Standing orders for administering vaccines

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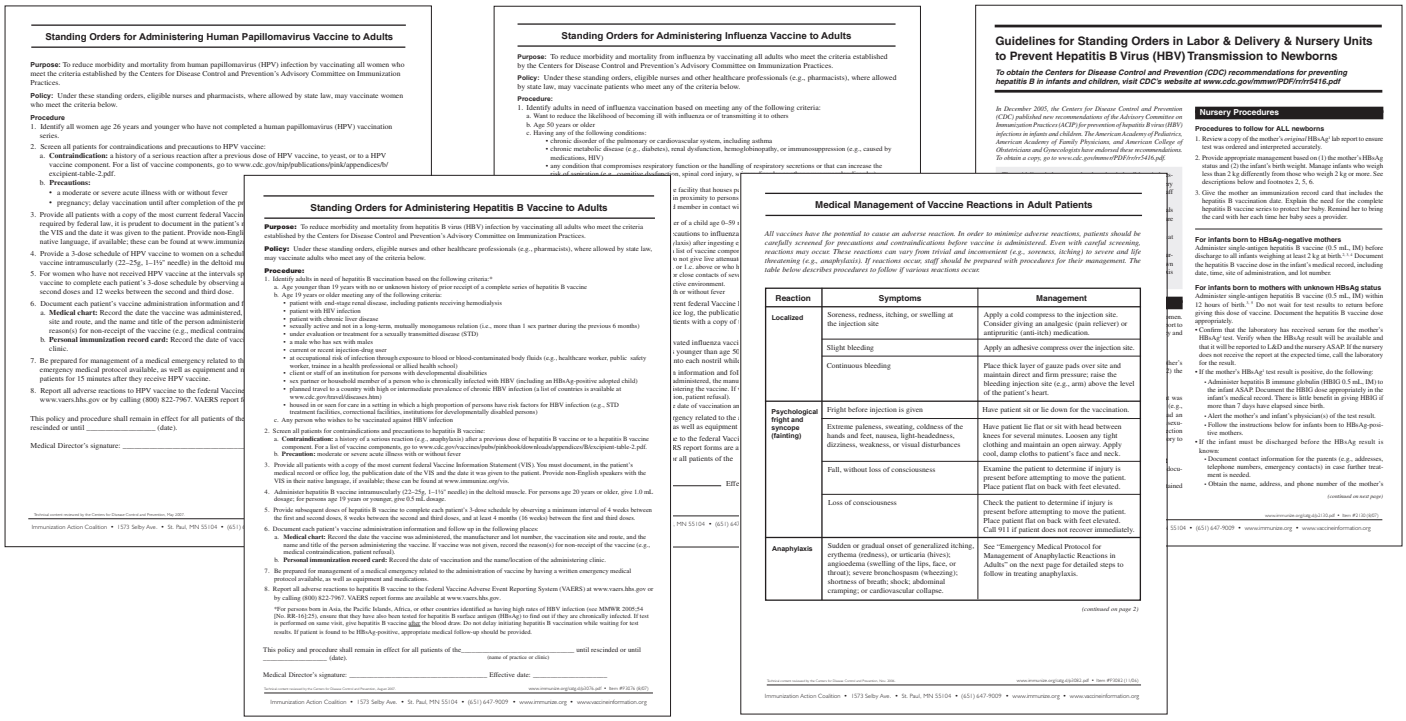

Standing Orders for Administering Human Papillomavirus Vaccine to Adults

Purpose: To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all women 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 pharmacists, where allowed by state law, may vaccinate women who meet the criteria below.

Procedure

1. Identify all women age 26 years and younger who have not completed a human papillomavirus (HPV) vaccination series.
2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication:** a history of a serious reaction after a previous dose of HPV vaccine, to yeast, or to a HPV vaccine component. For a list of vaccine components, go to www.cdc.gov/nip/publications/pink/appendices/b/excipient-table-2.pdf.
   b. **Precautions:**
      • a moderate or severe acute illness with or without fever
      • pregnancy; delay vaccination until after completion of the p
3. Provide all patients with a copy of the most current federal Vaccin required by federal law, it is prudent to document in the patient's r the VIS and the date it was given to the patient. Provide non-Engli native language, if available; these can be found at www.immunize
4. Provide a 3-dose schedule of HPV vaccine to women on a schedul vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid mu
5. For women who have not received HPV vaccine at the intervals sp vaccine to complete each patient's 3-dose schedule by observing a second doses and 12 weeks between the second and third dose.
6. Document each patient's vaccine administration information and f
   a. **Medical chart:** Record the date the vaccine was administered, site and route, and the name and title of the person administeri reason(s) for non-receipt of the vaccine (e.g., medical contrain
   b. **Personal immunization record card:** Record the date of vacc clinic.
7. Be prepared for management of a medical emergency related to th emergency medical protocol available, as well as equipment and m patients for 15 minutes after they receive HPV vaccine.
8. Report all adverse reactions to HPV vaccine to the federal Vaccine www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report f

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

Medical Director's signature: _____

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

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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 in need of influenza vaccination based on meeting any of the following criteria:
   a. Want to reduce the likelihood of becoming ill with influenza or of transmitting it to others
   b. Age 50 years or older
   c. Having any of the following conditions:
      • chronic disorder of the pulmonary or cardiovascular system, including asthma
      • chronic metabolic disease (e.g., diabetes), renal dysfunction, hemoglobinopathy, or immunosuppression (e.g., caused by medications, HIV)
      • any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, a

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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. Any 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., healthcare worker, 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 an HBsAg-positive adopted child)
      • planned travel to a country with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/diseases.htm)
      • housed in or seen for care in a setting in which a high proportion of persons have risk factors for HBV infection (e.g., STD treatment facilities, 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 a hepatitis B vaccine 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). 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 speakers with 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 persons age 20 years or older, give 1.0 mL 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 observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 4 months (16 weeks) between the first and third doses.
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) at www.vaers.hhs.gov or 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 (see MMWR 2005;54 [No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, give hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. 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 _____ 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 2007. www.immunize.org/catg.d/p3074.pdf • Item #P3074 (6/07)

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Guidelines for Standing Orders in Labor & Delivery & Nursery Units to Prevent Hepatitis B Virus (HBV) Transmission to Newborns

To obtain the Centers for Disease Control and Prevention (CDC) recommendations for preventing hepatitis B in infants and children, visit CDC's website at www.cdc.gov/mmwr/PDF/rr/rr5416.pdf

In December 2005, the Centers for Disease Control and Prevention (CDC) published new recommendations of the Advisory Committee on Immunization Practices (ACIP) for prevention of hepatitis B virus (HBV) infections in infants and children. The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists have endorsed these recommendations. To obtain a copy, go to www.cdc.gov/mmwr/PDF/rr/rr5416.pdf.

Nursery Procedures

Procedures to follow for ALL newborns

1. Review a copy of the mother's *original* HBsAg[1] lab report to ensure test was ordered and interpreted accurately.
2. Provide appropriate management based on (1) the mother's HBsAg status and (2) the infant's birth weight. Manage infants who weigh less than 2 kg differently from those who weigh 2 kg or more. See descriptions below and footnotes 2, 5, 6.
3. Give the mother an immunization record card that includes the hepatitis B vaccination date. Explain the need for the complete hepatitis B vaccine series to protect her baby. Remind her to bring the card with her each time her baby sees a provider.

For infants born to HBsAg-negative mothers

Administer single-antigen hepatitis B vaccine (0.5 mL, IM) before discharge to all infants weighing at least 2 kg at birth.[3,4,5] Document the hepatitis B vaccine dose in the infant's medical record, including date, time, site of administration, and lot number.

For infants born to mothers with unknown HBsAg status

Administer single-antigen hepatitis B vaccine (0.5 mL, IM) within 12 hours of birth.[3,5] Do not wait for test results to return before giving this dose of vaccine. Document the hepatitis B vaccine dose appropriately.

- Confirm that the laboratory has received serum for the mother's HBsAg[1] test. Verify when the HBsAg result will be available and that it will be reported to L&D and the nursery ASAP. If the nursery does not receive the report at the expected time, call the laboratory for the result.
- If the mother's HBsAg[1] test result is positive, do the following:
  - Administer hepatitis B immune globulin (HBIG) 0.5 mL, IM) to the infant ASAP. Document the HBIG dose appropriately in the infant's medical record. There is little benefit in giving HBIG if more than 7 days have elapsed since birth.
  - Alert the mother's and infant's physician(s) of the test result.
  - Follow the instructions below for infants born to HBsAg-positive mothers.
- If the infant must be discharged before the HBsAg result is known:
  - Document contact information for the parents (e.g., addresses, telephone numbers, emergency contacts) in case further treatment is needed.
  - Obtain the name, address, and phone number of the mother's

(continued on next page)

www.immunize.org/catg.d/p3102.pdf • Item #P3102 (1/08)

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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.
	Continuous 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, Nov. 2006. www.immunize.org/catg.d/p3082.pdf • Item #P3082 (1/08)

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For child and adult vaccines, visit www.immunize.org/standingorders

Vaccine	Children/Teens	Adults
Diphtheria, tetanus, acellular pertussis—DTaP	✔	
Haemophilus influenzae type b—Hib	✔	
Hepatitis A—HepA	✔	✔
Hepatitis B—HepB	✔	✔
Human papillomavirus—HPV	✔	✔
Inactivated poliovirus—IPV	✔	
Influenza, inactivated and live intranasal—TIV, LAIV	✔	✔
Measles, mumps, rubella—MMR	✔	✔
Meningococcal, conjugate and polysaccharide—MCV4, MPSV	✔	✔
Pneumococcal conjugate—PCV	✔	
Pneumococcal polysaccharide—PPV	✔	✔
Rotavirus—Rota	✔	
Tetanus-diphtheria toxoids and pertussis—Td, Tdap	✔	✔
Varicella (chickenpox)—Var	✔	✔
Zoster (shingles)—Zos		*coming soon*
Medical Management of Vaccine Reactions	✔	✔
Labor & Delivery and Nursery Orders		
Guidelines for Standing Orders in Labor & Delivery and Nursery Units to Prevent Hepatitis B Virus Transmission to Newborns	✔	✔