
Standing Orders for Administering Tetanus-Diphtheria Toxoids & Pertussis Vaccine (Td/Tdap) to Adults

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and (where indicated) pertussis by vaccinating all adults 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 adults who meet the criteria below.

Procedure

1. Identify adults in need of vaccination against tetanus, diphtheria, and (where indicated) pertussis based on the following criteria:
 - a. lack of documentation of at least 3 doses of tetanus- and diphtheria-containing toxoids
 - b. younger than age 65 years with no history of pertussis-containing vaccine given since age 10 years
 - c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with receipt of the last dose being 10 years ago or longer
 - d. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap):
 - a. **Contraindications:**
 - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years
 - b. **Precautions:**
 - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
 - history of an Arthus reaction following a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine
 - an unstable neurologic condition
 - moderate or severe acute illness with or without fever

Note: Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester.
3. Provide all patients 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. 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.
4. Administer 0.5 mL Td (or Tdap, if appropriate) vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Provide subsequent doses of Td (a one-time dose of Tdap may be substituted for Td if younger than 65 years) to adults as follows:
 - a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 months between the second and third doses.
 - b. to boost after primary schedule is complete: observe a 10-year interval since previous dose of Td/Tdap; if protection against pertussis is needed, intervals as short as 2 years or less can be observed for parents and caregivers of infants younger than age 12 months, healthcare workers having direct patient contact, and adults in a pertussis outbreak setting.
 - c. In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.
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 Td and Tdap vaccines 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 _____ (date).
(name of practice or clinic)

Medical Director's signature: _____ Effective date: _____