site of injection	A cold damp cloth can be held on the injection site
Headache (about 3 in 10 adults)	If you feel uncomfortable, consider taking paracetamol
Mild tiredness (about 1 in 4 adults)	
Nausea, vomiting, diarrhoea, stomach ache (up to 1 in 10 adults)	These are normally mild and do not usually interfere with activities
Less common problems ¹	What to do
Fever (about 1 or 2 in 100 adults)	This is usually mild. If you feel uncomfortable consider taking paracetamol
Chills, body aches, sore joints, rash, swollen glands	These are mild and do not usually interfere with activities
Extensive swelling of the arm where the shot was given, normally not painful (up to 3 in 100)	Use a cold damp cloth on the injection side, and paracetamol if uncomfortable. This usually goes away after a few days. If severe, see a doctor.
Very rare problems ¹	What to do
Severe allergic reaction (estimated to occur in less than one in a million doses). Symptoms could include difficulty breathing, wheezing, fast heart beat, hives, swelling of the throat.	Call a doctor or get the person to a doctor right away
High fever	Call a doctor or get the person to a doctor right away

Getting tetanus, diphtheria or pertussis would be more likely to cause severe problems than getting the vaccine.

To protect infants against whooping cough (pertussis), this vaccine is recommended in adults in close contact with babies, e.g. parents, care-givers, grandparents. Protection will take two weeks. Tetanus and diphtheria cover lasts about 10 years. The whooping cough cover lasts 5 years or more. This vaccine should be used during every pregnancy to protect each baby.

Reference: 1. Possible Side-effects from Vaccines: Td and Tdap. Atlanta: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services; 2012 [updated 27 February 2012]; Available from: <http://www.cdc.gov/vaccines/vac-gen/side-effects.htm#td>.