**Protocol**: Flu Shot Immunization

**PDN**: 6515.00

**Last updated**: November 1, 2000

**Subject**: Specific Procedures

---

**P-2 3** Schedule home visit or patient drop-in-time at patient or clinician request

**ASSESSMENT**
- immunization history
- health status
- allergies
- age

**P-2 3** Pre-immunization counselling

**P-2 3** Administer Flu Shot

**P-2 3** Provide post immunization instruction. Observe patient for 20 minutes

**P-2 3** Forward record of flu shot to referring clinician or Public Health

**Concerns, Adverse Effects**
- No
- Yes

**P-2 3** Contact referring clinician