

GOAL	INTERVENTION	RATIONALE	EXPECTED OUTCOME
1. Risk for infection related to incomplete immunization series			
	NIC Priority Intervention: Immunization Administration: Provision of immunizations for prevention of communicable disease.		NOC Suggested Outcome: Risk Control: Actions to eliminate or reduce actual, personal, and modifiable health threats.
The child will become adequately protected from disease-preventable illnesses.	<ul style="list-style-type: none"> ■ Review the child's immunization record for needed vaccines at each health care visit. ■ Identify all due vaccines that can be provided simultaneously. ■ Identify potential contraindications to needed vaccines. Review past reactions to vaccines. 	<ul style="list-style-type: none"> ■ Assessment identifies the children who have missed needed immunizations. ■ Many vaccines can be given at the same visit to more adequately protect the child. This also saves health care trips for families. ■ Reduces the risk for the child and other caretakers to have adverse reactions to vaccines. 	The child is adequately protected from vaccine-preventable illnesses.
2. Knowledge deficit (parent) related to potential side effects of vaccines			
	NIC Priority Intervention: Teaching, Prescribed Vaccines: Preparing a patient to safely take prescribed vaccines and monitor their effects.		NOC Suggested Outcome: Knowledge: Vaccine reactions and comfort measures: Extent of understanding conveyed about treatment regimen.
Parents will sign consent for vaccines to be given. Parents will state the side effects of vaccines given.	<ul style="list-style-type: none"> ■ Educate the parents about the need for specific vaccines and the risk if not given. Obtain signed consent before giving vaccines. ■ Review past reactions to vaccines and describe common potential reactions and why they occur. 	<ul style="list-style-type: none"> ■ Informed consent is required for all treatments. ■ Parents should expect common reactions and know they indicate the child's body is building protection to the illness. 	The parent(s) complete(s) consent form, which is placed in the child's file. Parents report all serious side effects to the health care provider.

IMMUNIZATION TYPE	SIDE EFFECTS	CONTRAINDICATIONS	NURSING CONSIDERATIONS
<p>Haemophilus influenzae Type B (Hib) <i>Route:</i> Intramuscular <i>Dosage:</i> 0.5 mL <i>Age(s) given:</i> 2, 4, 6, 12–15 months (4 doses for HbOC^a [HibTITER] and PRP-T^a [ActHIB or OmniHIB]) <i>or</i> 2, 4, 12–15 months (3 doses for PRP-OMP^a [PedvaxHIB]) <i>Storage:</i> Store in body of refrigerator at 2°–8°C (35°–46°F). Do not freeze. Use or discard reconstituted ActHIB and OmniHIB within 30 minutes. Refrigerate reconstituted PedvaxHIB and discard within 24 hours.</p>	<p><i>Common:</i> Pain, redness, or swelling at site <i>Serious:</i> Anaphylaxis (extremely rare)</p>	<p>Prior anaphylactic reaction to this vaccine.</p>	<p>Prior to immunizations, ask if child is immunosuppressed. Solution is clear and colorless. Since schedules for product preparations of different companies vary, it is important to read package inserts carefully. Use the same vaccine preparation for all doses of the primary series if possible. Some preparations combine Hib with DTaP (TriHIBit), DT (VaxemHIB), and Hep B (Comvax).</p>
<p>Heptavalent Pneumococcal Conjugate Vaccine (PCV) <i>Route:</i> Intramuscular <i>Dosage:</i> 0.5 mL <i>Age(s) given:</i> 2, 4, 6, 12–15 months <i>Storage:</i> Store in body of refrigerator at 2°–8°C (35°–46°F). Do not freeze.</p>	<p><i>Common:</i> Soreness, swelling, redness at injection site; mild to moderate fever; irritability, drowsiness, restless sleep, decreased appetite, vomiting and diarrhea, rash or hives. <i>Severe:</i> Anaphylaxis</p>	<p>Hypersensitivity to diphtheria toxoid.</p>	<p>Clear, colorless, or slightly opalescent liquid. In addition to infants this vaccine is a priority for children 2–5 years with sickle-cell disease, asplenia, HIV infection, or immunocompromised. The vaccine is also a priority for American Indian and Native Alaskan children 2–5 years because of their increased risk for pneumococcal disease.</p>