**A Sigh of Relief: COVID Vaccines Approved for Kids**

Post-test

**Learning objectives**

After completing the continuing education activity, pharmacists and technicians will be able to

* Differentiate between adult and pediatric COVID vaccine doses and injection techniques
* Explain why clinicians say “Children are not just little adults”
* Describe techniques that make vaccinating children as stress-free as possible
* Recall answers to frequently asked questions

**1. When preparing to vaccinate a 7-year-old child with the Pfizer-BioNTech COVID-19 vaccine, which of the following would be a reasonable step?**

A. Look for the vaccine that has a purple cap and draw up 0.3 mL (30 mcg) intramuscular doses

B. Ensure you have a 1.5 inch, 18 gauge needle available and a child’s cartoon Band-Aid

C. Give the injection below the acromion process and above the axillary fold (the armpit)

**2. Please select one key way that immunizing children differs from immunizing adults?**

A. It generally takes a little less time to immunize a child than an adult

B. It’s more important to use words that are less distressing like “poke” or “pressure”

C. Children are more understanding than adults if you say, “This will hurt a bit”

**3. Which technique is MOST likely to decrease a child’s pain during injection?**

A. Stretch the patient’s skin taut with the non-dominant hand

B. Bunch the patient’s skin in a big pinch with the non-dominant hand

C. Jab the needle into the patient’s skin without stretching or bunching

**4. What is the BEST answer to a parent who asks, “What about the risk for myocarditis?”**

A. The FDA recommends all children except those with heart problems receive the COVID-19 vaccine, as the risk for myocarditis or pericarditis from a vaccine is only a concern in children who have pre-existing conditions.

B. During clinical trials, researchers did not monitor for myocarditis, and the CDC expects no cases to occur as the vaccines are administered across the U.S; myocarditis is generally found in adults with underlying conditions.

C. The CDC recommends all children should receive the COVID-19 vaccine, as the risk for myocarditis or pericarditis from a vaccine is lower than the risk of myocarditis associated with COVID-19 infection in adolescents and adults.

**5. What is the BEST answer to a parent who asks, “My child will be 12 in 4 months. Should I wait for my child’s 12th birthday so they can get the adult series?”**

A. It is not recommended or necessary for children to wait to turn 12 to receive the adult vaccine series, as children can remain susceptible to COVID-19 during this time.

B. Yes, CDC recommends waiting until children who are close to 12 to wait and receive the adult vaccine series, as children are unlikely to contract COVID-19 in the interim.

C. No, we’ll administer 10 mcg, a third of the normal adult dosage, today and in two weeks. By the time your child turns 12, the CDC will have its act together on this issue.

**6. A parent calls and says his child is having post-immunization pain, redness, and swelling at the injection site. Additionally, she has fatigue, headache, muscle aches, chills, fever, and nausea. What do you recommend?**

A. Acetaminophen in an age-appropriate dose, a cold compress at the injection site, and ample hydration

B. Aspirin in an age-appropriate dose, a cold compress at the injection site, and ample hydration

C. A cold compress at the injection site, and ample hydration, and a suggestion that they give the child acetaminophen twice in the six hours before the next dose of vaccine.

**7. Which of the following is the best way to work with a nervous child before administering a COVID vaccine?**

A. Having the child blow bubbles

B. Having the parent restrain the child

C. Telling the child to just be brave