
Standing Orders for Administering Td/Tdap to Children Ages 7 Years and Older

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis 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 the criteria below.

Procedure

1. Identify children and teens ages 7 years and older in need of vaccination against diphtheria, tetanus, and pertussis based on the following criteria:
 - a. lack of documentation of at least 4 doses of diphtheria, tetanus, and pertussis vaccine, with at least one of the doses given after the age of 4 years and with the most recent dose given a minimum of 6 months after the preceding dose,
 - b. lack of documentation of at least 3 doses of diphtheria and tetanus vaccine (i.e., DT, Td),
 - c. lack of history of pertussis-containing vaccine given at age 10 years or older, or
 - d. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
2. Screen all patients for contraindications and precautions to Td or Tdap:
 - a. **Contraindications:**
 - a history of a severe allergic 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 not attributable to another identifiable cause
 - b. **Precautions:**
 - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
 - history of an arthus-type reaction following a previous dose of tetanus-containing vaccine
 - moderate or severe acute illness with or without fever
 - For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy
3. Provide all patients (parent/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; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Schedule vaccination as follows:
 - a. For children and teens ages 7 years and older who meet the criteria described in 1 above, give one dose at the earliest opportunity and then complete the remaining doses (as needed) by observing minimum intervals of 4 weeks between the first and second doses, and 6 months between the second and third doses. A one-time dose of Tdap should be substituted for one of the doses of Td, preferably the first.
 - b. For children and teens age 11–18 years without a history of pertussis-containing vaccine given at age 7 years or older, give Tdap routinely at age 11–12 years or as catch-up at 13–18 years; no minimum interval since previous Td needs to be observed.
 - c. Give further boosters as Td every 10 years.
 - d. For pregnant adolescents who have not previously received a one-time dose of Tdap, give Tdap in the third or late second trimester (after 20 weeks gestation). 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: _____

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