

Clinical assessment / consent for Pfizer vaccine

1. Hello, my name is
2. What is your name?
3. Locate and open Pinnacle record
4. Check patient's DOB & NHS number or address
5. **Add your name at the top as the pre-screener**
6. Check for previous COVID vaccine doses
7. Go through the contraindications and cautions on Pinnacle
8. Ask if they have had COVID in the past 28 days. This is a caution under National Protocol - discuss with clinical lead
9. Confirm that they will receive the Pfizer vaccine 1st/2nd dose
10. Give information and answer questions
11. Document consent and **Partial Save** form
12. Offer information leaflet and direct to vaccination area

Additional points to remember

- Under the National Protocol (v3), **pregnant women** can receive Pfizer vaccine with no additional approval needed.
- People who took part in a vaccine **clinical trial** can be vaccinated under the National Protocol (v3), after Clinical / Pharmacy Lead has reviewed the unblinding email.
- Under the National Protocol, **we cannot vaccinate anyone under 16**.

Information to give to patients

- We recommend giving vaccine into the non-dominant arm. After axillary clearance surgery or if there is a patient preference, we will use the other arm.
- All patients are asked to wait 15 minutes after dosing, to check for any signs of an allergic reaction. Such reactions are very rare – about 1 in 200,000.
- Vaccines give some protection against infection after one dose (*reduces risk of symptomatic infection by $\frac{1}{3}$ [Delta/Indian variant] to $\frac{1}{2}$ [Alpha/UK variant]*).

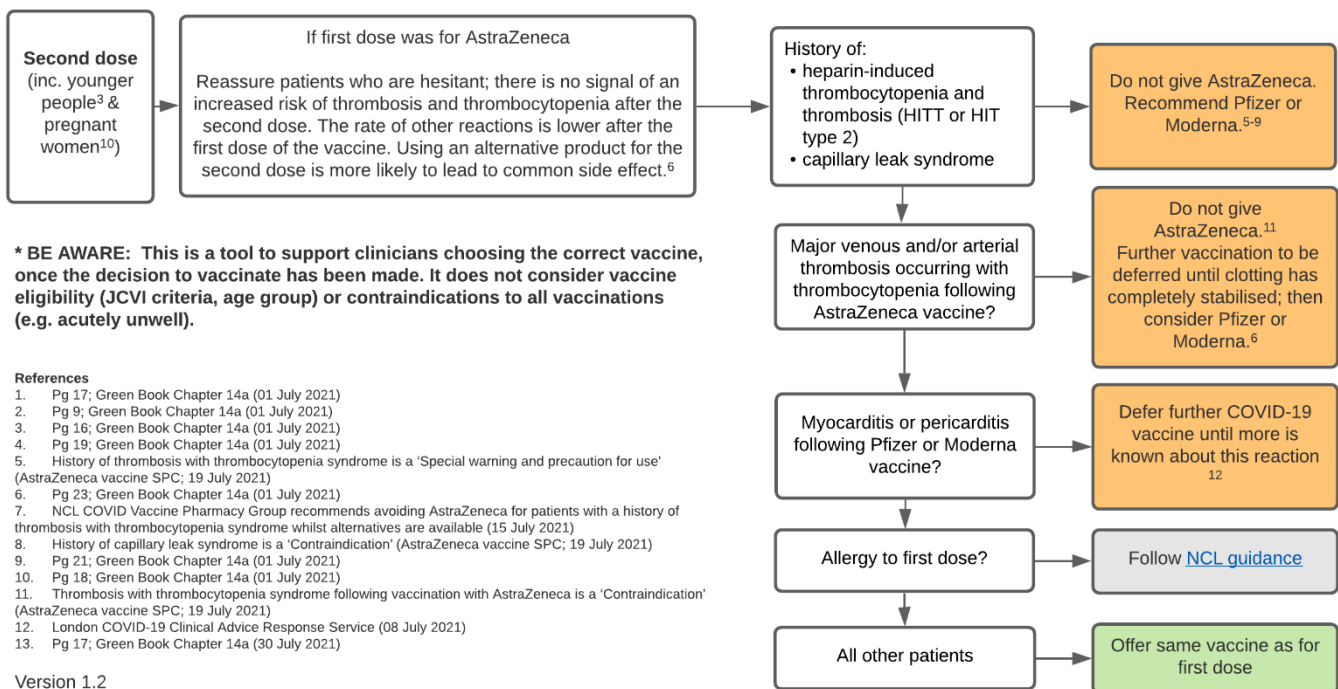
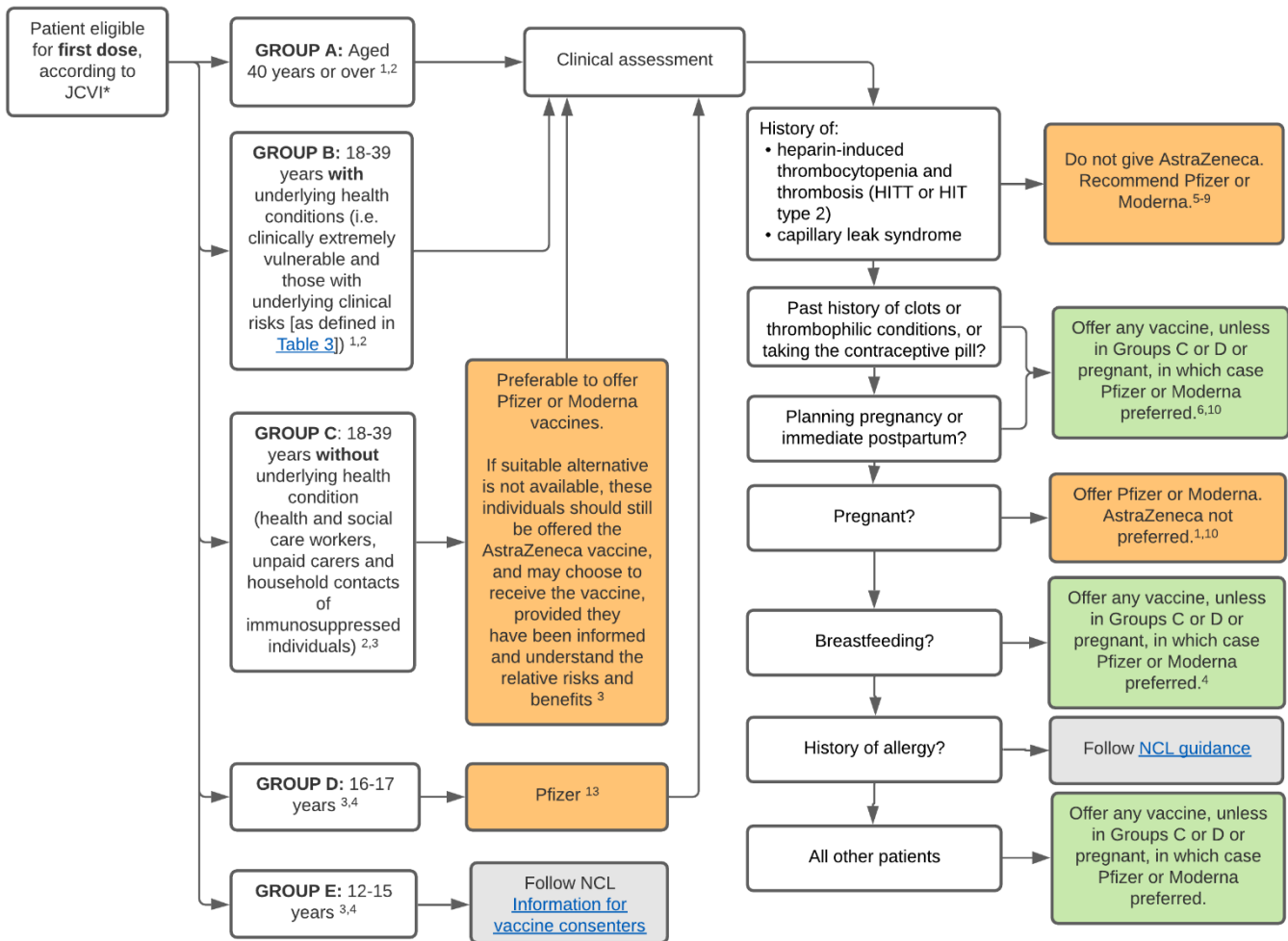
- It is really important to get your second dose as this will significantly boost your protection. It is especially important with the Delta/Indian variant. Maximal protection of >80% will be achieved 2 weeks after the second dose. The second injection will be given at 4-12 weeks as approved by JCVI.
- No clotting or platelet issues have been identified with the Pfizer Vaccine. No deaths have been linked to the vaccine. The vaccine contains no part of the virus and cannot give you COVID.
- The rules around social distancing, masks etc. are the same for vaccinated people as they are for unvaccinated people.
- It takes about three weeks for the immunity to develop, so it is important not to take any extra risks.
- There is some evidence for reduced transmission, but no vaccine is perfect, so you can still get the virus and spread it to others.
- **Local reactions** are common and include pain and tenderness at the injection site with redness, swelling, itching and warmth.
- **Common systemic reactions** include headache, tiredness, muscle aches, raised temperature and nausea.
- If temperature stays above 38 degrees then you may have COVID and need to get tested.
- Paracetamol can be taken regularly or as needed and will not stop the vaccine working.
- If symptoms last more than a week, are much worse than expected, or you are concerned, speak to GP or call NHS 111.
- Seek immediate medical attention if you experience chest pain, shortness of breath, feelings of having a fast-beating, fluttering, or pounding heart. This relates to **extremely rare reports** of heart inflammation. Most cases have occurred in younger men shortly after the second dose. Cases are typically mild and recover within a short time following standard treatment and rest.
- For decision support tool for previous allergy and COVID-19 vaccines; scan QR code below or https://www.ncl-mon.nhs.uk/wp-content/uploads/Guidelines/0_Managing_Allergy_COVID-19_vaccine.pdf



Questions or concerns? Ask the marshal or floor-walker to speak to the clinical lead

Choosing the correct vaccine after a decision to offer a COVID-19 vaccine has been made

To support Ops, or HCPs making decisions about where to direct a patient, or vaccination centres who offer >1 vaccine each day



*** BE AWARE: This is a tool to support clinicians choosing the correct vaccine, once the decision to vaccinate has been made. It does not consider vaccine eligibility (JCVI criteria, age group) or contraindications to all vaccinations (e.g. acutely unwell).**

References

- Pg 17; Green Book Chapter 14a (01 July 2021)
- Pg 9; Green Book Chapter 14a (01 July 2021)
- Pg 16; Green Book Chapter 14a (01 July 2021)
- Pg 19; Green Book Chapter 14a (01 July 2021)
- History of thrombosis with thrombocytopenia syndrome is a 'Special warning and precaution for use' (AstraZeneca vaccine SPC; 19 July 2021)
- Pg 23; Green Book Chapter 14a (01 July 2021)
- NCL COVID Vaccine Pharmacy Group recommends avoiding AstraZeneca for patients with a history of thrombosis with thrombocytopenia syndrome whilst alternatives are available (15 July 2021)
- History of capillary leak syndrome is a 'Contraindication' (AstraZeneca vaccine SPC; 19 July 2021)
- Pg 21; Green Book Chapter 14a (01 July 2021)
- Pg 18; Green Book Chapter 14a (01 July 2021)
- Thrombosis with thrombocytopenia syndrome following vaccination with AstraZeneca is a 'Contraindication' (AstraZeneca vaccine SPC; 19 July 2021)
- London COVID-19 Clinical Advice Response Service (08 July 2021)
- Pg 17; Green Book Chapter 14a (30 July 2021)

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