

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

Patient Name:

Unit Number:

CHI Number:

DOB:

Address:

Postcode:

GP Address:

Postcode:

IN-PATIENT PRESCRIPTION FORM

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

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

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