

COVID-19 Vaccine Care Plan

DATE INITIATED _____

PROBLEM	GOALS	TARGET DATE	APPROACHES/INTERVENTIONS	DISCIPLINES
<p>I or my representative have been educated and have consented to the administration of the COVID-19 vaccine (s)</p> <p>I received the COVID-19 Vaccine. Manufacturer _____ 1st dose lot # _____; date: _____ 2nd dose lot# _____; date: _____</p>	<p>My risk of an adverse reaction to the vaccine will be reduced. Any adverse reactions will be identified, reported and treated.</p>		<p>I will be screened for signs and symptoms of COVID-19 before the administration of the vaccine.</p> <p>I will receive each dose of COVID-19 vaccine within the timeframe recommended by the manufacturer and ordered by my physician.</p> <p>I will report and will be monitored for anaphylaxis (severe allergic reactions) within the first hour after the vaccine is administered and will be provided with emergency treatments as needed:</p> <ul style="list-style-type: none"> • Difficulty breathing • Swelling of my face & throat • A fast heart rate • A bad rash all over my body • Dizziness & weakness <p>I will continue to be screened/monitored for any signs and symptoms of COVID-19 including my temperature and pulse oximetry according to facility protocol.</p>	

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

			<p>I will be monitored for sides effects from the vaccine according to facility protocol.</p> <ul style="list-style-type: none"> • Pain, swelling, or redness at injection site • Tiredness • Headache • Muscle pain • Chills • Joint pain • Fever • Nausea & vomiting • Feeling unwell • Swollen lymph nodes <p>I will continue to use core principles of infection control such as social distancing, wearing masks and frequent hand hygiene.</p> <p>My advance directives will be honored.</p>	
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RESIDENT NAME _____ ROOM # _____