Standing Orders for Administering DTaP to Children Younger than Age 7 Years

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all infants and children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate infants and children who meet the criteria below.

Procedure

1. Identify infants and children ages 2 months through 6 years who have not completed a diphtheria, tetanus, and acellular pertussis (DTaP) vaccination series.
2. Screen all patients for contraindications and precautions to DTaP:
   a. **Contraindications:**
      - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of DTaP or to a DTaP component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
      - a history of encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of pertussis-containing vaccine.

   b. **Precautions:**
      - moderate or severe acute illness with or without fever
      - history of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine
      - progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
      - fever of 105° F (40.5° C) or higher not attributable to another cause within 48 hours of a previous dose of DTaP
      - collapse or shock-like state (i.e., hypotensive hyporesponsive episode) within 48 hours of a previous dose of DTaP
      - seizure within 3 days of a previous dose of DTaP
      - persistent, inconsolable crying lasting more than 3 hours that occurred within 48 hours of a dose of DTaP
      - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
3. Provide all patients (or, in the case of minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide routine vaccination with DTaP at ages 2 months, 4 months, 6 months, 15 through 18 months, and 4 through 6 years. Administer 0.5 mL DTaP intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass: infants younger than age 12 mos: 1"; toddlers age 1 through 2yrs: 1–1¼"; children age 3yrs and older: 1–1½". (Note: A ⅝" needle may be used for patients weighing less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
5. For patients who have not received DTaP at the ages specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between the first three doses, and 6 months between the third and fourth dose. If the child is age 4–6 years and the fourth dose was administered before the fourth birthday, administer an additional dose at least 6 calendar months after the fourth dose.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. Report all adverse reactions to DTaP vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the_____ until rescinded or until
(name of practice or clinic)
_____ (date).

Medical Director's signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3073.pdf • Item #P3073 (10/12)