Standing Orders for Administering Vaccines

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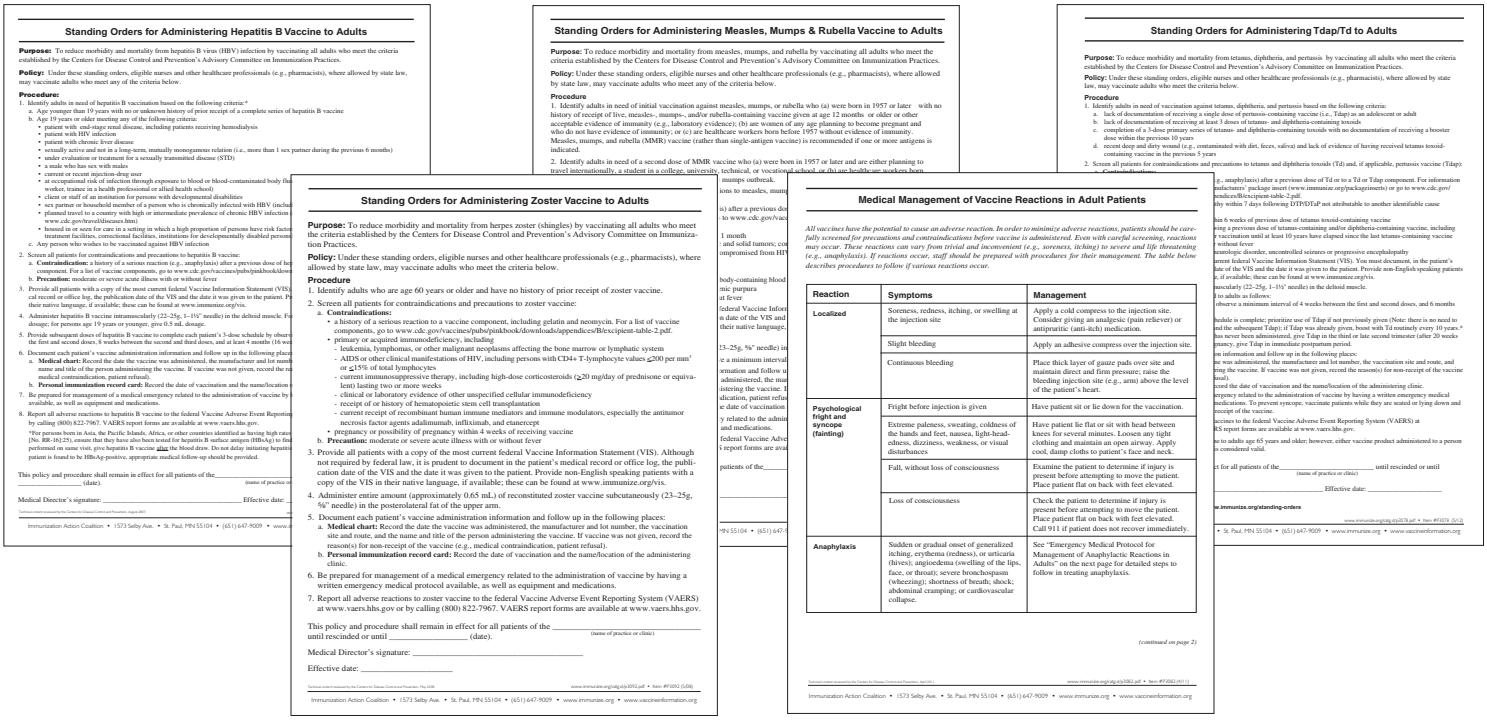

Standing Orders for Administering Hepatitis B Vaccine to Adults

Purpose: To reduce morbidity and mortality from hepatitis B virus (HBV) infection 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 any of the criteria below.

Procedure:

1. Identify adults in need of hepatitis B vaccination based on the following criteria:*
   a. Age younger than 19 years with no or unknown history of prior receipt of a complete series of hepatitis B vaccine
   b. Age 19 years or older meeting any of the following criteria:
   - patient with end-stage renal disease, including patients receiving hemodialysis
   - patient with HIV infection
   - patient with chronic liver disease
   - sexually active and not in a long-term, mutually monogamous relation (i.e., more than 1 sex partner during the previous 6 months)
   - under evaluation or treatment for a sexually transmitted disease (STD)
   - a male who has sex with males
   - current or recent injection-drug user
   - at occupational risk of infection through exposure to blood or blood-contaminated body fluids (e.g., public safety worker, trainee in a health professional or allied health school)
   - client or staff of an institution for persons with developmental disabilities
   - sex partner or household member of a person who is chronically infected with HBV (including infants born to HBV-infected women)
   - planned travel to a country with high or intermediate prevalence of chronic HBV infection (see www.cdc.gov/travel/diseases.htm)
   - housed in or soon for care in a setting in which a high proportion of persons have risk factors for HBV infection (e.g., correctional facilities, institutions for developmentally disabled persons)
   c. Any person who wishes to be vaccinated against HBV infection
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
   a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to any component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients 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. 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 hepatitis B vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For dosage; for persons age 19 years or younger, give 0.5 mL dosage.
5. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by the first and second doses, 8 weeks between the second and third doses, and at least 4 months (16 weeks) after the first dose.
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 hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection [No. RR-16):25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are infected. If HBsAg testing is performed on same visit, give hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination if patient is found to be HBsAg-positive, appropriate medical follow-up should be provided.

This policy and procedure shall remain in effect for all patients of the _____ (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: _____ Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2007

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Standing Orders for Administering Measles, Mumps & Rubella Vaccine to Adults

Purpose: To reduce morbidity and mortality from measles, mumps, and rubella 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 any of the criteria below.

Procedure

1. Identify adults in need of initial vaccination against measles, mumps, or rubella who (a) were born in 1957 or later with no history of receipt of live, measles-, mumps-, and/or rubella-containing vaccine given at age 12 months or older or other acceptable evidence of immunity (e.g., laboratory evidence); (b) are women of any age planning to become pregnant and who do not have evidence of immunity; or (c) are healthcare workers born before 1957 without evidence of immunity. Measles, mumps, and rubella (MMR) vaccine (rather than single-antigen vaccine) is recommended if one or more antigens is indicated.

2. Identify adults in need of a second dose of MMR vaccine who (a) were born in 1957 or later and are either planning to travel internationally, a student in a college, university, technical, or vocational school, or (b) are healthcare workers born

Standing Orders for Administering Tdap/Td 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 receiving a single dose of pertussis-containing vaccine (i.e., Tdap) as an adolescent or adult
   b. lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
   c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years
   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)

g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For information
nufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/
ppendices/B/excipient-table-2.pdf.
thy within 7 days following DTP/DTaP not attributable to another identifiable cause

hin 6 weeks of previous dose of tetanus toxoid-containing vaccine
ving a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including
r vaccination until at least 10 years have elapsed since the last tetanus-containing vaccine
without fever
hemiplegic disorder, uncontrolled seizures or progressive encephalopathy
arrent federal Vaccine Information Statement (VIS). You must document, in the patient's
date of the VIS and the date it was given to the patient. Provide non-English speaking patients
e, if available; these can be found at www.immunize.org/vis.
uscularly (22–25g, 1–1½" needle) in the deltoid muscle.
d to adults as follows:
observe a minimum interval of 4 weeks between the first and second doses, and 6 months

hedule is complete; prioritize use of Tdap if not previously given (Note: there is no need to
nd the subsequent Tdap); if Tdap was already given, boost with Td routinely every 10 years.*
has never been administered, give Tdap in the third or late second trimester (after 20 weeks
nancy, give Tdap in immediate postpartum period.
on information and follow up in the following places:
e was administered, the manufacturer and lot number, the vaccination site and route, and
ring the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine
fusal).
cord the date of vaccination and the name/location of the administering clinic.
ergency related to the administration of vaccine by having a written emergency medical
dications. To prevent syncope, vaccinate patients while they are seated or lying down and
receipt of the vaccine.
ccines to the federal Vaccine Adverse Event Reporting System (VAERS) at
RS report forms are available at www.vaers.hhs.gov.
e to adults age 65 years and older; however, either vaccine product administered to a person
s considered valid.

ct for all patients of the _____ (name of practice or clinic) until rescinded or until
_____ Effective date: _____

w.immunize.org/standing-orders

www.immunize.org/catg.d/p3078.pdf • Item #P3078 (5/12)

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Standing Orders for Administering Zoster Vaccine to Adults

Purpose: To reduce morbidity and mortality from herpes zoster (shingles) 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 who are age 60 years or older and have no history of prior receipt of zoster vaccine.
2. Screen all patients for contraindications and precautions to zoster vaccine:
   a. **Contraindications:**
   - a history of a serious reaction to a vaccine component, including gelatin and neomycin. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   - primary or acquired immunodeficiency, including
     - leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system
     - AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values ≤200 per mm³ or ≤15% of total lymphocytes
     - current immunosuppressive therapy, including high-dose corticosteroids (≥20 mg/day of prednisone or equivalent) lasting two or more weeks
     - clinical or laboratory evidence of other unspecified cellular immunodeficiency
     - receipt of or history of hematopoietic stem cell transplantation
     - current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept
   - pregnancy or possibility of pregnancy within 4 weeks of receiving vaccine

   b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients 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. 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 entire amount (approximately 0.65 mL) of reconstituted zoster vaccine subcutaneously (23–25g, ⅝" needle) in the posterolateral fat of the upper arm.
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 zoster vaccine 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 _____ (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: _____

Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, May 2008. www.immunize.org/catg.d/p3092.pdf • Item #P3092 (5/08)

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Medical Management of Vaccine Reactions in Adult Patients

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered. Even with careful screening, reactions may occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). If reactions occur, staff should be prepared with procedures for their management. The table below describes procedures to follow if various reactions occur.

Reaction	Symptoms	Management
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply an adhesive compress over the injection site.
	Contianous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient's face and neck.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults" on the next page for detailed steps to follow in treating anaphylaxis.

(continued on page 2)

Technical content reviewed by the Centers for Disease Control and Prevention, April 2011 www.immunize.org/catg.d/p3082.pdf • Item #P3082 (4/11)

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Here Are Standing Orders for Adult Vaccinations

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Vaccine Standing Orders	(Date of latest revision)
Hepatitis A (HepA)	(1/11)
Hepatitis B (HepB)	(2/12)
Human papillomavirus (HPV)	(5/12)
Influenza	(8/11)
Measles-mumps-rubella (MMR)	(1/08)
Meningococcal conjugate (MCV4) and Meningococcal polysaccharide (MPSV)	(2/12)

Vaccine Standing Orders	(Date of latest revision)
Pneumococcal polysaccharide (PPSV)	(1/11)
Tetanus-diphtheria toxoids and pertussis (Tdap/Td)	(5/12)
Varicella (VAR; chickenpox)	(7/08)
Zoster (ZOS; shingles)	(5/08)

Medical Management of Vaccine Reactions in Adult Patients	(4/11)