

HEPATITIS B VACCINATION STANDARDIZED PROCEDURE

I. POLICY:

- Function: This protocol is designed to facilitate evaluation of the need for and safety of administering Hepatitis B vaccine to adult patients requesting the vaccine
- Circumstances:
1. Jail Health Services
 2. Supervision: None required at time of identifying and initiating care. Overall Supervision is provided by the nurse manager and medical director.
 3. Contradictions: Only those associated with the vaccine

II. PROTOCOL:

A. Definition

Description: Hepatitis B is a viral infection disease, which affects the liver and may lead to major pathologic changes. Infection with hepatitis B may be the single most important factor for development of hepatocellular carcinoma.

Symptoms: Clinical manifestations of HBV infection include malaise, anorexia, nausea, vomiting, right upper abdomen pain, fever, headache, myalgias, skin rashes, arthralgias, arthritis, and dark urine. Approximately 30-50% of adults with acute hepatitis B infection will have icteric disease while others will be asymptomatic. After acute HBV infection, the risk of developing chronic infection is about 1-10% of persons infected as older children and adults. Chronic infection can lead to cirrhosis, liver failure, and hepatocellular carcinoma.

Mode of transmission: bloodborn, sexual, and perinatal. The highest concentrations of virus are found in blood and serous fluids. The most important routes of transmission are by sexual contact and direct percutaneous inoculation.

Prodromal Phase: 3-10 days, from initial symptoms to onset of jaundice (malaise, anorexia, nausea, RUQ abdominal pain, fever, skin rashes, dark urine)

Icteric Phase: 1-3 weeks (jaundice, light r gray stools, hepatic tenderness)

Incubation Period: 4-26 weeks, average is 120 days

Infectious Period: 1-2 months before and after the onset of symptoms; the infectivity of chronically infected individuals varies from highly infectious (HBeAg positive) to sparingly infectious (anti-HBe positive).

Length of illness: While most acute cases result in complete recovery, 10% of all acute infectious progress to chronic infection

B. Data Base:

1. Subjective

- Patient Request (via MCR or handout)
- Vaccination history
- Health status
- Allergies/sensitivities: yeast protein (including baker's yeast), thimerosal, aluminum hydroxide or previous to Hep B vaccination

- Immune status
 - Hx or current blood dyscrasias
 - Treatment of any past allergic reactions
2. Objective
 - General appearance/health
 - Temperature
 - Cognitive status / ability to comprehend and consent
 3. Assessment
 - Healthy / not healthy
 - Has adjunct risk / Does not have adjunct risk
 - Contraindications allergy to yeast protein (including baker's yeast) thimerosal for multi-dose vials, and aluminum hydroxide
 - Ok / not ok to administer vaccination

C. Plan Administration of Vaccine:

1. Place the initial order for Hepatitis B vaccine 20 mcg in the electronic record. Also order the 2nd dose of Hepatitis B vaccine 1 month later and the 3rd dose of Hepatitis B vaccine 4 months later.
2. Needle selection of IM injection
3. Check expiration date on vial and inspect solution. The solution should appear homogenous. Shake vaccine well before drawing up.
4. Draw up 1.0 ml of Energix-B Hepatitis B vaccine: 20 mcg of hepatitis B surface antigen in sterile, unused syringe. Recheck vaccine vial for correct vaccine.
5. Clean area of right or left deltoid with alcohol pad
6. Inject 1.0 ml intramuscularly of correct vaccine into deltoid muscle
7. Patient Education
 - Common adverse reactions (i.e. local pain and redness at injection site)
 - Report adverse reactions to jail medical (i.e. fatigue, dizziness, fever, muscle pain)
 - Necessary follow up (complete vaccine series within 4 months)
 2nd vaccine should be administered 1 month after first vaccine.
 3rd vaccine should be administered 4 months after first vaccine.
8. Sign off injection on MAR. Enter lot number and manufacturer and discontinue order.

III. REQUIREMENT FOR REGISTERED NURSE:

- A. Education and Training: graduate of an accredited school of nursing.
- B. Additional training in physical assessment and emergency interventions.
- C. On-going evaluation: Random chart reviews by Nurse Managers and/or Medical Director, and an annual performance review.

IV. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:

This Procedure was developed collaboratively and has been approved by the following:


 Joe Goldenson, M.D.
 Director/Medical Director

9/6/02
 Date

Jackie Clark, RN
 Director of Nursing Operations

 Date