

The background is a solid teal color. In the lower half, there is a faint, semi-transparent image of two hands shaking, symbolizing agreement or partnership. The text is centered in the upper half.

After Care Overview for H1N1 Immunization Clinics

Possible Situations

- Fainting
- Anxiety
- Breath-holding
- Anaphylaxis



Anaphylaxis must be distinguished from fainting (vasovagal syncope), anxiety and breath-holding spells, which are more common and benign reactions

Fainting (Vasovagal Syncope)

Temporary unconsciousness caused by diminished blood supply to the brain due to painful stimuli or emotional reaction

Symptoms of Vasovagal Syncope

- weakness and light headedness
- pallor, sweating, nausea
- may be followed by loss of consciousness
- may be accompanied by brief seizure activity but this generally requires no specific treatment or investigation

Fainting may occur before or after injection

Prevention

- Nurses assessing for allergies to vaccine or components and any history of fainting prior to vaccinating
- Seating every patient prior to injection
- If anxious and pale, client should lie down with legs elevated
- Immunizing clients with a history of fainting laying down

Treatment

- Ensure harmful objects are out of the way
- Have person/lie person down
- Maintain open airway
- Loosen tight clothing around persons neck
- Reassure, offer juice, apply cold cloth to face/back of neck
- If client was lying down, have them sit for a few minutes before standing up - monitor

Follow-Up

- If unconsciousness persists for more than 2-3 minutes, call “911” and proceed as per anaphylaxis

Anxiety

- May appear fearful, pale and diaphoretic
- May complain of lightheadedness, dizziness and numbness, as well as tingling of the face and extremities
- Hyperventilation is usually evident
- Reassure the client
- Encourage rebreathing using a paper bag until symptoms subside

Breath-holding Spells

- Occur in some young children when they are upset and crying hard. The child becomes suddenly silent but obviously agitated.
- Can lead to a brief period of unconsciousness during which breathing resumes.
- No treatment required beyond reassuring the child and parent.

Anaphylaxis

A potentially life-threatening allergic reaction to foreign protein antigens.

- Usually begins within 30 minutes after immunization (can occur within minutes or up to one hour later)
- In general, the sooner the onset, the more rapid and severe the reaction
- 20% follow a biphasic course with a recurrence of reaction after a 2-9 hour asymptomatic period

Cause

- Many different things can cause anaphylactic reactions (peanuts, shellfish, milk, eggs, latex rubber, insect venom, medications)
- Anaphylactic reactions from immunizations are rare (0.4-1.8 reports per 1,000,000 doses)
 - potential allergy to component such as antibiotic, gelatin, sorbitol, egg protein, thimerosal

Symptoms

- Itchy, hive like rash
- Progressive, painless swelling of the face and mouth.
→ may also have itchiness, tearing, or nasal congestion
- Respiratory symptoms → sneezing, coughing, wheezing, laboured breathing, upper airway swelling (indicated by hoarseness and/or difficulty swallowing, possibly causing airway obstruction)
- Hypotension → usually a later symptom. Can lead to shock.
- GI symptoms may occur (nausea, vomiting or diarrhea)

Prevention

- Ensure an assessment is done for reactions to previous injections, hypersensitivities and allergies to vaccine components
- Vaccine recipients should be advised to stay for 15 minutes after immunization, regardless of whether they have had the particular vaccine before
- If they choose not to they should be informed of signs and symptoms of anaphylaxis and instructed to obtain immediate medical attention should symptoms occur

RESPONSIBILITY OF AFTER CARE STAFF

- If they observe a client who appears to be having an adverse reaction, or if a client complains of not feeling well, the after care staff should:
 - Call for help
 - Get the person lying on the floor
 - Assist the nurse as needed (call for more help from others, retrieve the emergency kit if needed etc.)
 - Activate EMS if necessary
 - Assist with traffic control for others who are in the after care area
 - Continue observing others who are in the after care area

RESPONSIBILITY OF NURSE RESPONDING

- Assess client
- Promptly administer epinephrine if indicated for an anaphylactic reaction.
- Follow the Anaphylaxis Management and Administration of Epinephrine Medical Directive as appropriate including ensuring that EMS is activated
- Complete the appropriate documentation
- Remain with the client until emergency services arrive

Questions?

