



Paediatric Immunisation Prescription Chart

Please tick as appropriate

Allergies and Adverse Drug Reactions – List the medicines or substances & the nature of the reaction (write NKDA if none)	
It is mandatory to complete this section	
Medicine / Substance	Reaction
Sign (NAME)	Date

First Name:		Surname: (Block Letters)	
Hosp No:		DOB:	
NHS No.			
Consultant:		Ward:	Hosp:
(Use addressograph if available)			

	Date due	Consent Y	Drug - routine vaccinations schedule	Dose	Route	Prescriber - sign, print name & GMC/NMC number	Batch number	Expiry Date	Date given	Given by	Pharmacy	Red Book
2 month regimen			DTaP/IPV/Hib vaccine (PediaceL[®]/Infanrix-IPV Hib[®])	0.5mL	IM							<input type="checkbox"/>
			Pneumococcal vaccine (PCV) (Prevenar 13[®])	0.5mL	IM							<input type="checkbox"/>
			Meningococcal Group B (MenB Bexsero[®]) Prophylactic paracetamol to be prescribed & given at the same time	0.5mL	IM							<input type="checkbox"/>
			Rotavirus (see note below) (Rotarix[®]) (Live)	1.5mL	PO							<input type="checkbox"/>
3 month regimen			DTaP/IPV/Hib vaccine (PediaceL[®]/Infanrix-IPV Hib[®])	0.5mL	IM							<input type="checkbox"/>
			Meningococcal Group C conjugate (Neisvac-C[®])	0.5mL	IM							<input type="checkbox"/>
			Rotavirus (see note below) (Rotarix[®]) (Live)	1.5mL	PO							<input type="checkbox"/>

Dose 1 of Rotarix[®] MUST be given **before 15 weeks** of age (before 104 days of life); dose 2 of Rotarix[®] MUST be given **before 24 weeks** of age (before 167 days of life).
If not given before these deadlines then it **should not be given at all**.

4 month regimen			DTaP/IPV/Hib vaccine (PediaceL[®]/Infanrix-IPV Hib[®])	0.5mL	IM							<input type="checkbox"/>
			Pneumococcal vaccine (PCV) (Prevenar 13[®])	0.5mL	IM							<input type="checkbox"/>
			Meningococcal Group B (MenB Bexsero[®]) Prophylactic paracetamol to be prescribed & given at the same time	0.5mL	IM							<input type="checkbox"/>

Please tick as appropriate

	Date due	Consent Y	Drug - routine vaccinations schedule	Dose	Route	Prescriber - sign, print name & GMC/NMC number	Batch number	Expiry Date	Date given	Given by	Pharmacy	Red Book
	12 month regimen			<i>Haemophilus influenzae</i> type B (Hib) and Meningococcal Group C (Menitorix®)	0.5mL	IM						
			Pneumococcal vaccine (PCV) (Prevenar 13®)	0.5mL	IM							<input type="checkbox"/>
			Meningococcal Group B (MenB Bexsero®) <small>Prophylactic paracetamol to be prescribed & given at the same time</small>	0.5mL	IM							<input type="checkbox"/>
			Measles, mumps and rubella (MMR VaxPRO®/Priorix®) (Live)	0.5mL	IM							<input type="checkbox"/>

Other Immunisations

Date due	Consent Y	Drug	Dose	Route	Prescriber - sign, print name & GMC/NMC number	Batch number	Expiry Date	Date given	Given by	Pharmacy	Red Book
											<input type="checkbox"/>
											<input type="checkbox"/>
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											<input type="checkbox"/>
											<input type="checkbox"/>

Registered by Medicines Risk Management Group	Reviewed & re-registered	Review Due:	Pharmacy reference no:	PU reference no:
	n/a		16/001 v1	T/F