Immunisations for neonates

A Consultant or other health professional responsible for patient

Name and job title:

B Statement of the health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed course of treatment, as specified in the hospital’s consent policy. I have explained the treatment to the parent. In particular I have explained:

a) the intended benefits of the treatment
   - Routine immunisation schedule as recommended by the Department of Health to provide protection against diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b (Hib), hepatitis B, pneumococcal disease, rotavirus and meningitis B as scheduled on the next page

b) the possible risks involved and any side effects of the vaccinations. Addenbrooke’s always ensures any risks are minimized. However, all treatment carry some risk and I have set out below some significant, unavoidable or frequently occurring risks.
   - Redness, swelling or tenderness at the injection site
   - Raised temperature, rash, malaise
   - Irritability, loss of appetite
   - Diarrhoea and/or vomiting
   - Anaphylaxis (very rare)
   - Rotarix may cause apnoea in very preterm infants (<28 weeks gestation)

c) what the treatment involves, the benefits and risks of any available alternative treatments and any particular concerns of the parent.

d) how the vaccinations will be given
   - 6-1 Infanrix hexa® vaccination as a single injection into the muscle of your child’s thigh
   - Pneumococcal (PCV) will be a single injection into the muscle of your child’s thigh
   - Meningitis B will be a single injection into the muscle of your child’s thigh
   - Rotavirus vaccine is a live oral suspension given by a pre-filled syringe

2 The following information leaflet(s) have been provided:
   - Immunisations up to one year: A quick guide (Public Health England 2019)
   - A quick guide to childhood immunisations for the parents of premature babies (Public Health England 2019)

Or __ I have offered the patient information about the treatment but this has been declined.

3 Signed (health professional): Date:
   Name (print): Time (24hr):
   Designation: Contact/bleep no:

C Consent of person with parental responsibility:

I confirm that the risks, benefits and alternatives of the treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information about this treatment.

I agree that my baby should receive the course of vaccines described on this form __ Yes __ No

I have read and understood the patient information about this treatment and the above additional information. I agree to the treatment.

Signed (parent): Date:
Name of the parent (print):
Immunisations for neonates

Signed (parent): Date:
Name of the parent (print):

Confirmation of consent:
Confirmation of consent (where the treatment has been discussed in advance).
On behalf of the team treating the patient, I have confirmed with the parent that she/he has no further questions and wishes the treatment to go ahead.

Signed (health professional): Date:
Name (print): Job title:

Please initial to confirm all sections have been completed:

Interpreter’s statement (if appropriate):
I have interpreted the information to the best of my ability, and in a way in which I believe the parent can understand.

Signed (interpreter): Date:
Name (print): Job title:

Or, please note the language line reference ID number:

Withdrawal of parent consent
The parent has withdrawn consent (ask patient to sign and date here)

Signed (parent): Date:
Signed (health professional): Date:
Name (print): Job title:

1st Immunisation (at two months – actual, not corrected age)

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine</th>
<th>Batch number</th>
<th>Expiry date</th>
<th>Site of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diphtheria/tetanus/pertussis/ polio/haemophilus influenza type b/hepatitis B (DTaP/IPV/Hib/hec B) - Infanrix hexa&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meningitis B (Bexsero&lt;sup&gt;®&lt;/sup&gt;)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rotavirus vaccine - Rotarix&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2nd Immunisation (at three months – actual not corrected age)

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine</th>
<th>Batch number</th>
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<th>Site of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diphtheria/tetanus/pertussis/ polio/haemophilus influenza type b/hepatitis B (DTaP/IPV/Hib/hec B) - Infanrix hexa&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumococcal vaccine - Prevenar 13&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Rotavirus vaccine - Rotarix&lt;sup&gt;®&lt;/sup&gt;</td>
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</table>

3rd Immunisation (at four months – actual not corrected age)

<table>
<thead>
<tr>
<th>Date</th>
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<th>Batch number</th>
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<th>Site of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diphtheria/tetanus/pertussis/ polio/haemophilus influenza type b/hepatitis B (DTaP/IPV/Hib/hec B) - Infanrix hexa&lt;sup&gt;®&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meningitis B (Bexsero&lt;sup&gt;®&lt;/sup&gt;)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

If indicated by clinical condition and still an in-patient during winter season

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine</th>
<th>Batch number</th>
<th>Expiry date</th>
<th>Site of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Influenza (at six months / October)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Palivizumab (during RSV season)</td>
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<td></td>
<td></td>
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</tbody>
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