Influenza vaccine (nasal)  (in-floo-enz vak-sen)

Flu Mist

**Classification**
Therapeutic: Vaccines/Immunizing agents

**Pregnancy Category C**

**Indications**
Active immunization for prevention of disease caused by Influenza A and B

**Action**
Active immunization with live virus produces antibodies against Influenza. Therapeutic Effects: Decreased influenzal illness, with fewer days lost from school or work.

**Pharmacokinetics**
Absorption: Virus replicates in nasopharynx causing production of antibodies.
Distribution: Unknown.
Metabolism and Excretion: Unknown.
Half-life: Unknown.

**TIME/ACTIONS PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>Intranasal</td>
<td>unknown</td>
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**Contraindications/Precautions**

**Contraindicated in:** OB: Pregnancy; Hypersensitivity to Flu Mist, eggs, or egg products; History of asthma or reactive airways disease; Other live vaccine within 1 mo or inactivated vaccine within 2 weeks; Concurrent immunosuppressive therapy or disease causing immunosuppression or immune compromise; Central nervous system (not for 48 hr prior or 2 wk after); Peptic ulcer disease; Empyema, an amblyopia, and retinopathy without dose by case of an anaphylactic reaction.

**Use Cautiously in:** OB, Pedi: Lactation, children under 2 yr, patients over 50 yr (safety not established).

**Adverse Reactions/Side Effects**

**CNS:** Headache.

**EENT:** Rhinitis, nasal congestion.

**Misc:** Fever.

**Interactions**

**Drug-Drug:** Concurrent use of aspirin or salicylates in children/adolescents may risk of Reye syndrome. Concurrent antiviral therapy (may affect desired immune response to Flu Mist).

**Route/Dosage**

**Intranasal:** Adults and children 9–49 yr: One dose (0.5 mL)/season.

**Intranasal** (Children 2–8 yr): Previously immunized with Flu Mist—one dose (0.2 mL)/season; not previously immunized with Flu Mist—two doses (0.2 mL each)/30 days apart for initial season.

**NURSING IMPLICATIONS**

**Assessment**

- Assess patient for history of asthma or reactive airways disease. Patients with positive history should not receive Flu Mist.
- Lab Test Considerations: Monitor patient for signs of allergic reaction (rash, pruritus, laryngeal edema, wheezing) following administration. Keep epinephrine, an antihistamine, and resuscitation equipment close by in case of an anaphylactic reaction.

**Potential Nursing Diagnoses**

- Deficient knowledge, related to medication regimen (Patient/Family Teaching)

**Implementation**

- Do not administer rimantadine or other antiviral agents within 48 hrs before or 2 wks after administration intranasal influenza virus vaccine (Flu Mist).
- Store solution in refrigerator until just before use; do not freeze. Solution should be colorless to pale yellow and clear to slightly cloudy.
- Do not administer Flu Mist concurrently with other vaccines, or in patients who have received a live vaccine within 1 mo or an inactivated vaccine within 2 wks of vaccination.
- Intranasal: With the patient in an upright position, approximate 0.25 mL (half the dose of a single Flu Mist sprayer) is administered into each nostril. Insert the tip of the sprayer just inside the nostril and depress the plunger to spray. Remove the dose divider clip and administer the second half of the dose into the other nostril. Dispose of sprayer in routine for biohazard disposal.
2

Patient/Family Teaching
- Explain to patient and parent the purpose of the vaccination.
- Advise patient to avoid contact with patients who are immunocompromised for at least 21 days.

Evaluation/Desired Outcomes
- Prevention of influenza resulting in fewer lost days from work and school.

Why was this drug prescribed for your patient?