Standing Orders for Administering Td/Tdap to Adults

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and 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 pertussis based on the following criteria:
   a. lack of documentation of at least 3 doses of tetanus- and diphtheria-containing toxoids
   b. lack of documentation of pertussis-containing vaccine given since age 7 years in adults who
      - are younger than age 65 years, including pregnant women in the third or late second trimester (after 20 weeks gestation)
      - are age 65 years or older who have or anticipate having contact with an infant younger than age 12 months or are a healthcare worker
   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
   e. age 65 years or older and wanting to be protected against pertussis
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 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 and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine; defer vaccination until at least 10 years have elapsed since the last 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 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 vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Provide subsequent doses of either Td or Tdap 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 with Tdap or Td after primary schedule is complete: **for Tdap**, there is no minimum interval following Td; **for Td booster**, boost routinely every 10 years.
   c. In pregnancy, if a one-time dose of Tdap has never been administered, 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

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www.immunize.org/catg.d/p3078.pdf • Item #P3078 (9/11)