Colchester Hospital University NHS
NHS Foundation Trust

HEPATITIS B VACCINATION FOR PRE-DIALYSIS & DIALYSIS PATIENTS

Name …… Unit number…… Date of birth……..

For patients not previously vaccinated

Surface antigen ……
Core antibody ……
(if both negative, commence vaccination)

	Date	Vaccine	Doctors signature	Batch number of vaccine	Expiry Date	Given by
Month 0		1.0ml HBvax PRO 40micrograms				
Month 1		1.0ml HBvax PRO 40micrograms				
Month 6		1.0ml HBvax PRO 40micrograms				

Month 8 Hepatitis B Surface antibody …… (see Hepatitis B strategy flow diagram)

Record of post-vaccination levels & boosters

Date	Surface Antibody	Surface Antigen	Boosters given

Please fax this information to the renal unit at Colchester General Hospital (fax: 01206 286631)

Reviewed by: Renal Team (CHUFT) ***Approved by***: NEEMMC July 2017