Standing Orders for Administering Influenza Vaccines

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Standing Orders for Administering Influenza Vaccine to Adults

Purpose: To reduce morbidity and mortality from influenza 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 patients who meet any of the criteria below.

Procedure:

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. **Contraindications:** a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult with a history of hypersensitivity to eggs, either anaphylatic or non-anaphylactic; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
   b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe patient for at least 30 minutes following vaccination); for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
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 and preferred; these can be found at www.immunize.org/vis.
4. Administer influenza vaccine as follows: a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A ⅝" needle may be used for adults weighing less than 130 lbs (<60 kg) for injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle; or b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position; or c) For adults ages 18 through 64 years, give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle; or d) For adults ages 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. 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 reasons(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.
6. 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.
7. Report all adverse reactions to influenza 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 _____ (date).
(name of practice or clinic)

Medical Director's signature: _____ Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2011. www.immunize.org/catg.d/p3074.pdf • Item #P3074 (8/11)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

Download these influenza standing orders and use them "as is" or modify them to suit your work setting.

...istering Influenza Vaccines to Children and Adolescents

...tality from influenza by vaccinating all children and adolescents who meet the ...ease Control and Prevention's Advisory Committee on Immunization Practices.

...gible nurses and other healthcare professionals (e.g., pharmacists), where allowed by ...olescents who meet any of the criteria below.

... 6 months and older who have not completed their influenza vaccination(s) for the ...

...s and precautions to influenza vaccine:
...mic or anaphylactic reaction after ingesting eggs, after receiving a previous dose ...nza vaccine component. For a list of vaccine components, go to www.cdc.gov/ .../appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vac- ...with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylac- ...younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheez- ...s, based on a healthcare provider's statement; or children or adolescents with ...na), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromus- ...g., diabetes) disorders; immunosuppression, including that caused by medications ...pplies to a child or adolescent age 6 mos through 18 yrs).
...ute illness with or without fever; history of Guillain-Barré syndrome within ...cination; for TIV only, allergic reaction to eggs consisting of hives only (observe ...ccination); for LAIV only, close contact with an immunosuppressed person when ...ion, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or ...hours or possibility of use within 14 days after vaccination
... minor, their parent or legal representative) with a copy of the most current federal ...You must document in the patient's medical record or office log, the publication date ...the patient (parent/legal representative). Provide non-English speaking patients with ...ge, if available and preferred; these can be found at www.immunize.org/vis.
...ated vaccine (TIV) intramuscularly in the vastus lateralis for infants (and toddlers ...e deltoid muscle (for toddlers, children, and teens). Use a 22–25 g needle. Choose ...s age and body mass: infants 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; 3yrs ...ildren 6–35 mos and 0.5 mL for all others age 3 yrs and older. (Note: A ⅝" ...ing less that 130 lbs (<60kg) for injection in the deltoid muscle *only* if the skin ...is not bunched, and the injection is made at a 90-degree angle.) Alternatively, ...ay be given 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while ...ildren age 6 mos through 8 yrs should receive a second dose 4 wks or more after ...uenza vaccine for the first time or if they did not receive at least 1 dose of vaccine ...in the 2010–2011 vaccination season.

5. 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.
6. 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.
7. Report all adverse reactions to influenza 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.

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Additional sets of standing orders for all routinely recommended vaccines are available at www.immunize.org/standing-orders

Influenza vaccination standing orders for adults: www.immunize.org/catg.d/p3074.pdf

Influenza vaccination standing orders for children: www.immunize.org/catg.d/p3074a.pdf