

Influenza Vaccination Skills Checklist

Clinical Skills, Techniques and Procedures	√ if Meets
1. Reviews vaccination and emergency standing orders	
2. Identifies location of other reference materials, emergency supplies	
3. Describes what to do if there is a needle stick injury	
4. Describes symptoms of syncope and anaphylaxis and proper response to each	
5. Describes how to report an adverse event to vaccination	
6. Provides VIS, provides opportunity for questions	
7. Screens for contraindications	
8. Reviews comfort measures with patient	
9. States correct temperature for influenza vaccine storage	
10. Washes hands or uses hand sanitizer before preparing vaccine and before and after each patient	
11. Checks vaccine expiration date; double checks vaccine label and contents prior to administration	
12. Selects correct needle size and length (for children and adults) according to standing orders	
13. Describes correct dose for children and adults; draws up correct dose	
14. Positions patient; describes how to position/restrain infants and children	
15. Identifies correct anatomical site for children and adults; administers vaccine in correct anatomical site	
16. Preps skin with alcohol wipe using circular motion from center outwards; allows alcohol to dry	
17. Controls limb with non-dominant hand; pinches or stretches skin according to Standing Order; holds needle 1" from skin; inserts needle quickly at 90° angle; injects vaccine using steady pressure	
18. Applies gentle pressure to vaccination site with gauze or cotton	
19. Properly disposes of syringe and needles immediately in sharps container	
20. Demonstrates proper technique for administering nasal spray vaccine	
21. Encourages patient to stay for 20 minutes following vaccination for observation if possible	
22. Provides patient with completed vaccine record; reminds patient when to get 2 nd dose if appropriate	
23. Fully documents each vaccine in the clinic or patient record, inc. type of vaccine, lot #, exp. date; dose; route; site; date of VIS, vaccine administration date, and vaccinator's initials	

Trainee's name (print and signature)

Trainer's Name (print and signature)

____/____/____

Date