

Saint Anthony Rehabilitation and Nursing Center
Informed Consent for Influenza Vaccine

Influenza (flu): is a respiratory infection caused by viruses. When people get the flu, they **may** have fever, chills, headaches, dry cough, or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people.

It is not possible to estimate the risk of an individual getting the flu this year, but for the elderly and for people with diabetes or heart, lung, or kidney diseases, flu may be especially serious.

An injection of flu vaccine will not give you the flu, because the vaccine is made from killed viruses. The vaccine is made from viruses selected by the Office of Biologics, Food and Drug Administration, and the Public Health Service.

Side Effects: of influenza vaccine are generally mild in adults and occur at low frequency. These reactions consist of tenderness at the injection site, fever, chills, headaches, or muscular aches. These symptoms last up to 48 hours.

A small number of persons who received the 1976 swine flu vaccine suffered a paralysis called Guillian-Barre Syndrome (GBS). GBS is typically characterized by a paralysis that begins in the hands or feet and then moves up the arms or legs or both. Since then, the flu vaccines have not clearly been linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented with vaccination.

Serious problems from influenza are very rare. Like any medication, severe reactions are possible. They would include a high fever, behavior changes, difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness. If any of these conditions are present immediate emergency medical attention would be indicated.

Special Precautions:

- Allergies to eggs, chicken feathers, or chicken dander should not receive this vaccine until they have consulted with their physician.
- Residents with fever should not receive this vaccine. Persons who receive another type of vaccine within the past fourteen days should have approval by their physician before receiving the flu vaccine.

I have read the following the information and have had the opportunity to ask questions. I understand the benefits and the risks of flu vaccination as described. I request that the vaccine be given to me, or the person named below for whom I am authorized to sign.

Signature: _____ Date: _____

Declination:

*I have read the following the information and have had the opportunity to ask questions. I understand the benefits and the risks of flu vaccination as described. I request that the vaccine **NOT** be given to me, or the person named below for whom I am authorized to sign.*

Signature: _____ Date: _____

Resident: _____ MR#: _____ Rm# _____