

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Janiyah McGriff

MEDICATION Influenza Virus Vaccine (Inactivated)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Vaccine; Vaccine, Inactivated (Viral)

PURPOSE OF MEDICATION

Expected Pharmacological Action

Inactivated viral particles trigger immune system → antibody

Therapeutic Use

Prevents influenza infection caused by circulating influenza virus strains.

Lowers risk of flu complications (pneumonia, hospitalization,

Complications

Local: Pain, redness, swelling at site

Systemic: Fatigue, headache, myalgia, low-grade fever, chills

Rare/Serious: Anaphylaxis, Guillain-Barré syndrome (very rare)

Medication Administration

Route: IM (preferred); SubQ for some products

Adults <64 years: 0.5 mL IM (1 dose/season)

Adults ≥65 years: 0.5 mL IM (standard, adjuvanted, or high-dose); Fluzone High-Dose 0.7 mL

Pediatrics ≥6 months: 0.25–0.5 mL; some require 2 doses first season

Timing: Best in September–October; continue as long as flu season ongoing

Never IV

Contraindications/Precautions

Severe allergic reaction to prior flu vaccine or component

Delay if moderate/severe acute illness

Caution with history of Guillain-Barré syndrome

Nursing Interventions

Screen for allergy, Guillain-Barré, current illness

Monitor for hypersensitivity or syncope post-injection

Store at 2–8°C (refrigerated)

Use proper technique and injection site

Interactions

May be given with other vaccines (different sites/syringes)

Immunosuppressive drugs may decrease effectiveness

Client Education

Protection begins ~2 weeks post-vaccine

Side effects usually mild and short-lived

Does not protect against all viruses but reduces severity if flu occurs

Annual vaccination required due to changing

Evaluation of Medication Effectiveness

Patient does not get flu during season or illness is less severe

Reduced flu-related complications