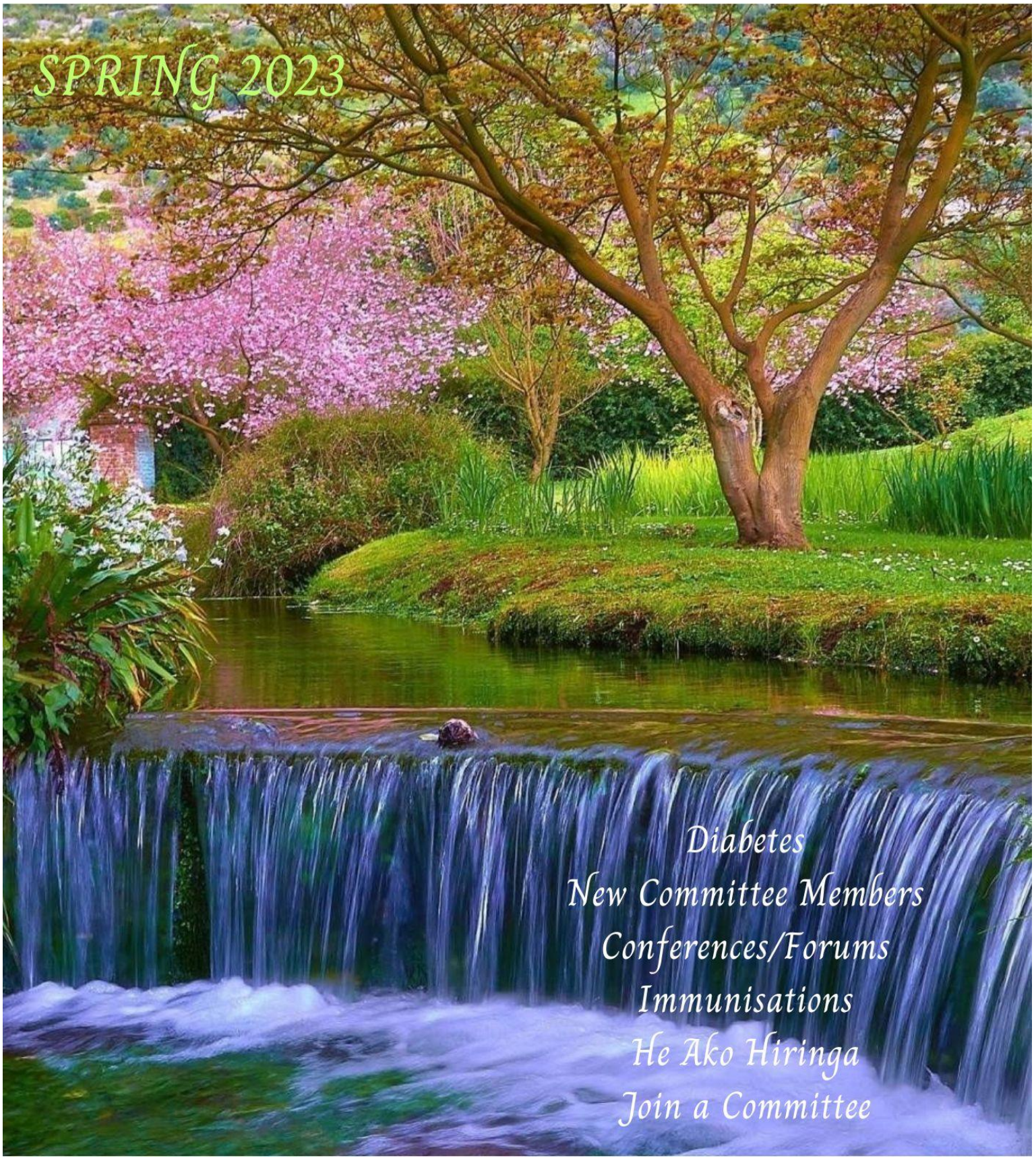
LOGIC.

LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION

The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO



LOGIC is the Official Journal of the New Zealand College of Primary Health Care Nurses, NZNO.

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Spring 2023

In this issue…

CHAIR REPORT

Tracey Morgan
Chair

Waiho I te toipoto, kaau I te toiora
Let us keep close together not far apart.

As the Chair of Primary Health Care Nurses National Executive, with the recent election I like you cannot help but wonder where does this place the future of nursing and nurses. We will have to wait and ensure that Nurses continue to be at the forefront.

At our recent face to face meeting with the National Executive Committee what was evident is the roar that is needing to be reinvigorated for Primary Health. Meeting with Interim National Chief Nurse Emma Hickson; "now is the time for Nurses to stand even stronger and ensure our voice is heard". As the saying has been spoken of many times if we are not on the menu we are not at the table. Chief Nurse for Te Aka Whaiora Nadine Gray reiterated Primary Health is in prime time for making strong leaders and change for Nurses. The time is now, and we must always remember if we are not on the menu we are not at the table. As per Maranga Mai Campaign 'every nurse everywhere'.

The members of National Executive Committee represent the College members on many external working groups and at times members are called upon to represent as well. These representatives act in the best interest of NZCPHCN and communicate back to the Committee as required; provide reports as identified by NZCPHCN Chair of participation and progress; provide overview of external groups represented. As well as the Executive Committee the sub–committees PPC and Logic continue to work hard to ensure members voices are being heard and addressed.

I have provided a snapshot of the continual work of the Executive Committee within Primary Health:

- **General Practitioner Leadership Forum:** In collaboration with Royal College of GPs, Hauora Taiwhenua, GenPro, PMANZ, GPNZ and CPHCN NZNO sent a letter to Minister Verall in July 2023 addressing the pay parity gap and the need for 95% parity. The forum raised questions and concerns about the commitment to pay parity for Nurses working in Primary Health. Workforce and workload pressures are system wide. The pressure is compounded in Primary Care as we constantly struggle to recruit and retain nurses because we simply cannot match pay rates of Te Whatu Ora. This signals the Government and Funders do not value Primary Care as our Counterpart.

- **Pharmac:** Continually promoting and updating changes within their Sector which is always reassuring and helping us all stay current within our practice.

- **HPV:** This self-screening test rolled out in September 2023 to ensure the delivery of a clinically safe, ethical and equitable HPV Primary Screening

Programme. Has received positive feedback with some minor obstacles continuing to be ironed out.

PAY PARITY

As a part of the General Practitioners Leadership Forum, they collaboratively wrote a joint letter to Political Parties creating a small working group of communication across Primary Health. To date advising you all that we will continue on until we reach success which NZNO Primary Health is part of and represents the Nurses Voice. If there is a change in Government, we will need to stand stronger together to ensure Nurses are recognised not just pay parity but resources and many other. The College of Primary Health Care Nurses are proud to be part of a wide sector which cover varying areas as well. It is great to see many contact the College in regard to Health. Once again, we thank you all for your continued efforts. Although it may seem our voice or efforts are sometimes not heard as the Whakatauki at the beginning stated let us continue to keep together and not apart.

Nga Mihi

Tracey Morgan

Editors Report

Yvonne Little
Editor

Welcome to the Spring Edition of LOGIC, although at the time of writing this I think we are still waiting for the "real" spring to arrive. Such crazy weather and ongoing weather events across the motu, my hope is that everyone is keeping safe and well.

It is at times like this we find out how resilient we are, or perhaps not and the need to check in with each other, to support each other and never be afraid to speak up and say "No, I'm not okay" and reach out for help. But this is something most of us are not very good at as we don't want to burden our families/whanau, friends, and colleagues.

None of us knows what the future holds, and therefore it is imperative to make the most of each day (as we get older, we find this is even more important), whilst we work in the health sector, we are human and develop health issues just like everyone else, we are not immune.

This has become abundantly much clearer with the recent passing of two inspirational leaders in health. I would like to take a moment to reflect on the passing of these two leaders and what they have brought to the health sector.

It was sad to see that on the 6th October 2023 we lost Nurse Practitioner and Advance Care Planning Facilitator, Carla Arkless, a truly inspirational leader for those in nursing, as well as a wonderful woman and a friend to many nurses and nurse practitioners as well as her patients and a wonderful mother – if you wish to read more about her journey then please go to: https://www.myacp.org.nz.

We also, on the 8th October 2023 heard of the passing of Dr Tom Mulholland, who is so well known across the motu as "Dr Tom" who lived an incredibly full life and had an impact on many people. A great campaigner and advocate for physical and mental health, touring Aotearoa in his converted ambulance. He like many of us in the health sector give so much to improve

people's health and wellbeing but reading the messages his family have given to the media – the one thing they have asked "us" to do is to "put yourself first" and not overcommit at the expense of personal wellbeing.

So, let us take those words and make sure we do look after ourselves, realise when our cup is full to overflowing and reset our priorities. We need to find a balance between being there for others and being there for ourselves. Spring is here, Summer is around the corner so let us enjoy the warmer weather and hopefully some sunshine whilst caring for our health and wellbeing.

Inside this Edition you will find He Ako Hiringa, IMAC information, Diabetes – Lipohypertrophy and meet our new committee members and our new college external representative amongst ours regular articles and reports.

We still have positions available on the Executive Committee and the LOGIC committee due to our members fulfilling their terms of office and those committee members who have had to leave for personal reasons.

We are looking for enthusiastic nurses to join us and we want to ensure we have representation of all areas of Primary Health Care Nursing on our committees. Please see the flyer inside this edition and on our Facebook page. If you would like to know more about what is involved in becoming a committee member then please contact either me by email on logiceditorcphcn@gmail.com or send a message to our Secretary by email on nzcphcnsecretary@gmail.com.

Stay safe and stay well. Look after yourselves first so you can look after your patients, your whanau and friends.

External Representation Section

Wendy Gill – College representation on National Contraception Advisory Group

Wendy Gill has extensive primary care experience including five years at family planning. A
hospital trained RN, she has a PG Cert. She has always been a strong believer of ongoing
professional development having been as local Education Facilitator and was previously on
the NZNO Accreditation Board.

Wendy has a passion for Women's Health and providing best care/range of options from
practical applications on the ground to educating both patients and peers.
She loves spending time with her family and is currently learning to play golf.

New resources

Navigating youth mental health

Mental health consultations with young people (rangatahi) may be challenging due to the various presentations and the range of services and treatment options they may require.

This article helps you to navigate youth mental health by providing information about:

- the continuum of mental wellbeing, distress and illness
- making a mental health assessment, formulation and diagnosis
- management options and where young people can find support
- the importance of relationship-building
- roles of health coaches, peer support workers and health improvement practitioners
- when a referral should be made to a specialist mental health service.

Go to tinyurl.com/nav-ymh to read this article

Managing patients' antibiotic expectations

Despite limited indications, amoxicillin + clavulanic acid remains the second most used antibiotic in Aotearoa after amoxicillin. Inappropriate use of antibiotics may partly stem from trying to meet patient expectations for treatment.

Our article uses a case study to demonstrate how to best manage these expectations, to avoid inappropriate prescribing. In this article you'll also find links to our Virus Action Plans. These editable information sheets help to reinforce when symptomatic and supportive care is the best medicine.

Go to tinyurl.com/anti-expec to read this article

LIPOHYPERTROPHY

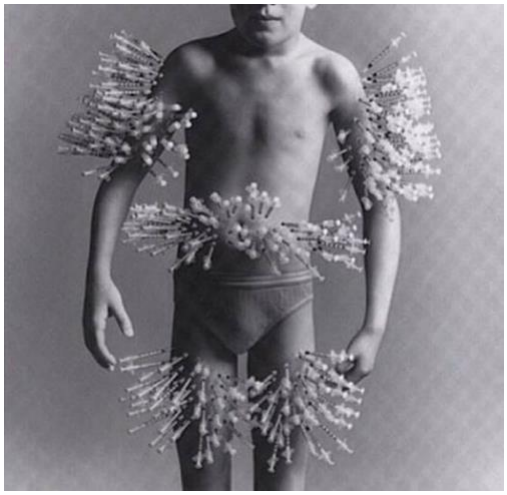
Donna Madden
CNS - Diabetes
Southland Hospital

The Lipohypertrophy is a common side effect of insulin therapy and is significantly associated with the duration of diabetes, needle length, duration of insulin therapy, lack of systematic rotation of insulin injection sites, and poor glycemic control.

What is lipohypertophy?

- Lipo-, meaning to do with fat and other lipids
- Hyper-, meaning above or in excess
- -Trophy, meaning development, condition of

So once smushed together, you get "the development or condition of excess fat or other lipids"



What is lipohypertophy?

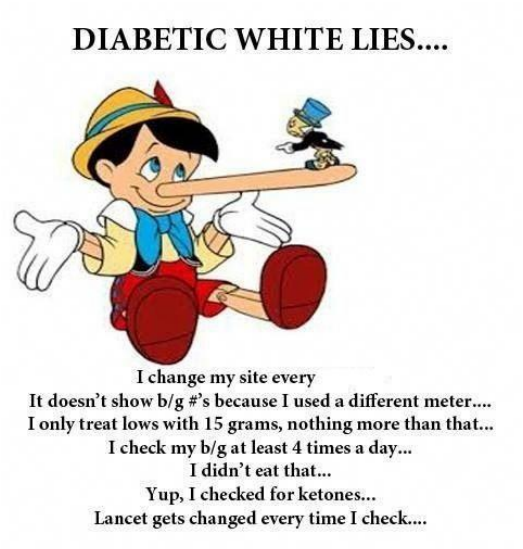
- A thickened, soft, firm, 'rubbery' swelling
- Raised swelling
- Swelling which cannot be pinched together

Lipohypertrophy is defined an accumulation of subcutaneous fat tissue at a site where insulin has been injected continuously(Vardar and Kizilci, 2007).

It is a well-known complication of insulin therapy and is characterised by the occurrence of soft fatty swellings at the site of repeated insulin injections (Hambridge, 2007).

- 40%-50% with type 2 diabetes develop lipohypertrophy
- Females more likely than males
- ½ of those with type 1 diabetes develop lipohypertrophy within 2 years of starting insulin

Type 1 study over 500 participants
Taken from a study with over 1000 participants (type 2)



- The longer they have been on insulin the more likely they are to develop lipohypertrophy
- Only 23% of people with lipohypertrophy moved to different area each time they injected compared to 85% of people without lipohypertrophy

Suspicious Minds

- Variable Blood Glucose (BG) results
- Unexplained hypoglycaemia

- Unexplained hyperglycaemia
- Increased doses are not lowering BG
- Visible lumps under clothing
- Prescriptions for Pen needles/syringes are frequently not required

Injecting into lipohypertrophic sites may result in significantly unpredictable and delayed absorption which can lead to hyperglycaemia and/or hypoglycaemia. Not only is there a danger of hyperglycaemia but conversely, when the same dose of insulin is injected into an area without lipohypertrophy, there is an increased risk of hypoglycaemia (Vardar and Kizilci, 2007).

This leads to erratic diabetes control, which puts the individual at risk of developing chronic complications. It is vital that doctors and nurses recognise this condition by inspecting insulin sites regularly and encouraging site rotation

Further, unnecessarily larger doses may be used in such cases Thus, in patients with uncontrolled diabetes, the sites of insulin injection should be inspected and palpated before making significant changes to the dose or type of insulin.

Insulin absorption diminishes in the areas of lipohypertrophy.

Why does it happen?

- Incorrect site rotation technique
- Needle reuse
- Length of insulin use
- Insulin dose related
- Insulin dose frequency

More common in people who inject >4 times a day

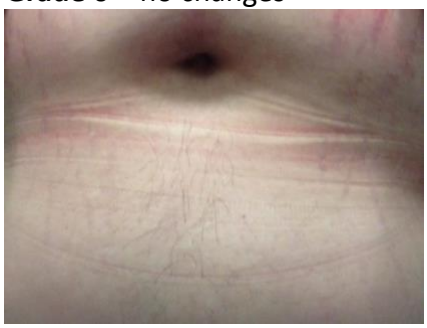
Risk increases significantly when needles used more than 5 times

How do you find it?

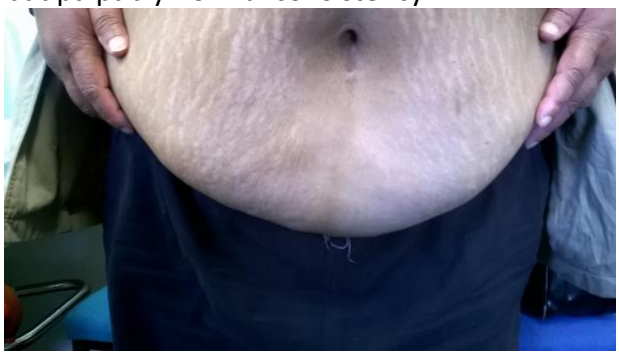
- Have PWD stand (if able) to do an Inspection and palpation of injection sites.
- Run your finger down the injection area
- Look/feel for a “judder bar” effect
- To check go to another “unused” area and repeat

Difficult to see if lying or sitting

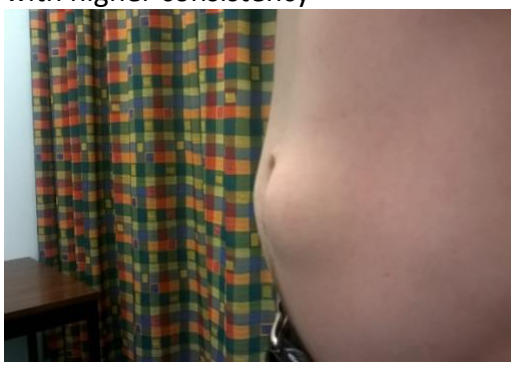
Grade 0 – no changes

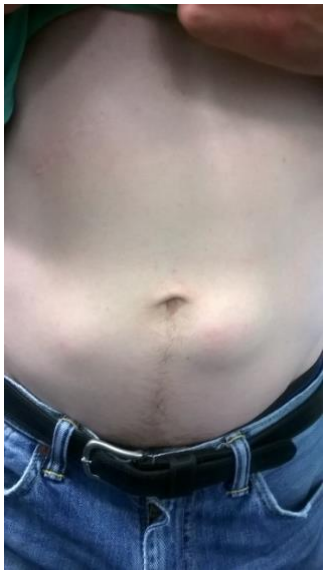


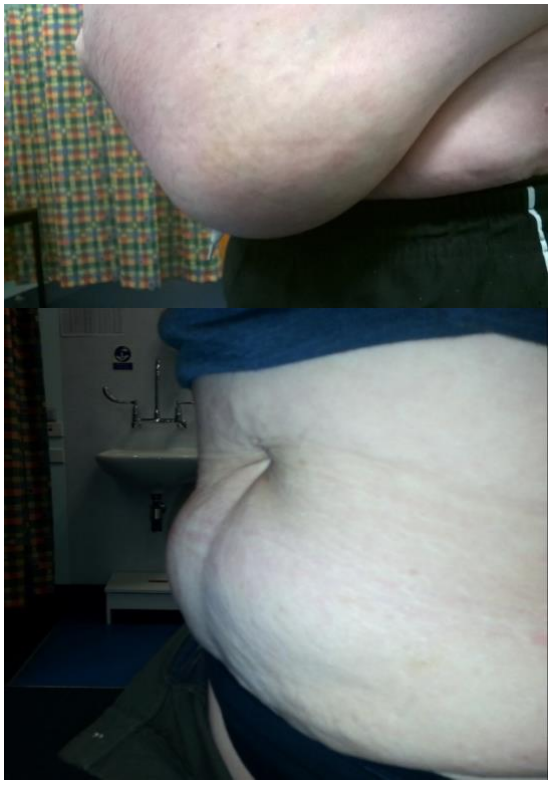
Grade 1 - Visible hypertrophy of fat tissue but palpably normal consistency

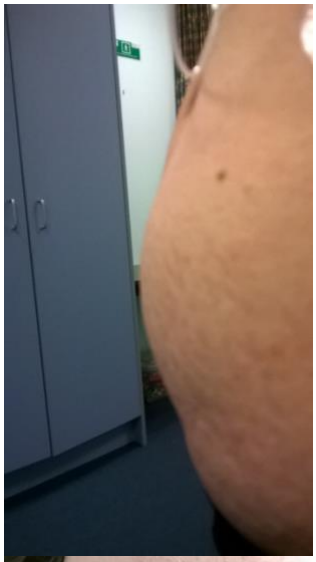


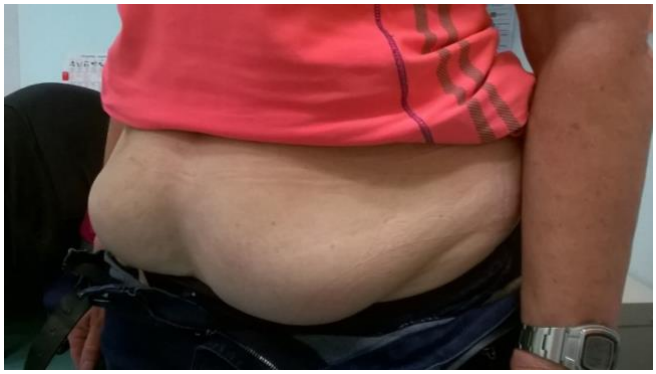
Grade 2 – Massive thickening of fat tissue with higher consistency

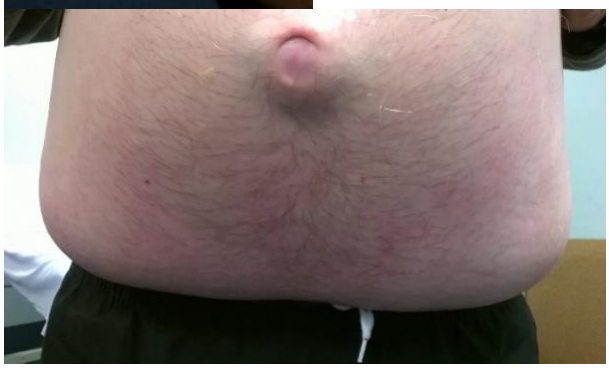




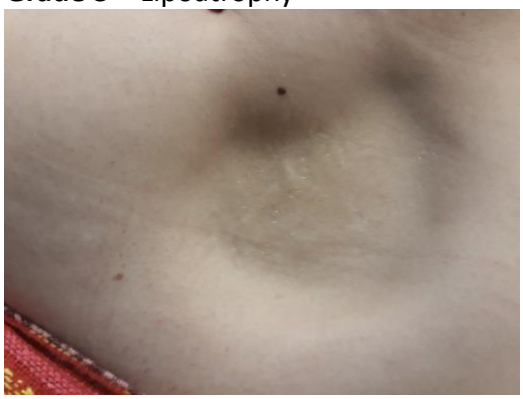




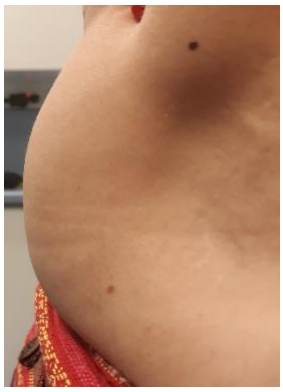




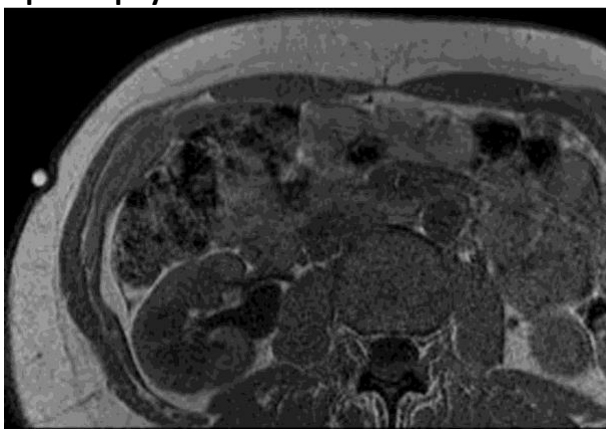
Grade 3 – Lipoatrophy



Both



Lipoatrophy CT

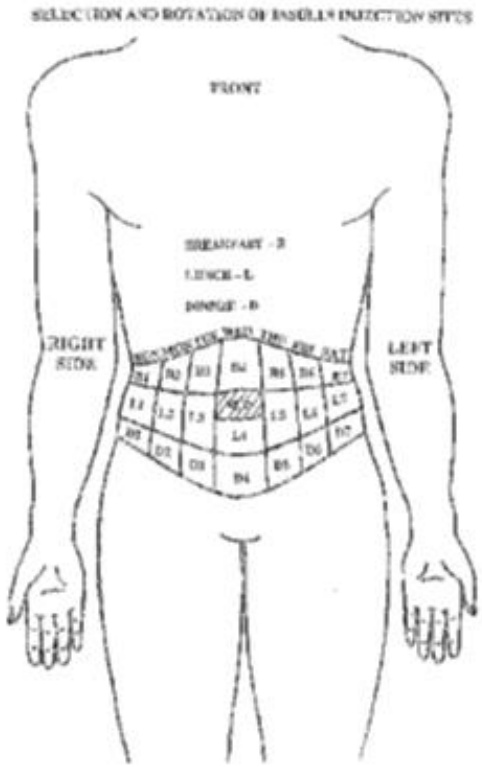


When you find it

- Advise to avoid injecting in lipohypertrophic areas and change to previously unused site
- Set up a rotation map to adhere to
- Train PWD to recognise lipohypertrophy
- Consider reducing needle size if using ≥8mm

Rotation

Rotation Maps

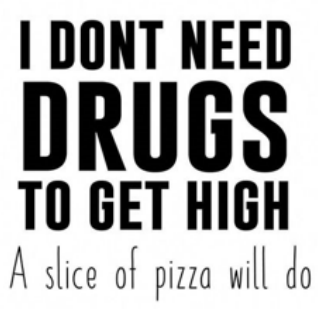


When you find it

- Remind them to change needles at least once a day
- Reduce current doses temporarily by 25%, to reduce risk of hypos
- Check injection sites/rotation at every diabetes review
- Review again within 1 week to ensure insulin dose is correct

Benefits of identifying it?

- Reduce the risk of complications significantly
- Support well-being and satisfaction of patient
- Impact on HbA1c can be between 6- 30mmol/mol
- Support treat to target Hb1Ac whilst minimising need for additional insulin



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NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

NZNO Professional Forums

Facilitated by NZNO Professional Nursing Advisers

Christchurch, 23 November 2023
Auckland, 29 November 2023
Wellington, 5 December 2023

Rising up for Professional Nursing Practice – Maranga Mai!"

Nursing practice is facing unprecedented challenges.

How can we maintain our professional standards with so many competing demands?

This forum will expand thinking on how the principles of **Maranga Mai!** can support nurses to maintain safe professional practice and have a voice in the role of nursing in healthcare for the people of Aotearoa.

Christchurch: 23 November 2023, Christchurch Bridge Club, Christchurch, 8:30 – 4:00

Auckland: 29 November 2023, Fairway Events Centre, North Shore, 8:30 – 4:00

Wellington: 5 December 2023, via Zoom or in person at Harbourside Function Centre, Wellington, 8:30 – 4:00

Registration:

- NZNO Members (in person or Zoom webinar[1]) $160
- NZNO Non-Members (in person or Zoom webinar[1]) $220
- Undergraduate/CAP Student members (in person) $50
- Undergraduate/CAP Student members (Zoom webinar[2]) $0

For more information https://www.nzno.org.nz/get_involved/event_calendar

Register using this QR Code

Maranga Mai !

[1] Zoom webinar will be 5 December 2023, from the Wellington event only.
[2] Maximum 50 places

NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

Professional Forum
Rising up for Professional Nursing Practice – Maranga Mai!

8.00 – 8.30	***Registration and Coffee***
8.30 – 8.45	**Waiata and Karakia** Welcome and Introduction
8.45 – 9.15	**The Future Workforce - In pursuit of Equity - New models of care in Aotearoa.** *Chief Nurse Lorraine Hetaraka, Whai Oritetanga (In person or zoom)*
9.15 – 10.15	**Maranga Mai and Professional Nursing Practice** *Paul Goulter, Anne Daniels*
10.15 – 10.45	*Paramanawa / Refreshments*
10.45 – 11.30	**Emerging models of care – innovative approaches (local innovations)** *(Regional speaker)*
11.30 – 12.15	**Update from Nursing Council** *Catherine Byrne, Clare Prendergast, Nick Davis*
12.15 – 1pm	*Tina/Lunch (provided for face-to-face attendees)*
1pm – 1.45	**Standing up for Nursing practice** *NZNO Professional Nursing Advisers*
1.45 – 2.30	**He toki ngao matariki (Resilient Health Care) – System safety, human factors and 'Healing, learning and improving from harm'** *Leona Dann & Gillian Allen, Te Tāhū Hauora, Health Quality & Safety Commission*
2.30	*Paramanawa / Refreshments*
2.30 - 3pm	**Assisted Dying** *Manu Pelayo, Principal Clinical Advisor | Kaitohutohu Mātāmua Haumanu Assisted Dying Service*
3pm – 3.45	**Building Nursing Power - Using your Professional Voice to Influence Change** *Tali Williams, NZNO Director of Campaigns*
3.45 – 4pm	**Final comments, karakia and close**

Topics may be subject to change.

NEW COMMITTEE MEMBERS

LOGIC COMMITTEE

Marianne Grant

Ko Remarkable toku maunga
Ko Whakatapuhi toku awa
Nō Rotorua ahau
Nō reira, tēnā koutou katoa

I am an RN (RGON) and have a varied career as a Nurse & Midwife. My most recent practice areas have been in primary health care. This has included working in a primary maternity unit, Practice Nurse and currently in Well Child Tamariki Ora nursing. I have completed a Masters In Nursing, more recently a Master's in Public Health with my dissertation exploring WCTO nurses' knowledge around FASD in the early parenting period. Currently working as part of the education team in Whānau Āwhina Plunket supporting the Post graduate qualification we deliver in conjunction with Whitireia. I am passionate about quality improvement and innovation alongside health equity and improving health outcomes.

LOGIC COMMITTEE

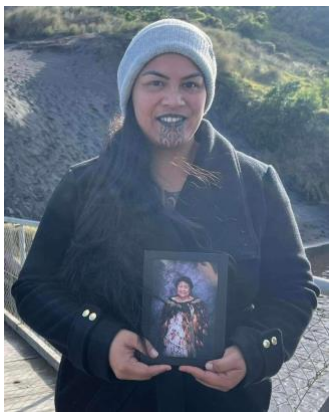
Alysha Clark

Kia ora koutou,

Ko Alysha Clark ahau
My name is Alysha, I am a PHC Clinical Nurse Lead in Tamaki Makaurau . Primary Health Care, specifically practice nursing, has been my passion since I first discovered what it was like in my undergraduate community placement back in 2016.
I have a specific interest in preventative healthcare, especially for Māori & Pasifika, after years of supporting patients to self-manage conditions such as Diabetes and Cardiovascular Disease, alongside an array of other preventative measures including immunisations, cervical screening, mental health.
In 2021 I completed my Post Graduate Diploma in Registered Nurse Prescribing (Primary & Specialty Teams), which really helped me take my practice nursing skills to the next level. I have since continued studying in the hopes to complete my Nurse Practitioner Intern year in 2024 with a view to practice in my home town in South Auckland.
Currently in my role as Clinical Nurse Lead, I work with and support practice nurses

across the motu with leadership, education, and support. One of my greatest achievements in primary health care so far has been working with student and new graduate nurses to showcase PHC as an attractive and rewarding area of work; in the hopes to build a strong, diverse, and competent PHC workforce in Aotearoa.

EXECUTIVE COMMITTEE



Kathryn Chapman

Let me introduce myself in my mother tongue.

Ko au te mokopuna a te Mounga Titohea, a mounga Taranaki
Ko au te mokopuna a te Maunga Taupiri, te wāhi e takoto ai ōku tīpuna
Ko au te mokopuna a te Maunga Tohora Puhanga, te wāhi e tautoko ana te kōanga e tautoko ana i te tōpana ora o taku iwi.
Ko au te mokopuna a te Maunga Pukehuia me Pukehaua, Nga maunga māhanga e mātakitaki ana i taku iwi.
Ko au te mokopuna a Hawaiki nui, Hawaiki roa, Hawaiki pāmamao, ka hoki ki Aotearoa
Ko Kathryn Chapman ahau.

I am the granchild of my mountain, The Majestic Taranaki
I am the granchild of my mountain Taupiri, the place where the bones of my ancestors lay.
I am the granchild of my mountain Tohora Puhanga, the place where the spring sustains my people.
I am the granchild of my mountains Pukehuia and Pukehaua, the twin mountains that watch over my people
I am the granchild of the Great Hawaiki, the Long Hawaiki, the distant Hawaiki returning back to the long white cloud.
I am Kathryn Chapman

I started my studies in Rotorua at Waiariki in 2010. Upon graduating Kathryn struggled to find mahi as a nurse in Rotorua and did part-time in wound management for 6months before moving back to Auckland to look after my sick grandfather. There I worked as a support worker until an interview with Turuki Healthcare where I had joined the manakidz Rheumatic fever prevention programme in Māngere schools. I was there for 4 years before moving into a role as Youth Health Nurse in Alternative education, these included Teen parenting units and Wharekura. Coming out of covid I then moved into the role of clinical nurse adviser for Manakidz at National Hauora Coalition (NHC māori PHO). Currently the Clinical Nurse advisor – Workforce for Manakidz.

During the covid-19 outbreak I was involved in setting up pop up testing stations and then setting up the Papakura Marae Vaccination drive through. The other mahi that I was involved in is as follows:

Flu Vaccinations in the home in 2020 (Waikato NHC), Swabbing nurse at Multiple testing stations (South Auckland and central Auckland), Help set a drive through vaccination site and Cold Chain Lead (Papakura Marae), Was then called upon to

help and be apart of the Māori Covid-19 response unit called Pae Ora (Auckland) reaching our most vulnerable, transient and "hard to reach" whānau. Helped with vaccinating from Kaitaia to Waikato with an amazing bunch of māori nurses.
I also sit on Te toputanga kaitiaki o Aotearoa poari as Chair for Tamaki makaurau.
Māori health and the health of my people are what drives my passion for nursing in the community.

WCTO PG Certificate Student – Her journey and Quality Improvement Project

TE MANU TOROA

Nikita Rehu – Pepi Ora Nurse (Well Child / Tamariki Ora)

Ko Pureora toku Maunga
Ko Waimiha toku Awa
Ko Tainui te Waka
Ko Kaitupeka toku Marae
Ko Ngati Maniapoto toku Iwi
No Taumarunui ahau
Ko Nikita Rehu toku ingoa

Kia Ora, my name is Nikita Rehu, I am a mother of four beautiful children, three girls aged 18, 15, 13 and my son who is 10 years old. I am a Pepi Ora nurse (Tamariki Ora/Well Child) in Tauranga, I work for a Kaupapa Māori organisation, Te Manu Toroa, Tauranga.

Te Manu Toroa offers a wide range of services including Pēpi Ora services for our mama and pepe servicing the Western Bay of Plenty, Waihi Beach to Otamarakau with roughly 1700 pepe enrolled in our service currently, and growing each week. I began my nursing journey in 2017 with the intent of working with mama and pepe, my end goal was to become a Well Child nurse.

16 and Pregnant
My journey began when I left school at 15 years old, working full time in retail for a year, became pregnant at 16 years of age, and had my first child by the age of 17. Statistically, everyone worried I was too young to be a mother and it would "ruin my life". I knew this was not the case for me, being a mother was something I had always wanted. My daughter was born in 2005 and my midwife was completing her final visit when she asked if I was happy to see Plunket who would check in on the growth and development of my baby, I said yes but was nervous as I was worried I would be judged. The Plunket Nurse visited and was she was lovely, she never judged me, she was kind and respectful. I remember watching her do the measurements for the baby and thinking I would like to do this one day.

My journey
In 2013 I had my 4th child, I was lucky enough to have the same Plunket Nurse for

all of my children. I remember asking the nurse, how do you become a Plunket Nurse? She mentioned having to become a registered nurse first, and then specialising in Well Child Tamariki Ora (WCTO), I remember feeling overwhelmed and thought "Okay, I will need to rethink my plans". I never thought I could do that because I had left school at such a young age. I then watched my mother become a nurse in her 40's and she encouraged me to do the same, I was 26 years old at the time. Nervous and scared, I enrolled and thought I would give this a go, if mum can do it then maybe I can too.

2017 – 2021

The feelings I felt when I passed my first assignment, an unreal feeling that I even thought maybe the tutor was tired when she marked mine, or maybe she feels sorry for me because how could I pass this? Sitting in lectures one day and the tutors had mentioned placements for us and that we needed to choose three areas we would like to try, Plunket was my top choice each year. Excited to see what Plunket clinic I would be placed in, only to find each year I was placed in a different part of the hospital, never getting to experience Plunket at all. I completed my Bachelor of Nursing in 2020 and applied for a role on the medical wards at the hospital, realising seven months later that I was not happy and wanting desperately to work with mama and pepe. In August 2021, I applied for a role as a Pepi Ora nurse at Te Manu Toroa. I was short listed to be interviewed, completed the interview and within a few days received the phone call I had dreamed of since I was a new mum at 17yo.

Pepi Ora Nurse Te Manu Toroa – (2021 – present)

Te Manu Toroa was established in 1997, with Tamariki Ora being one of the first contracts, later changing the name to Pepi Ora. Becoming a Pepi Ora nurse was my dream, finally being able to spend time helping mothers and their babies. The visits were everything I had thought they would be, being able to give information and advice, and watching the mothers flourish in motherhood is exceptionally rewarding. After 12 months in the role, I began my post graduate study to specialise in Well Child Tamariki Ora (WTCO) nursing. This Post Graduate Certificate (PGCert) is required by all registered nurses working in WCTO and consists of two papers (Praxis and Health Promotion) done over a year.

Invention of the QR Code

The final assignment for the post graduate study was designing a health promotion initiative, outlined to choose a 'gap' and focus the initiative on this. My gap was smoking cessation and parenting with the main focus around access, or the lack of it. Trying to break down barriers, enabling easier access for whanau on information and services to support quitting and parenting.

There is one thing that Covid 19 was good for, and this was the use of QR codes everywhere you went. QR codes are nothing new, and if anything, are extremely user friendly. This was perfect as the weeks prior I had discussed with the Social Media Co-ordinator at Te Manu Toroa, if there was a possiblility of creating a Pepi Ora QR code, this way whanau can scan the code, and this will take them to our main Pepi Ora page for support.

Before creating the QR code, I had thought about what I would want if I were a new mum, and brochures, leaflets and anything

in paper form would end up lost or in the bin, the thought was to create something handy and easy, and what better than a code you can use on your phone. The intent of creating the QR code is essentially to help whanau have easier access to information.

We have recently added the Te Manu Toroa internal quit smoking referral so whanau can to self- refer if they needed to. Whanau are often whakama about smoking or wanting to quit, this way we are able to educate about the harmful effects of smoking and without going on about it too much, we leave the QR code for the families to ponder in their own time. This way, the individuals don't feel judged.

We have been able to print and laminate the QR codes and give this to mama who are needing some extra support when it comes to their babies needs. The Pepi Ora page has helpful links which are easily accessible for whanau. Feedback from families have been really positive specifying that the laminated QR code has been helpful, reducing their immediate worries as the links provided are user friendly, it fits in their wallets and they have access on their phone anywhere at anytime. If I can make life a little bit easier for our families with new babies and busy families, then that is what I will always strive to do.

Whakatauki – proverb

I orea te tuatara ka puta ki waho – A problem is solved if we continue to find solutions.

Nga mihi.

Immunisation Updates: Immunisation Sites

This article describes best practice for identifying and landmarking injection sites when administering vaccinations. Karen Cague is an immunisation education facilitator for the Immunisation Advisory Centre (IMAC).

Introduction

The New Zealand National Immunisation Schedule recommends vaccines from pregnancy through to 65 years of age and over. Almost all these vaccines are administered by intramuscular (IM) injection. To optimise immunogenicity of the vaccine and reduce local reactions at the site of administration, vaccines should be administered into healthy, well-developed muscle, in a site free from the risk of local, neural, vascular and tissue injury. Incorrectly administered vaccines can result in injection-site nodules, sterile abscesses greater local reactions and vaccine failure (1)

Vastus lateralis site

For infants under 12 months of age, the recommended injection site is the vastus lateralis in the anterolateral thigh. This is the largest, densest and most well-

developed muscle at this age. **The deltoid muscle is not used for intramuscular administration of vaccines for infants under the age of 12 months.**

For young children from 12 months to 3 years of age, the deltoid muscle may be used. However, vaccinators need to apply their clinical judgement when determining which site to use. If the deltoid muscle is small and less dense/developed, the vastus lateralis is the preferred option, especially if more than one vaccine is to be administered (1)

Preparation

When preparing the infant or young child for vaccination, it is important for the vaccinator to be confident in their approach and to give clear instructions to the parent/caregiver on how to hold their infant and what to expect. The cuddle position, sideways to parent, is the recommended position for infants, where the parent/caregiver provides a firm natural hold which is comfortable and supports the infant (see figure 1). The cuddle position makes good site selection easier and allows for distraction of the infant with interaction with the parent/caregiver. It also enables feeding before, during and/or following the vaccination event, if desired.

Young children can sit sideways on a parent/caregiver's knee, or in the straddle position where the child sits facing the parent/caregiver wrapping their legs around them; both positions have proven to be safe and effective positions (1).

Figure 1. Cuddle position (source: Immunisation Handbook [IHB])

Once the infant is held securely in position, site selection in the vastus lateralis muscle is landmarked as per the following instructions (1).

- Remove the infant's clothing to expose the whole thigh area, then gently adduct their flexed knee (move towards the body's midline).
- Identify the greater trochanter and the lateral femoral condyle at either end of the thigh.
- Section the thigh into thirds and visually imagine a line running from the middle of the greater trochanter to the middle of the lateral femoral condyle (find the dimple extending along the lower part of the fascia lata.
- The injection site is located at the junction of the upper and middle thirds of the thigh, marginally above the imaginary line, in the densest part of the muscle. (See figure 3)

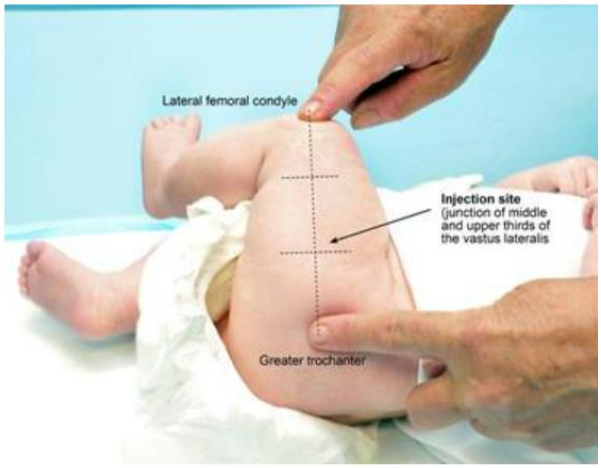


Figure 2. Landmarking the injection site on the vastus lateralis (source IHB)

Multiple Injections - vastus lateralis

Preferably, a single vaccine is administered into each vastus lateralis. However, if two or more injections are to be administered into the vastus lateralis (eg, at the 5-month immunisation event), then two injections may be administered into the same muscle along the long axis of the thigh. These need to be separated by 2 cm and clearly documented on the PMS. Landmark as per (Figure 2) then administer each vaccine 1 cm either side of this site, ensuring a 2 cm-gap between them. (See figure 3).

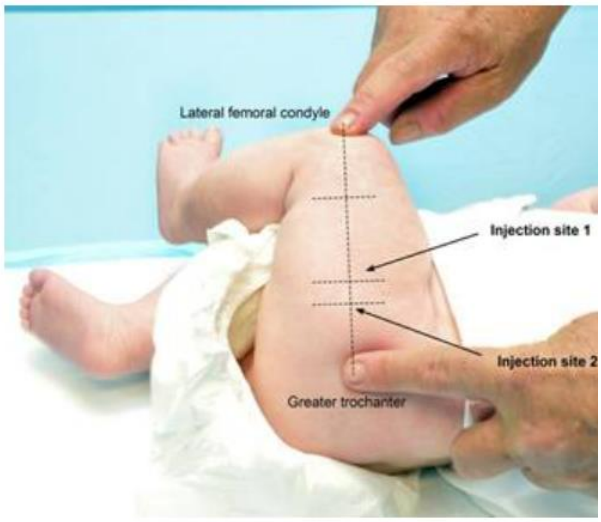


Figure 3: Locating injection sites for two injections on vastus lateralis (source: IHB)

Deltoid site

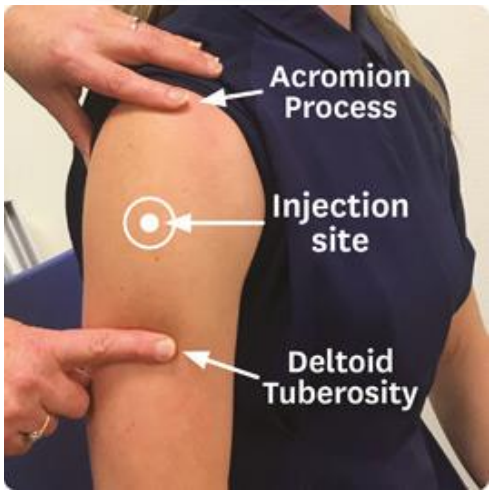
From 3 years of age , the deltoid muscle is the preferred site for IM administration (1.). The deltoid muscle crowns the shoulder, covering the front, side and back of the joint. The shape of the deltoid muscle is like an upside-down triangle (2). See Figure 4.

To avoid SIRVA (shoulder injury related to vaccine administration), correct landmarking and site positioning is required.

The volume injected per deltoid should not exceed 0.5ml in children and 1ml in adults. IMAC recommends the following technique for landmarking the deltoid muscle (1.):

Preparation

- Ensure hand hygiene has been performed.
- Remove sufficient clothing to reveal the entire arm.
- Palpate the top of the shoulder to find the acromion process, it is the highest point of the shoulder, then identify the bottom of the deltoid tuberosity (ie, where the muscle thins and attaches to the humerus). To identify the bottom of the deltoid muscle, it may be necessary to have the patient reposition their arm on to their hip for clearer visibility.
- The injection site is halfway between the two points.
- The vaccine should be deposited into the bulkiest part of the muscle as near to the landmarked injection site as possible.
- Note: site selection and landmarking is the same for IM or sub-cutaneous (SC) deposition, deltoid is site choice for SC (1)



A: infant B: adult

Figure 4: Landmarking the injection site for deltoid injections for (a) an infant and (b) an adult (source IHB).

Multiple injections - deltoid

When two injections are to be administered into the same deltoid, separate the injection sites by no less than 2cm. These injection sites can be identified using the outer circle (see Figure 4) to guide you. Remember to document which vaccines are administered superiorly and inferiorly.

Multiple vaccines should not be mixed in a single syringe unless specifically licensed and labelled for administration in one syringe. A different needle and syringe should be used for each injection.

12-month injections

Figure 5: Recommended injection positions for 12-months event.

Link to above image *https://assets-global.website-files.com/637315ab5c5af16c7e809c42/64096b8a52484649812f6cc9_3_in_a_row_12_Months_Vaccine_March2023.pdf*

15-month injections

Figure 6: Recommended injection positions for 12-months event.

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A note on Meningococcal B vaccine

The Meningococcal B vaccine (MenB) can be reactogenic, so it is recommended to be administered into a separate limb to other

vaccines. For the 5-month event, it is recommended to administer MenB into one vastus lateralis, and to give PCV13 and DTaP-IPV-HepB/Hib into the other vastus lateralis. At the 12-month event, it is recommended to administer MenB into the deltoid muscle rather than the vastus lateralis to minimise the risk of discomfort if the child is walking.

Comprehensive guidance on landmarking can be found in the Immunisation Handbook (IHB). See Immunisation Handbook (IHB) Chapter 2, Processes for safe vaccination. Available at https://www.health.govt.nz/our-work/immunisation-handbook-2020/2-processes-safe-immunisation#2-2.

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