

Pneumococcal Immunisation Consent Form (patient)

Name:

D.O.B:

URN:

Or Affix Patient Label

N.B. This consent form is for use with adult patients only

Checklist

	Yes	No
1. Have you an acute illness e.g. fever?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had the pneumococcal vaccine before?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the GP signed the medication authorisation record	<input type="checkbox"/>	<input type="checkbox"/>

Action Plan

Question Number	If Patient Answered:	Action
1	Yes	do not give drug; discuss with GP first
2	Yes	do not give drug if allergic to any of the components of the vaccine; inform GP
3	Yes	do not give drug; discuss with GP
4	Yes	do not give drug; discuss with GP first
5	No	do not give drug until written authorisation obtained

Continued Overleaf

Appendix 16

Pneumococcal Immunisation Consent Form (patient)

Patient's Name: **URN:**

Patient information leaflet given and explanation about adverse drug reactions and who to contact if any concerns:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Consent Form

My doctor has requested that I receive the pneumococcal vaccine and I am happy for the nurse to give it to me. I understand why I am having it, what possible side effects there may be and who I should contact if I have any concerns.

Patient's Signature Date:

Administration:

Product Name

Batch Number

Expiry Date

Dose

Route

Site

Date & Time Given

Nurse's Signature

Reiterate advice about adverse drug reactions and who to contact if any concerns.

Assess patient to be feeling well before leaving the house/clinic.

This should be completed and scanned into the patient's electronic nursing record