

IN-PATIENT PRESCRIPTION FORM

To be used in conjunction with the WoS Immunisation
Guideline for Neonates

Attach baby's addressograph here or handwrite if no labels
available

Patient Name:

Unit Number:

CHI Number:

DOB:

Address:

Postcode:

GP Address:

Postcode:

| WHEN TO IMMUNISE | IMMUNISATION | Vaccine Batch number & Expiry (write / attach label) | DATE DUE | PRESCRIBER SIGN & PRINT | ADMINISTERED BY (Double signature) | DATE GIVEN |
|------------------|--|---|----------|-------------------------|---------------------------------------|------------|
| 8 weeks | Diphtheria, tetanus, pertussis, polio, <i>Haemophilus influenzae</i> type b, and Hepatitis B (DTaP/IPV/Hib/HepB) | Batch No: Expiry: | | | | |
| | Meningitis B | Batch No: Expiry: | | | | |
| | Rotavirus (oral drops) | Batch No: Expiry: | | | | |
| 12 weeks | Diphtheria, tetanus, pertussis, polio, <i>Haemophilus influenzae</i> type b, and Hepatitis B (DTaP/IPV/Hib/HepB) | Batch No: Expiry: | | | | |
| | Pneumococcal (PCV) | Batch No: Expiry: | | | | |
| | Rotavirus (oral drops) | Batch No: Expiry: | | | | |
| 16 weeks | Diphtheria, tetanus, pertussis, polio, <i>Haemophilus influenzae</i> type b, and Hepatitis B (DTaP/IPV/Hib/HepB) | Batch No: Expiry: | | | | |
| | Meningitis B | Batch No: Expiry: | | | | |

Preterm babies follow the same protocol with no correction for prematurity. Other vaccines given at the same time should be administered into a different limb (or min 2.5cm apart if the same limb **must** be used).

EACH TIME A PATIENT RECEIVES IMMUNISATIONS A COPY OF THIS SHEET SHOULD BE EMAILED TO

ChildHealth.Screening@ggc.scot.nhs.uk OR post to

Screening Dept, Templeton Business Centre, 3rd floor, Building 2,62 Templeton Street, Glasgow, G40 1DA

Tel No: 0141 277 7516

REMEMBER TO UPDATE BADGER EACH TIME A PATIENT RECEIVES IMMUNISATIONS

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| Updated by: | A Powls | Date updated: | April 2020 | Approved by: | GGC Neonatal Risk Management Group |
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