
Standing Orders for Administering Pneumococcal Polysaccharide Vaccine to Children & Teens

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

Procedure

1. Identify children and teens ages 2 years and older in need of a first dose of pneumococcal polysaccharide vaccine (PPSV) based on having any of the following conditions:
 - a. chronic cardiovascular disease (e.g., cyanotic heart disease, cardiac failure, cardiomyopathies)
 - b. chronic pulmonary disease (e.g., emphysema or chronic obstructive pulmonary disease [not asthma])
 - c. diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
 - d. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
 - e. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
 - f. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
 - g. organ or bone marrow transplantation
 - h. chronic renal failure or nephrotic syndrome
 - i. candidate for or recipient of cochlear implant
2. Identify children and teens who were vaccinated at least 5 years earlier with PPSV and who are at highest risk for serious pneumococcal infection or are likely to have a rapid decline in pneumococcal antibody levels (i.e., categories d–h above) and are in need of a second dose of PPSV.
3. Screen all patients for contraindications and precautions to PPSV:
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV or to a PPSV vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. A child who has received pneumococcal conjugate vaccine (PCV) previously should wait at least 2 months before receiving PPSV.
 - b. **Precautions:** moderate or severe acute illness with or without fever
4. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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. These can be found at www.immunize.org/vis.
5. Administer 0.5 mL PPSV vaccine intramuscularly in the anterolateral thigh for toddlers age 24–35 mos (deltoid may be used if adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: 24–35 mos: 1–1¼" (anterolateral thigh) or 5⁄8–1" (deltoid muscle); children 3–18 yrs: 5⁄8–1" (deltoid) or 1–1¼" (anterolateral thigh). A 5⁄8" needle may be used in toddlers and children if inserted in the deltoid muscle at 90° angle to the skin which is stretched flat between the thumb and forefinger. PPSV may also be given subcutaneously (23–25 g, 5⁄8" needle) in the posterolateral fat of the upper arm.
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 given, 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 PPSV to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (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 _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____

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