

ENGLISH

HI! I AM A NURSE!



¿Date of birth?

Do you have a vaccination card?



Your address?



Telephone?

january

february

march

april

may

june

july

august

september

october

november

december

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30 31

MAKE AN:

CERTIFICATE VACCINATION

NEXT VACCINATION APPOINTMENTS

IT'S OK

YES

NO

Do you have more kids?



Any illnesses? do you take any medicines?



Allergic to eggs?



Reaction to previous vaccinations:

High temperature?



Fits?



Heel test: (5 to 7 days after birth?)



I am going to give you the vaccination in:



Arm



Leg

INJECTABLE AREA



IF HOT AND RED



COLD FLANNEL



IF SORE AND NOT HOT



HOT FLANNEL



WITHOUT TEMPERATURE

BATH IN WARM WATER (NEVER COLD)
DRINK LIQUIDS

YOU CAN TAKE PARACETAMOL OR IBUPROFENO EVERY 8 HOURS



COULD BE IRRITABLE AND SLEEPY.

DO NOT WORRY