

# VACCINATOR ROLE: **PFIZER**

The Pfizer COVID-19 Vaccine is an intramuscular injection administered as a series of two doses (0.3 mL each) 3 weeks apart.

## CONTRAINDICATION

- **Review Consent with patient. Do not administer the PFIZER COVID-19 Vaccine to individuals with a known history of a severe allergic reaction (e.g., anaphylaxis).**

## ADMINISTRATION

Visually inspect each dosing syringe prior to administration. The white to off-white suspension may contain white or translucent product-related particulates. **During the visual inspection:**

- **verify the final dosing volume of 0.3 mL.**
- **confirm there are no other particulates and that no discoloration is observed. DO NOT ADMINISTER if vaccine is discolored or contains other particulate matter.**
- **Administer the COVID-19 Vaccine intramuscularly. Right or left deltoid.**

### SIRVA

Shoulder Injury Related to Vaccine Administration

**Side**

Bursa, Acromion, Axillary nerve, Radial nerve

**What to watch for when landmarking:**

**Too High\*** \*Most reported cause of injury

- Risk of injecting into shoulder joint or bursa
- Can cause inflammation leading to bursitis, frozen shoulder syndrome, and other complications
- Watch for prolonged shoulder pain, weakness, and decreased range of motion
- Symptoms begin within hours to days
- Without treatment, symptoms last months and may never resolve

**Too Far to Side**      **Too Low**

- Can inject into **axillary nerve**
- Can inject into **radial nerve**

- Can cause paralysis and/or neuropathy
- Watch for burning, shooting pain during injection
- Symptoms start immediately

**What happens when:**

**Needle Too Short**  
Can inject into subcutaneous tissue

- More painful for patient
- Risk of skin reaction
- Vaccine may be less effective

**Needle Too Long**  
Can hit bone or nerve

- If you hit bone, pull needle **back slightly** and inject
- If you hit nerve, pull needle out and try again

**Tips to Avoid SIRVA**

- Landmark, don't "eyeball"
- Always sit to inject a seated patient
- Expose the shoulder completely
- When a shirt can't be removed, roll the sleeve up, don't pull the shirt's neck over the shoulder

**Remember!**  
2-3 fingers down from the acromion

For deltoid injections, in addition to using the appropriate size needle, the following steps should be taken to avoid inadvertent injection into the subdeltoid bursa or joint space, which may cause "shoulder injury related to vaccine administration"

- Both the patient and the vaccinator should be seated.
- The arm should be completely exposed and lifted slightly out to the side (eg, with the hand placed on the ipsilateral hip), which causes the subdeltoid bursa to slide under the acromion for protection.
- The needle should be inserted into the center of the deltoid muscle, midway between the acromion and the deltoid tuberosity (the insertion of the deltoid at the middle of the humerus), a point that falls in the middle one-third of an inverted triangle between the acromion and the deltoid tuberosity

### **COMMON SIDE EFFECTS**

- **Pain at the injection site, fatigue, headache, myalgia, arthralgia, chills, nausea/vomiting, axillary swelling/tenderness, fever, swelling at the injection site, and erythema at the injection site.**

### **DOCUMENTATION**

- Complete CDC card: Name, Date, Location
- Complete Consent and Administration form.

I have reviewed the just in time training procedure listed above

NAME (print): \_\_\_\_\_ Credentials: \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_