STANDING DELEGATION ORDERS GENERAL MEDICINE

Table of Contents

STANDING ORDERS for Nursing/ Laboratory Staff

Emergent/ Urgent Situations:

1. If a patient presents with a **diastolic blood pressure of 100** or greater and/or a **systolic of 180** or greater, the clinic staff is to notify the attending provider for guidance/ orders.
2. If a **child presents with a temperature** of 102.4F or greater, support staff may give Ibuprofen or Acetaminophen appropriate for the age and weight in accordance with FDA approved dosages; this may be administered orally or rectally.
3. **Patients with respiratory distress** and/or known asthma diagnosis may have pulse oximetry performed and a rescue short-acting bronchodilator such as Albuterol or Xopenex treatment administered while waiting to see a medical provider. Provider must be immediately notified.
4. Patients complaining of **chest pain** may have an immediate EKG, and the provider immediately notified.

Special Instructions:

1. Patients with open wounds or lacerations may have these cleaned and the clinic support staff may set up for suturing if indicated.
2. Prescription renewals for chronic disease medications excluding narcotics, anxiolytics, and anti-psychotic meds may be authorized by designated clinic support staff in accordance with approved refill guidelines.

Immunizations/ Vaccinations:

1. During well child/infant visits, clinic support staff may follow approved guidelines (CDC Recommended Immunization Schedules for Persons Aged 0 through 18 Years) for required immunizations without consulting the provider.
2. Clinic support staff may administer the annual tuberculosis screening questionnaire if due and/or when appropriate.
3. The TB skin test should be administered by support staff if ordered by the medical provider.

Laboratory Testing/ Preventive Health Screenings:

1. All patients who present with urinary symptoms such as pain with urination, bloody urine, and pelvic pain, vaginal or penile discharge may have a urine sample obtained for urinalysis.
2. All patients 13 – 64 years of age must undergo routine HIV screening once a year (or more frequently if requested by the patient) utilizing the center-approved HIV blood test via the opt-out screening method. Patient's refusal of test should be documented in the medical record. The medical provider is responsible for delivering blood test results.
3. Patients with complaints of a sore throat in the setting of fever, may have a rapid strep test and/or a flu test (if during flu season).
4. Patients who present for a family planning/birth control visit and/or complaint of amenorrhea (absence of menses) should have a urine pregnancy test.
5. All patients who present for the first prenatal (OB) visit must have the following lab test: GC/Chlamydia; CBC/diff; ABO/Rh/Ab; HIV; Hepatitis B surface antigen; Syphilis (RPR or VDRL); urine culture.

6. GBS culturettes should be obtained in all OB patients at 35-37 weeks gestation or anytime thereafter if late prenatal care or missed appointments.
7. Patients who present for a physical that requires specific routine lab tests may have these tests obtained prior to being seen by the provider.
8. All patients 12 years and older must have depression screening conducted every 6 months using center-approved screening tools, unless they have an established diagnosis of depression and/or bipolar disorder.
9. Patients between 50 and 75 years of age who have not been screened for colorectal cancer via documented colonoscopy in the past 10 years; stool-DNA (Cologuard) within the past 1 – 3 years, or fecal occult blood test (FOBT and FIT) in the past 12 months must be offered a home colorectal cancer screening kit with instructions regarding use unless medical provider/PCP states otherwise.
10. Women age 21-64 years should have a Pap smear every 3 years; those patients age 30-64 years have the option of co-testing with Pap smear and HPV testing every 5 years (if the test is available) unless medical provider/PCP indicates otherwise.
11. Women age 50-74 years of age should be referred for a screening mammogram every 2 years unless provider/PCP states otherwise.

Chronic Disease Management:

1. If a patient has an established diagnosis of diabetes, the support staff or lab personnel may obtain the following:

   HbA1c every 3 months unless the medical provider states otherwise.
   Fasting lipid profile every three to four months if previous LDL >70mg%; otherwise once a year.
   Comprehensive metabolic panel every three to four months.
   Annual spot urine micro albumin-creatinine ratio if no evidence of medical documentation indicative of nephropathy
   Annual dilated eye exam by optometrist or ophthalmologist

2. If a patient has an established diagnosis of cardio vascular disease (CVD), the support staff may obtain the following:

   Fasting lipids every three months for CAD, dyslipidemia if most recent LDL > 100mg%
   Fasting lipids may be obtained every four to six months for patients with Hypertension *only.*
   Comprehensive metabolic panel may be obtained every four to six months.
   Annual electrocardiogram (EKG)

Signature: _____

Annette Okpeki, M.D., Chief Medical Officer

Approved Date: April 19, 2013; Revised March 2, 2015; Revised Jan 14, 2016
Revised Feb. 8, 2017; Revised May 18, 2018; Revised June 2019

Managing Medical Emergencies

SUBJECT: Medical Emergencies in the Clinic

PURPOSE: To establish guidelines for staff to follow during medical emergencies.

ACCOUNTABILITY: This guideline applies to all licensed medical staff. **The highest level of licensed medical personnel should take the lead in directing clinical management in all medical emergencies.** All medical staff must maintain a current cardo-pulmonary resuscitation (CPR) card.

EMERGENCY SUPPLIES: The following supplies shall be present in all clinics as listed below:

1. Diphenhydramine injectable 50mg/mL vial (1); 25mg tablets/capsules (1 box/container)
2. Aqueous Epinephrine 1:1000 dilution
3. Nitro stat (Nitroglycerin) 0.4mg (1/150mg) Sublingual 100 tablets (1 bottle)
4. Chewable baby aspirin (ASA 81mg tablets)
5. Glucose tablets
6. Adult and Pediatric Ambu Bags (1 each)
7. 3cc syringes (x4)
8. Disposable, non-sterile gloves 2 pairs (1 medium, 1 large)
9. Portable oxygen tanks with 100% re-breather masks
10. Adult and Pediatric oral airway
11. AED

PROCEDURE: **When the determination has been made that an emergent medical event is occurring, the local community emergency system must be activated (by phone) immediately by dialing 911.**

I. Assessment

- Assess the nature of the medical emergency. Is it a vasovagal reaction, anaphylaxis, syncope, cardiac arrest, shock, hemorrhage or respiratory difficulties?

II. Intervention

- **Activate the emergency medical system** for all emergencies; the phone number to dial is 911. Bring Emergency Kit and Oxygen to the room where the emergency is occurring.
- **Initiate CPR** if indicated (Chest compressions, Airway, Breathing)
- **Altered Level of Consciousness**
  Check patient to determine if injured before moving patient. If no, place flat on back; ensure airway patency; use rescue breathing as needed.
- **Hemorrhage**
  Apply pressure to bleeding sites.
  Monitor vital signs.
  Have patient lie down and elevate lower extremities if blood pressure is low.

- **Seizures**
  Have patient lie down on their left side to allow for drainage of secretions.
  Monitor airway patency. Use airway if needed.
  Monitor vital signs
- **Anaphylaxis**
  Place patient flat on back unless patient is having difficulty breathing; elevate legs slightly above the level of the heart if blood pressure is low.
  Maintain patient airway; perform CPR if necessary.
  Give IM Benadryl standard dose 1-2mg/kg up to 50mg (maximum single dose in adolescents and adults); or 30mg (maximum single dose in children)
  Notify medical provider if patient is experiencing respiratory difficulty
  Give IM Epinephrine 1:1000 (1mg/mL) if there is airway obstruction and the client is having difficulty breathing. Adult dosing:0.01mL/kg/dose (0.3mL to 0.5mL to maximum single dose of 0.5mL) Pediatric dosing: 0.01mg/kg body weight, up to 0.3mg maximum single dose in children and 0.5mg maximum single dose in adolescents.
  If EMS has not arrived and patient remains symptomatic, may repeat dose of epinephrine every 5-15 minutes for up to 3 doses depending on patients response.

III. **EMS Arrival**

- Immediately turn all of the patients care over to the EMS staff
- Make a copy of all appropriate medical information from the medical record and give to EMS personnel.

IV. **Patient refuses medical Intervention**

- Explain possible risks and consequences of refusal.
- Explain benefits of intervention.
- Complete the “Refusal of Treatment” form.
- If the patient refuses to sign, document in the medical record that the patient left against medical advice (AMA) and refused to sign form.

V. **Documentation**

- Document medical facts regarding the event in the patient’s medical record; keep notes concise and factual.
- Complete the “Incident Report” form in accordance with the Incident Reporting policy and procedure.

Updated 5/22/2019

Administration of Vaccines

I. *Method used in developing and approving this order & any revisions*

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered not less than annually.

II. *Experience, Training, and/or education requirements*

Staff performing functions delegated under this order shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider, as evidenced of both on this order.

III. *Circumstances for performance of this order*

Per recommendations from Advisory Committee on Immunization Practices (AICP) and distributed by the CDC.

IV. *Specific requirements to be followed in performing particular functions*

1. Obtain patient consent
2. Provide education on vaccine
3. Review immunization record for patient need
4. Check immunization expiration date
5. Post in EMR the immunization site, esp. date, Lot number.
6. Account for vaccine on log sheet

V. *Method for initial and continuing competency evaluation*

A. Initial competency shall be evaluated by the delegating provider and clinical coordinator, by continual observation and supervision of the staff member during the first 90 days of employment.
B. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of the annual clinical performance review.

VI. *Scope of supervision required for performance of this order*

This order is to be performed only when a licensed, privileged physician or midlevel provider is present on-site.

VII. *Specialized circumstances requiring immediate communication with physician*

Patient is diaphoretic or passes out.

VIII. *Limitations of practice setting*

This order shall be in force only in the practice setting where the delegating provider is routinely on-site

IX. *Patient record-keeping requirements*

Performance of this order and resultant findings shall be documented in the Center's Electronic Medical Records system according to Center policy.

Recommended Adult Immunization Schedule
for ages 19 years or older

UNITED STATES
2019

How to use the adult immunization schedule

1 Determine recommended vaccinations by age **(Table 1)**

2 Assess need for additional recommended vaccinations by medical condition and other indications **(Table 2)**

3 Review vaccine types, frequencies, and intervals, and considerations for special situations **(Notes)**

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
Haemophilus influenzae type b vaccine	Hib	ActHIB Hiberix
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB Heplisav-B
Human papillomavirus vaccine	HPV vaccine	Gardasil 9
Influenza vaccine, inactivated	IIV	Many brands
Influenza vaccine, live attenuated	LAIV	FluMist Quadrivalent
Influenza vaccine, recombinant	RIV	Flublok Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Tetanus and diphtheria toxoids	Td	Tenivac Td vaccine
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix
Zoster vaccine live	ZVL	Zostavax

*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide and zoster vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation or 800-338-2382.

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine Information Statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2019: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Table 1 Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or **Influenza recombinant** (RIV)	1 dose annually				
or					
Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) *(preferred)*				2 doses	
or				or	
Zoster live (ZVL)				1 dose	
Human papillomavirus (HPV) **Female**	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) **Male**	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

No recommendation

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications United States, 2019

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count <200	HIV infection CD4 count ≥200	Asplenia, complement deficiencies	End-stage renal disease, on hemodialysis	Heart or lung disease, alcoholism[1]	Chronic liver disease	Diabetes	Health care personnel[2]	Men who have sex with men
IIV or RIV	1 dose annually										
or										or	
LAIV	CONTRAINDICATED					PRECAUTION				1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td booster every 10 yrs									
MMR	CONTRAINDICATED	1 or 2 doses depending on indication									
VAR	CONTRAINDICATED	2 doses									
RZV *(preferred)*	DELAY					2 doses at age ≥50 yrs					
or						or					
ZVL	CONTRAINDICATED					1 dose at age ≥60 yrs					
HPV Female	DELAY	3 doses through age 26 yrs			2 or 3 doses through age 26 yrs						
HPV Male		3 doses through age 26 yrs			2 or 3 doses through age 21 yrs						2 or 3 doses through age 26 yrs
PCV13		1 dose									
PPSV23		1, 2, or 3 doses depending on age and indication									
HepA	2 or 3 doses depending on vaccine										
HepB	2 or 3 doses depending on vaccine										
MenACWY	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains										
MenB	PRECAUTION	2 or 3 doses depending on vaccine and indication									
Hib		3 doses HSCT[3] recipients only			1 dose						

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
- Recommended vaccination for adults with an additional risk factor or another indication
- Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
- Delay vaccination until after pregnancy if vaccine is indicated
- Contraindicated—vaccine should not be administered because of risk for serious adverse reaction
- No recommendation

1. Precaution for LAIV does not apply to alcoholism. **2.** See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. **3.** Hematopoietic stem cell transplant.

Notes

Recommended Adult Immunization Schedule United States, 2019

Haemophilus influenzae type b vaccination

Special situations

- **Anatomical or functional asplenia (including sickle cell disease)**: 1 dose Hib if previously did not receive Hib; if elective splenectomy, 1 dose Hib, preferably at least 14 days before splenectomy
- **Hematopoietic stem cell transplant** (HSCT): 3-dose series Hib 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history

Hepatitis A vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis A** (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis A virus infection**: 2-dose series HepA or 3-dose series HepA-HepB as above
  - **Chronic liver disease**
  - **Clotting factor disorders**
  - **Men who have sex with men**
  - **Injection or non-injection drug use**
  - **Homelessness**
  - **Work with hepatitis A virus** in research laboratory or nonhuman primates with hepatitis A virus infection
  - **Travel in countries with high or intermediate endemic hepatitis A**
  - **Close personal contact with international adoptee** (e.g., household, regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

Hepatitis B vaccination

Routine vaccination

- **Not at risk but want protection from hepatitis B** (identification of risk factor not required): 2- or 3-dose series HepB (2-dose series Heplisav-B at least 4 weeks apart [2-dose series HepB only applies when 2 doses of Heplisav-B are used at least 4 weeks apart] or 3-dose series Engerix-B or Recombivax HB at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 8 weeks between doses 2 and 3, 16 weeks between doses 1 and 3]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2, 5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis B virus infection**: 2-dose (Heplisav-B) or 3-dose (Engerix-B, Recombivax HB) series HepB, or 3-dose series HepA-HepB as above
  - **Hepatitis C virus infection**
  - **Chronic liver disease** (e.g., cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice upper limit of normal)
  - **HIV infection**
  - **Sexual exposure risk** (e.g., sex partners of hepatitis B surface antigen (HBsAg)-positive persons; sexually active persons not in mutually monogamous relationships, persons seeking evaluation or treatment for a sexually transmitted infection, men who have sex with men)
  - **Current or recent injection drug use**
  - **Percutaneous or mucosal risk for exposure to blood** (e.g., household contacts of HBsAg-positive persons; residents and staff of facilities for developmentally disabled persons; health care and public safety personnel with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids; hemodialysis, peritoneal dialysis, home dialysis, and predialysis patients; persons with diabetes mellitus age younger than 60 years and, at discretion of treating clinician, those age 60 years or older)
  - **Incarcerated persons**
  - **Travel in countries with high or intermediate endemic hepatitis B**

Human papillomavirus vaccination

Routine vaccination

- **Females through age 26 years and males through age 21 years:** 2- or 3-dose series HPV vaccine depending on age at initial vaccination; males age 22 through 26 years may be vaccinated based on individual clinical decision (HPV vaccination routinely recommended at age 11–12 years)
- **Age 15 years or older at initial vaccination**: 3-dose series HPV vaccine at 0, 1–2, 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, 5 months between doses 1 and 3; repeat dose if administered too soon)
- **Age 9 through 14 years at initial vaccination and received 1 dose, or 2 doses less than 5 months apart**: 1 dose HPV vaccine
- **Age 9 through 14 years at initial vaccination and received 2 doses at least 5 months apart**: HPV vaccination complete, no additional dose needed
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions (including HIV infection) through age 26 years**: 3-dose series HPV vaccine at 0, 1–2, 6 months as above
- **Men who have sex with men and transgender persons through age 26 years**: 2- or 3-dose series HPV vaccine depending on age at initial vaccination as above
- **Pregnancy through age 26 years**: HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Notes

Recommended Adult Immunization Schedule United States, 2019

Influenza vaccination

Routine vaccination

- **Persons age 6 months or older**: 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- For additional guidance, see www.cdc.gov/flu/professionals/index.htm

Special situations

- **Egg allergy, hives only**: 1 dose IIV, RIV, or LAIV appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): 1 dose IIV, RIV, or LAIV appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **Immunocompromising conditions (including HIV infection), anatomical or functional asplenia, pregnant women, close contacts and caregivers of severely immunocompromised persons in protected environment, use of influenza antiviral medications in previous 48 hours, with cerebrospinal fluid leak or cochlear implant**: 1 dose IIV or RIV annually (LAIV not recommended)
- **History of Guillain-Barré syndrome within 6 weeks of previous dose of influenza vaccine**: Generally should not be vaccinated

Measles, mumps, and rubella vaccination

Routine vaccination

- **No evidence of immunity to measles, mumps, or rubella**: 1 dose MMR
  - Evidence of immunity: Born before 1957 (except health care personnel [see below]), documentation of receipt of MMR, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

Special situations

- **Pregnancy with no evidence of immunity to rubella**: MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose MMR
- **Non-pregnant women of childbearing age with no evidence of immunity to rubella**: 1 dose MMR
- **HIV infection with CD4 count ≥200 cells/μL for at least 6 months and no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart; MMR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella**: 1 dose MMR if previously received 1 dose MMR, or 2-dose series MMR at least 4 weeks apart if previously did not receive any MMR
- **Health care personnel born in 1957 or later with no evidence of immunity to measles, mumps, or rubella**: 2-dose series MMR at least 4 weeks apart for measles or mumps, or at least 1 dose MMR for rubella; if born before 1957, consider 2-dose series MMR at least 4 weeks apart for measles or mumps, or 1 dose MMR for rubella

Meningococcal vaccination

Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eculizumab use**: 2-dose series MenACWY (Menactra, Menveo) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, microbiologists routinely exposed to *Neisseria meningitidis***: 1 dose MenACWY and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) and military recruits**: 1 dose MenACWY

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use, microbiologists routinely exposed to *Neisseria meningitidis***: 2-dose series MenB-4C (Bexsero) at least 1 month apart, or 3-dose series MenB-FHbp (Trumenba) at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)
- **Pregnancy**: Delay MenB until after pregnancy unless at increased risk and vaccination benefit outweighs potential risks
- **Healthy adolescents and young adults age 16 through 23 years (age 16 through 18 years preferred) not at increased risk for meningococcal disease**: Based on individual clinical decision, may receive 2-dose series MenB-4C at least 1 month apart, or 2-dose series MenB-FHbp at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)

Notes

Recommended Adult Immunization Schedule United States, 2019

Pneumococcal vaccination

Routine vaccination

- **Age 65 years or older** (immunocompetent): 1 dose PCV13 if previously did not receive PCV13, followed by 1 dose PPSV23 at least 1 year after PCV13 and at least 5 years after last dose PPSV23
  - Previously received PPSV23 but not PCV13 at age 65 years or older: 1 dose PCV13 at least 1 year after PPSV23
  - When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during same visit)

Special situations

- **Age 19 through 64 years with chronic medical conditions (chronic heart [excluding hypertension], lung, or liver disease; diabetes), alcoholism, or cigarette smoking**: 1 dose PPSV23
- **Age 19 years or older with immunocompromising conditions (congenital or acquired immunodeficiency [including B- and T-lymphocyte deficiency, complement deficiencies, phagocytic disorders, HIV infection], chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression [e.g., drug or radiation therapy], solid organ transplant, multiple myeloma) or anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies)**: 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later, then another dose PPSV23 at least 5 years after previous PPSV23; at age 65 years or older, administer 1 dose PPSV23 at least 5 years after most recent PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)
- **Age 19 years or older with cerebrospinal fluid leak or cochlear implant**: 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later; at age 65 years or older, administer another dose PPSV23 at least 5 years after PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)

Tetanus, diphtheria, and pertussis vaccination

Routine vaccination

- **Previously did not receive Tdap at or after age 11 years**: 1 dose Tdap, then Td booster every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, and pertussis**: 1 dose Tdap followed by 1 dose Td at least 4 weeks after Tdap, and another dose Td 6–12 months after last Td (Tdap can be substituted for any Td dose, but preferred as first dose); Td booster every 10 years thereafter
- **Pregnancy**: 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm

Varicella vaccination

Routine vaccination

- **No evidence of immunity to varicella**: 2-dose series VAR 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine: 1 dose VAR at least 4 weeks after first dose
  - Evidence of immunity: U.S.-born before 1980 (except for pregnant women and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease

Special situations

- **Pregnancy with no evidence of immunity to varicella**: VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose VAR if previously received 1 dose varicella-containing vaccine, or dose 1 of 2-dose series VAR (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **Health care personnel with no evidence of immunity to varicella**: 1 dose VAR if previously received 1 dose varicella-containing vaccine, or 2-dose series VAR 4–8 weeks apart if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **HIV infection with CD4 count ≥200 cells/μL with no evidence of immunity**: Consider 2-dose series VAR 3 months apart based on individual clinical decision; VAR contraindicated in HIV infection with CD4 count <200 cells/μL
- **Severe immunocompromising conditions**: VAR contraindicated

Zoster vaccination

Routine vaccination

- **Age 50 years or older**: 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) regardless of previous herpes zoster or previously received ZVL (administer RZV at least 2 months after ZVL)
- **Age 60 years or older**: 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon) or 1 dose ZVL if not previously vaccinated (if previously received ZVL, administer RZV at least 2 months after ZVL); RZV preferred over ZVL

Special situations

- **Pregnancy**: ZVL contraindicated; consider delaying RZV until after pregnancy if RZV is otherwise indicated
- **Severe immunocompromising conditions (including HIV infection with CD4 count <200 cells/μL)**: ZVL contraindicated; recommended use of RZV under review

Standing Vaccination Orders for Adults

(2019)

- Administering *Haemophilus influenaze* Type B Vaccine to Adults
- Administering Hepatitis A Vaccine to Adults
- Administering Hepatitis B Vaccine to Adults
- Administering Human Papillomavirus Vaccine to Adults
- Administering Influenza Vaccine to Adults
- Administering Measles, Mumps, and Rubella Vaccine to Adults
- Administering Meningococcal B Vaccine to Adolescents and Adults
- Administering Meningococcal ACWY Vaccine to Adults
- Administering Pneumococcal Vaccines (PCV13 & PPSV23) to Adults
- Administering Tdap/Td Vaccine to Adults
- Administering Tdap to Pregnant Women
- Administering Varicella Vaccine to Adults
- Administering Zoster Vaccine to Adults
- Medical management of Vaccine Reactions in Adult Patients

STANDING ORDERS FOR
Administering *Haemophilus influenzae* Type B Vaccine to Adults

Purpose

To reduce morbidity and mortality from *Haemophilus influenzae* type B disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adults who meet any of the criteria below.

Procedure

1 Assess adults in need of vaccination against Hib disease based on the following criteria:

a. Diagnosis of anatomic or functional asplenia (e.g., sickle cell disease) and no prior documented history of Hib vaccination
b. Planning an elective splenectomy and no prior documented history of Hib vaccination
c. Recipient of hematopoietic stem cell transplant

2 Screen for contraindications and precautions

Contraindication

Do not give Hib vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of Hib vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution

Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all adult patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* Preferred site.
** A 5/8" needle may be used for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3083.pdf • Item #P3083 (11/17)

5 **Administer Hib vaccine,** 0.5 mL, via the intramuscular (IM) route, according to the following tables:

Medical Condition	Hib Vaccine Guidance
Elective splenectomy	If unvaccinated, give 1 dose at least 14 days before splenectomy
Functional or anatomic asplenia	If unvaccinated, give 1 dose.
Recipients of hemotopoietic stem cell transplant	Administer 3 doses in at least 4 week intervals 6–12 months after transplant, regardless of Hib vaccine history.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For "Medical Management of Vaccine Reactions in Adult Patients," go to www.immunize.org/catg.d/p.3082.pdf. For IAC's "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Hib vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

STANDING ORDERS FOR
Administering Hepatitis A Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis A virus (HAV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults in Need of Vaccination against HAV infection based on the following criteria

- anticipated travel to a country with intermediate or high endemicity for hepatitis A (i.e., all except Canada, Japan, Australia, New Zealand, and parts of Western Europe)
- a male who has sex with other males
- users of street drugs (injecting and non-injecting)
- homelessness
- diagnosis of chronic liver disease, including hepatitis B and C
- diagnosis of a clotting-factor disorder, such as hemophilia
- anticipated close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the arrival of the adoptee in the United States
- employment in a research laboratory requiring work with HAV or HAV-infected primates
- recent possible exposure to HAV (e.g., within previous two weeks)
  (Note: For adults older than age 40 years with recent exposure to HAV, immune globulin [IG; 0.1 mL/kg] may also be administered depending on the provider's risk assessment [see https://stacks.cdc.gov/view/cdc/59777]).
- any other adult who wants to be protected from hepatitis A

2 Screen for contraindications and precautions

Contraindications

- Do not give HepA to an adult who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

CONTINUED ON THE NEXT PAGE ▶

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart

GENDER AND WEIGHT OF PATIENTS	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE**
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 152–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

** Alternatively, the anterolateral thigh also can be used.

5 Administer HepA vaccine, 0.5 mL for patients younger than age 19 years and 1.0 mL for patients age 19 years and older, via the intramuscular (IM) route, according to the following tables:

HISTORY OF PREVIOUS HEPA VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF HEPA
0 documented doses, or none known	Give HepA as dose #1. Give dose 2 at least 6 months later.
1 previous dose of HepA	Give dose #2 of HepA at least 6 months after dose #1.

Note: For travelers needing pre-exposure protection against hepatitis A:

- If healthy and age 40 years or younger, 1 dose of HepA before departure will provide adequate protection.
- If age 41 years or older, immunocompromised, having chronic liver disease or other chronic medical condition, and departure is anticipated within the next 2 weeks, administer the initial dose of HepA vaccine. Immune globulin (0.1 mL/kg for travel up to 1 month; 0.2 mL/kg for travel up to 2 months; 0.2 mL/kg every 2 months for travel of >2 months duration) may also be administered simultaneously at a separate anatomic site.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adult Patients," go to www.immunize.org/catg.d/p3082.pdf. For "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

CONTINUED ON THE NEXT PAGE ▶

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Hepatitis A vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

STANDING ORDERS FOR
Administering Hepatitis B Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis B virus (HBV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against HBV infection according to the following criteria:

- Any person who wants to be protected from HBV infection
- Patient with diabetes mellitus (Note: for those age 60 years or older with diabetes mellitus, at the discretion of the treating clinician)
- Patient with end-stage renal disease, including patients receiving hemodialysis; HIV infection; or chronic liver disease
- Sexually active and not in a long-term, mutually monogamous relationship (e.g., more than 1 sex partner during the previous 6 months)
- Seeking evaluation or receiving treatment for a sexually transmitted infection (STI)
- A male who has sex with males
- A 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)
- Residents or staff of an institution for persons with developmental disabilities
- Sex partner or household member of a person who is chronically infected with HBV (HBsAg-positive). (This includes an HBsAg-positive adopted child.)
- Planned travel to a country with high or intermediate prevalence of endemic HBV infection (for hepatitis B travel information from CDC, go to wwwnc.cdc.gov/travel/diseases/hepatitis-b)
- People living in correctional facilities
- All teenagers ages 18 and younger who are not fully vaccinated (see standing orders for children and teens at www.immunize.org/catg.d/p3076a.pdf)

2 Screen for Contraindications and Precautions

Contraindications

Do not give hepatitis B vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever

CDC recommends that until safety data are available for Heplisav-B, providers should vaccinate pregnant women needing HepB vaccination with a vaccine from a different manufacturer.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3076.pdf • Item #P3076 (6/18)

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

5 Administer Hepatitis B Vaccine according to the criteria and guidance in the tables below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS
Heplisav-B (Dynavax)	18 yrs & older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle
Pediatric formulation of Engerix-B (GSK) or Recombivax HB (Merck)	19 yrs & younger	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adult formulation of Engerix-B (GSK) or Recombivax HB (Merck)	20 yrs & older	1.0 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.

Schedules for vaccination

HISTORY OF PREVIOUS VACCINATION	FOR PATIENTS WHOSE PREVIOUS BRAND OF VACCINE IS KNOWN, CONTINUE WITH THE SAME BRAND AS SHOWN BELOW. IF BRAND IS NOT KNOWN OR IS NOT AVAILABLE, CONTINUE WITH A 3-DOSE SCHEDULE AS INDICATED IN THE RIGHT-HAND COLUMN BELOW.	
	SCHEDULE FOR ADMINISTRATION OF HEPLISAV-B	SCHEDULE FOR ADMINISTRATION OF ENGERIX-B OR RECOMBIVAX HB
None or unknown	Give a 2-dose series at 0 and 1 month.	Give a 3-dose series at 0, 1, and 6 mos.
1 dose	Give dose #2 at least 4 wks after dose #1 to complete the series.	Give dose #2 at least 4 wks after #1; then, give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.
2 doses		Give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.

NOTE 1: For people receiving hemodialysis or with other immunocompromising conditions, give either 1 dose of 40 mcg/mL (Recombivax HB) at 0, 1, and 6 mos, OR 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously at 0, 1, 2, and 6 mos, OR 2 doses of 0.5 mL Heplisav-B at 0 and 1 mo.

NOTE 2: The hepatitis B vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

CONTINUED ON THE NEXT PAGE ▶

Information on certain risk groups

- For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see *MMWR* 2005;54[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, administer 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; no further doses of hepatitis B vaccine are indicated.
- Certain people need testing for immunity (anti-HBs) 1–2 months following vaccination. Check ACIP recommendations for details (www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf).

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adult Patients," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to http://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

STANDING ORDERS FOR
Administering Human Papillomavirus Vaccine to Adults

Purpose

To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adults who meet any of the criteria below.

Procedure

1 Assess adults for need of vaccination against human papillomavirus infection based on the following criteria:

- Female, age 26 years or younger
- Male, age 21 years or younger
- Male, age 22 through 26 years meeting any of the following conditions:
  - Immunocompromised as a result of infection (including HIV), disease, or medication
  - Has sex with other males
  - Wants to be vaccinated and lacks any of the above criteria

2 Screen for contraindications and precautions

Contraindication

Do not give HPV vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of HPV vaccine or to any of its components (e.g., yeast). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution

- Moderate or severe acute illness with or without fever
- Pregnancy; delay vaccination until after completion of the pregnancy

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3091.pdf • Item #P3091 (1/17)

5 Administer HPV vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following table:

HISTORY OF PREVIOUS HPV VACCINATION[1]	SCHEDULE FOR ADMINISTRATION OF HPV VACCINE
0 documented doses, or none known	Give 3 doses at 0, 1–2, and 6 months.
1 previous dose given before 15th birthday	Give dose #2; no further doses are indicated.[2]
1 previous dose given at 15 years or older	Give the 2nd dose 1–2 months (minimum of 4 weeks) after dose #1, then give the 3rd dose 6 months after dose 1 (minimum of 12 weeks after dose #2 and at least 5 months after dose #1).
2 previous doses with dose #1 given before 15th birthday and dose #2 given at least 5 months after dose #1	No further doses are indicated.[2]
2 previous doses given at 15 years or older	Give the 3rd dose 6 months after dose #1 (minimum of 12 weeks after dose #2 and at least 5 months after dose #1).

[1] All previously administered doses of HPV vaccine (regardless of brand) count as valid doses if given at appropriate intervals.

[2] Immunocompromised persons, including those with HIV infection, should receive a 3-dose schedule at 0, 1–2, and 6 months, regardless of age at vaccine intiation.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adult Patients," go to www.immunize.org/catg.d/p.3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

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

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against influenza

- All adults are recommended to receive influenza vaccination each year.
- Women who are or will be pregnant during the influenza season. Administer any recommended, age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) to pregnant women in any trimester.
- People who do not recall whether they received influenza vaccine this year should be vaccinated.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine or to any of its components (except egg). For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Contraindications only for use of live attenuated influenza vaccine (LAIV; FluMist, nasal spray)

Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who:

- is pregnant
- is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- is age 50 years or older
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir, or peramivir) within the previous 48 hours
- is a close contact of or who provides care for a severely immunosuppressed person who requires a protective environment

Precautions for use of all influenza vaccines

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination

Precautions for use of LAIV only

- Asthma
- Other chronic medical conditions that might predispose the person to complications of influenza infection (e.g., other chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

NOTE REGARDING PATIENTS WITH EGGS ALLERGY: People with egg allergy of any severity can receive any recommended and age-appropriate influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for their health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, the selected vaccine should be administered in a medical setting (e.g., health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3074.pdf • Item #P3074 (9/18)

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

For vaccine that is to be administered intranasally, prepare the vaccine according to directions in the package insert.

5 Administer Influenza Vaccine according to the criteria and guidance in the table below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS*
Inactivated influenza vaccine (IIV)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-high dose	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine (aIIV)†	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell culture-based IIV (ccIIV)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	Healthy, younger than age 50 years (except pregnant women)	0.2 mL (0.1 mL into each nostril)	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

* For complete instructions on how to administer influenza vaccine, see "How to Administer Intramuscular and Intranasal Influenza Vaccines" at www.immunize.org/catg.d/p2024.pdf.

† Given unknown but theoretical concerns of increased reactogenicity when administering two novel adjuvant-containing vaccines (i.e., Fluad, Heplisav-B, Shingrix) and the availability of nonadjuvanted influenza vaccine options, selection of a nonadjuvanted influenza vaccine may be considered in situations where influenza vaccine and another vaccine containing a novel adjuvant are to be administered concomitantly. However, vaccination should not be delayed if a specific product is not available.

CONTINUED ON THE NEXT PAGE ▶

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

STANDING ORDERS FOR
Administering Measles, Mumps, and Rubella Vaccine to Adults

Purpose

To reduce morbidity and mortality from measles, mumps, and rubella disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Measles, Mumps, and Rubella (MMR) Vaccination

a Identify adults **in need of initial MMR vaccination** who

- were born in the U.S. in 1957 or later, or
- are a healthcare worker of any age, and who do not meet evidence of immunity by having met any of the following criteria:
  - Documentation of receiving at least 1 dose of MMR vaccine
  - Laboratory evidence of immunity or laboratory confirmation of disease to measles, mumps, and rubella

b Identify adults **in need of a second dose of MMR vaccine** who

- were born U.S. in 1957 or later and are planning to travel internationally,
- are a student in a college, university, technical, or vocational school, or
- are a healthcare worker born in 1957 or later

c Identify adults who have been recommended to receive an additional dose of MMR because of their increased risk for mumps during a current mumps outbreak (resulting in either 2 or 3 total doses)

2 Screen for Contraindications and Precautions

Contraindications

- Do not give MMR vaccine to a person who has experienced a severe allergic reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give MMR vaccine to a woman who is pregnant or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy).
- Do not give MMR vaccine to a person having known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy).
- Do not give MMR vaccine to a person receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent).
- Do not give MMR vaccine to an adult with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by laboratory testing.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3079.pdf • Item #P3079 (2/18)

- Do not give MMR vaccine to an adult with human immunodeficiency virus (HIV) infection and CD4+ T-lymphocytes count <200 cells/μL. *(HIV infection is not a contraindication to MMR for adults who are not severely immunocompromised [i.e., CD4+ T-lymphocyte counts ≥200 cells/μL for 6 months or more.]) In circumstances where only counts or only percentages are available on the lab report, assessment can be based on the laboratory measure that is available (i.e., counts or percentages).*

Precautions

- Moderate or severe acute illness with or without fever
- History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- History of thrombocytopenia or thrombocytopenic purpura
- Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing. If active tuberculosis is suspected, MMR should be delayed. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin testing, or should be postponed for at least 4 weeks after the vaccination.

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	5/8"	Fatty tissue over triceps

Reconstitute the vaccine with the manufacturer-supplied diluent just prior to administration.

5 Administer MMR Vaccine, 0.5 mL, via the subcutaneous (Subcut) route, according to the following criteria and schedule:

HISTORY OF PREVIOUS MMR VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF MMR
0 documented doses, or none known	Give 0.5 mL MMR as dose #1. If indicated, give dose #2 at least 4 weeks later.
1 previous dose of MMR	If indicated, give 0.5 mL MMR as dose #2 at least 4 weeks after dose #1.

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer this vaccine at the next visit.

CONTINUED ON THE NEXT PAGE ▶

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. For "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of MMR vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

STANDING ORDERS FOR
Administering Meningococcal B Vaccine to Adolescents and Adults

Purpose

To reduce morbidity and mortality from serogroup B meningococcal disease by vaccinating all adolescents and adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adolescents and adults who meet any of the criteria below.

Procedure

1 Assess adolescents and adults for need of vaccination against meningococcal serogroup B disease according to the following criteria:

- Age 16 through 23 years who desire to be vaccinated. The ACIP-preferred age is 16 through 18 years.
- Age 10 years and older, including all adults, with
  - Diagnosis of persistent complement component deficiency (e.g., inherited chronic deficiencies in C3, C5–C9, properdin, factor D and factor H) or taking eculizumab (Soliris)
  - Diagnosis of anatomic or functional asplenia (including sickle cell disease)
  - Risk of potential exposure due to an outbreak attributable to serogroup B
  - Microbiologists routinely exposed to isolates of *Neisseria meningitidis*

2 Screen for contraindications and precautions

Contraindication – Do not give meningococcal B vaccine to an adolescent or adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of meningococcal B vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution – Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
10 years	22–25	5/8*–1" 1–1¼"	Deltoid muscle of arm** Anterolateral thigh muscle
11–18 years	22–25	5/8*–1" 1–1½"	Deltoid muscle of arm** Anterolateral thigh muscle
Age 19–23 years			
• Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
• Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
• Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
• Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
• Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
• Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.
**Preferred site.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3095.pdf • Item #P3095 (10/17)

5 Administer MenB vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following table:

Type of vaccine	Age group	Dose	Schedule
Bexsero[1] (MenB-4c, GlaxoSmithKline)	10 years and older	0.5 mL	Two doses, 4 weeks apart[2,3]
Trumenba[1] (MenB-FHbp, Pfizer)	10 years and older	0.5 mL	Two doses at 0 and 6 months[2,4]
			Three doses at 0, 1–2, and 6 months[3]

Notes:

1. The two brands of MenB vaccine are not interchangeable. The series must be started and completed with the same brand of vaccine.
2. The 2-dose schedules of either Bexsero or Trumenba may be used in healthy adolescents and young adults.
3. Either the 2-dose schedule of Bexsero or the 3-dose schedule of Trumenba should be given to adolescents and young adults at increased risk for meningococcal serogroup B disease (e.g., those with persistent complement component deficiencies, anatomical or functional asplenia, microbiologists, or during serogroup B outbreaks).
4. If Dose #2 of the 2-dose Trumenba series is administered earlier than 6 months after Dose #1, a third dose should be administered at least 4 months after Dose #2.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adult Patients," go to www.immunize.org/catg.d/p.3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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_____ Signature date_____ Effective date_____

STANDING ORDERS FOR
Administering Meningococcal ACWY Vaccine to Adults

Purpose

To reduce morbidity and mortality from meningococcal disease caused by serotypes A, C, W, or Y by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adults who meet any of the criteria below.

Procedure

1 Assess adults for need of vaccination against meningococcal disease according to the following criteria:

Routine meningococcal ACWY vaccination

- First-year college students age 19 through 21 years living in a residence hall who were never vaccinated or who were last vaccinated when younger than age 16 years

Risk-based meningococcal ACWY vaccination

- Diagnosis of persistent complement component deficiency (an immune system disorder, which may also be caused by the drug Soliris [eculizumab])
- Diagnosis of anatomic or functional asplenia (including sickle-cell disease)
- Diagnosis of human immunodeficiency virus (HIV) infection
- Part of an outbreak attributable to a vaccine serogroup
- Anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged
- Employment as a microbiologist with routine exposure to isolates of *N. meningitidis*

2 Screen for contraindications and precautions

Contraindications – Do not give MenACWY vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution – Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS) available at www.immunize.org/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 one is available and desired; these can be found at www.immunize.org/vis.

4 Review the vaccination schedule and criteria for MenACWY

For schedule of vaccination of adults with risk factors as identified in section 1 above, refer to "Meningococcal Vaccination Recommendations by Age and Risk Factor for Serogroups A, C, W, or Y Protection" found at www.immunize.org/catg.d/p2018.pdf.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3081.pdf • Item #P3081 (9/17)

5 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

6 Administer MenACWY Vaccine, 0.5 mL, IM, according to the table below:

HISTORY OF PREVIOUS MENACWY VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF MENACWY
0 documented doses, or none known	Give MenACWY Dose #1.
1 previous dose given before age 16 years, and is a first year college student age 19–21 years, living in a residence hall	Give Dose #2.
1 or more previous doses and in a risk group (see #1 on page 1)	Give additional doses every 5 years if risk continues.

7 Document Vaccination

Document each patient's vaccine administration information and any needed follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

8 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

9 Report Adverse Events to VAERS

Report all adverse events following the administration of meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

STANDING ORDERS FOR
Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults

Purpose

To reduce morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 **Assess Adults for Need of Vaccination** against *Streptococcus pneumoniae* (pneumococcus) infection according to the following criteria:

Routine pneumococcal vaccination
Assess adults age 65 years or older for need of pneumococcal vaccination. Pneumococcal conjugate vaccine (PCV13) should be administered routinely to all previously unvaccinated adults age 65 years and older. Pneumococcal polysaccharide vaccine (PPSV23) is recommended for all adults ages 65 years or older. For complete details, see section 5 (page 3).

Risk-based pneumococcal vaccination
Age 19 through 64 years with an underlying medical condition or other risk factor as described in the following table:

CATEGORY OF UNDERLYING MEDICAL CONDITION OR OTHER RISK FACTOR	RECOMMENDED VACCINES ARE MARKED "X" BELOW		
	PCV13	PPSV23	PPSV23 booster*
Chronic heart disease,[1] chronic lung disease[2]		x	
Diabetes mellitus		x	
Chronic liver disease, cirrhosis		x	
Cigarette smoking		x	
Alcoholism		x	
Cochlear implant, cerebrospinal fluid leak	x	x	
Sickle cell disease, other hemoglobinopathy	x	x	x
Congenital or acquired asplenia	x	x	x
Congenital or acquired immunodeficiency,[3] HIV	x	x	x
Chronic renal failure, nephrotic syndrome	x	x	x
Leukemia, lymphoma	x	x	x
Generalized malignancy, Hodgkin disease	x	x	x
Iatrogenic immunosuppression[4]	x	x	x
Solid organ transplant, multiple myeloma	x	x	x

* a second dose 5 years after the first dose of PPSV23

1 Excluding hypertension
2 Including asthma
3 Including B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)
4 Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3075.pdf • Item #P3075 (5/19)

2 Screen for Contraindications and Precautions

Contraindications

Do not give pneumococcal vaccine (PCV13 or PPSV23) to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

PCV13 must be given intramuscularly (IM). PPSV23 may be administered either IM or subcutaneously (Subcut). **For vaccine that is to be administered IM,** choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

If you prefer Subcut injection of PPSV23, choose a 23–25 gauge, 5/8" needle for injection into the fatty tissue overlying the triceps muscle.

CONTINUED ON THE NEXT PAGE ▶

5 Administer PCV13 or PPSV23, 0.5 mL, according to the following dosing information and schedule:

- PCV13 must be administered by the IM route.
- PPSV23 may be administered either IM or Subcut.

Routine vaccination for all adults ages 65 years and older

AGE OF PATIENT	VACCINE(S) INDICATED (SEE TABLE ON PAGE 1)	HISTORY OF PRIOR VACCINATION	SCHEDULE FOR ADMINISTRATION OF PCV13 AND PPSV23
65 yrs or older	PPSV23 and 1-time dose of PCV13	None or unknown	Administer PCV13 followed in 1 year* by PPSV23.
		PPSV23 when younger than age 65 years; 0 or unknown PCV13	Administer PCV13 at least 1 year after previous PPSV23. Administer another PPSV23 at least 5 years after previous dose of PPSV23 and at least 1 year* after PCV13.
		PPSV23 when younger than age 65 years; PCV13	Administer another PPSV23 at least 5 years after previous dose of PPSV23 and at least 1 year* after previous dose of PCV13.
		PPSV23 when age 65 years or older; 0 or unknown PCV13	Administer PCV13 at least 1 year after PPSV23.
		0 or unknown PPSV23; PCV13	Administer PPSV23 at least 1 year* after PCV13.

* For adults age 65 years and older with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants, the interval between PCV13 and PPSV23 should be shortened to 8 weeks.

Risk-based vaccination for adults ages 19–64 years

AGE OF PATIENT	VACCINE(S) INDICATED (SEE TABLE ON PAGE 1)	HISTORY OF PRIOR VACCINATION	SCHEDULE FOR ADMINISTRATION OF PCV13 AND PPSV23
19–64 years	*For medical conditions in which only PPSV23 is indicated*		
	1 dose PPSV23	None or unknown	Administer PPSV23.
	For medical conditions in which both PCV13 and PPSV23 (1 or 2 doses) are recommended		
	1 dose PCV13 and 1 dose PPSV23 (i.e., cochlear implant; CSF leak)	None or unknown	Administer PCV13 followed in 8 weeks by PPSV23.
		0 or unknown PPSV23; 1 dose PCV13	Administer PPSV23 at least 8 weeks after PCV13.
		1 dose PPSV23; 0 or unknown PCV13	Administer PCV13 at least 1 year after PPSV23.
	1 dose PCV13 and 2 doses PPSV23 (e.g., immuno-compromised)	None or unknown	Administer PCV13 followed in 8 weeks by PPSV23 #1. Administer PPSV23 #2 at least 5 years after PPSV23 #1.
		1 dose PPSV23; 0 or unknown PCV13	Administer PCV13 at least 1 year after PPSV23 #1. Administer PPSV23 #2 at least 5 years after PPSV23 #1 and at least 8 weeks after PCV13.
		0 or unknown PPSV23; 1 dose PCV13	Administer PPSV23 #1 at least 8 weeks after PCV13. Administer PPSV23 #2 at least 5 years after PPSV23 #1.
		1 dose PPSV23; 1 dose PCV13	Administer PPSV23 #2 at least 5 years after PPSV23 #1 and at least 8 weeks after PCV13.
		2 doses PPSV23; 0 or unknown PCV13	Administer PCV13 at least 1 year after PPSV23 #2.

CONTINUED ON THE NEXT PAGE ▶

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of pneumococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://www.vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

STANDING ORDERS FOR
Administering Tdap/Td Vaccine to Adults

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis 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

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against tetanus, diphtheria, and pertussis based on the following criteria:

- Lack of documentation of ever receiving a dose of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) as an adolescent or adult
- Currently pregnant and no documentation of Tdap given during current pregnancy
- Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids (Tdap/Td)
- Completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose in the previous 10 years
- 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 for Contraindications and Precautions

Contraindications

- Do not give Tdap or Td to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give Tdap to a person who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.

Precautions

- History of Guillain-Barré syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- History of an Arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Moderate or severe acute illness with or without fever
- For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until the patient's treatment regimen has been established and the condition has stabilized

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

CONTINUED ON THE NEXT PAGE ▶

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

5 Administer Tdap or Td Vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following criteria and schedule:

The routine schedule for Tdap/Td vaccination in adults with no history of receiving any diphtheria-, tetanus-, and/or pertussis-containing vaccine as children or adults, is to administer a 3-dose series at 0, 1, and 6–12 month intervals, including one dose of Tdap, preferably as the first dose, followed by a Td booster every 10 years. If Td is indicated but not available, Tdap may be substituted.

HISTORY OF PREVIOUS DTP, DTaP, Td, or Tdap VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF Tdap AND Td
0 documented doses, or none known	Give Tdap as dose #1. Give dose #2 (Td) at least 4 weeks later, and dose #3 (Td) 6–12 months after dose #2.
1 previous dose (not Tdap)	Give Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) 6–12 months after dose #2.
1 previous dose (as Tdap)	Give Td as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) 6–12 months after dose #2.
2 previous doses (none Tdap)	Give Tdap as dose #3 at least 6 months after dose #2.
2 previous doses (including 1 Tdap)	Give Td at least 6 months after dose #2.
3 or more previous doses (none Tdap)	Give Tdap as soon as possible. (You do not need to wait 10 years from previous dose.)
3 or more previous doses (including 1 dose of Tdap)	Give Td booster every 10 years unless patient needs prophylaxis for wound management sooner.

Tdap vaccination for pregnant women

Pregnant women should receive Tdap during **each** pregnancy, preferably early during the window of 27 through 36 weeks' gestation, regardless of number of years since prior Td or Tdap vaccination.

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

CONTINUED ON THE NEXT PAGE ▶

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report all Adverse Events to VAERS

Report all adverse events following the administration of tetanus-, diphtheria-, and pertussis-containing vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to http://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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 _____ Signature date _____ Effective date _____

STANDING ORDERS FOR
Administering Tdap to Pregnant Women

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all pregnant women who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate pregnant women who meet any of the criteria below.

Procedure

1 **Assess pregnant women, including teens, for need of vaccination** against tetanus, diphtheria, and pertussis based on the following criteria:

- Currently pregnant and no documentation of receiving a dose of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) during current pregnancy
- Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids (Tdap/Td)

2 **Screen for contraindications and precautions**

Contraindications

- Do not give Tdap vaccine to a pregnant woman or teen who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give Tdap to a pregnant woman or teen who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.

Precautions

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- History of an Arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Progressive of unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until the patient's treatment regimen has been established and the condition has stabilized

3 **Provide Vaccine Information Statements**

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS) available at www.immunize.org/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 one is available and desired; these can be found at www.immunize.org/vis.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3078b.pdf • Item #P3078b (6/18)

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

WEIGHT OF FEMALE PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Less than 130 lbs	22–25	5/8"*–1"	Deltoid muscle of arm
130–152 lbs	22–25	1"	Deltoid muscle of arm
153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
200+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

5 Administer Tdap Vaccine, 0.5 mL, IM, according to the table below:

HISTORY OF PREVIOUS DTP, DTaP, Td, or Tdap VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF Tdap (DURING CURRENT PREGNANCY) AND SUBSEQUENT Td
0 documented doses, or none known	Give Tdap* as dose #1. Give dose #2 (Td) at least 4 weeks later, and dose #3 (Td) 6–12 months after dose #2.
1 previous dose (not Tdap)	Give Tdap* as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) 6–12 months after dose #2.
1 previous dose (as Tdap) given before current pregnancy	Give Tdap* as dose #2 and at least 4 weeks after dose #1. Give dose #3 (Td) 6–12 months after dose #2.
2 previous doses (none Tdap)	Give Tdap* as dose #3.
2 previous doses (including 1 Tdap given before current pregnancy)	Give Tdap* as dose #3.
3 or more previous doses (none Tdap)	Give Tdap.*
3 or more previous doses (including 1 dose of Tdap given before current pregnancy)	Give Tdap.*

*Tdap should be administered early in the third trimester of each pregnancy.

If any of these doses become due earlier than the third trimester, wait until the early part of the third trimester and administer Tdap as the needed dose. Then, administer any subsequent dose(s) needed following the pregnancy.

6 Document Vaccination

Document each patient's vaccine administration information and any needed follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

CONTINUED ON THE NEXT PAGE ▶

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Tdap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

STANDING ORDERS FOR
Administering Varicella Vaccine to Adults

Purpose

To reduce morbidity and mortality from varicella disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 **Assess Adults for Need of Vaccination** who (a) were born in the U.S. in 1980 or later or (b) are a healthcare worker or non-U.S.-born person and who do not meet evidence of immunity by having met any of the following criteria:

- Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks
- History of varicella disease based on diagnosis or verification of varicella by a healthcare provider
- History of herpes zoster based on a diagnosis or verification of herpes zoster by a healthcare provider
- Laboratory evidence of immunity or laboratory confirmation of disease

2 **Screen for Contraindications and Precautions**

Contraindications

- Do not give varicella vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give varicella vaccine to a woman who is pregnant or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy)
- Do not give varicella vaccine to a person having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems.
- Do not give varicella vaccine to a person receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
- Do not give varicella vaccine to an adult or adolescent with CD4+ T-lymphocytes count <200 cells/μL
- Do not give varicella vaccine to a person with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

Precautions

- History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- History of receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
- Moderate or severe acute illness with or without fever

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3080.pdf • Item #P3080 (7/16)

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	5/8"	Fatty tissue over triceps

Reconstitute the vaccine with the manufacturer-supplied diluent just prior to administration.

5 Administer Varicella Vaccine, 0.5 mL, via the subcutaneous (SubCut) route, according to the following criteria and schedule:

HISTORY OF PREVIOUS VARICELLA VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF VARICELLA
0 documented doses, or none known	Give 0.5 mL VAR as dose #1. Give dose #2 at least 4 weeks later.
1 previous dose of VAR	Give 0.5 mL VAR as dose #2 at least 4 weeks after dose #1.

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

STANDING ORDERS FOR
Administering Zoster Vaccine to Adults

Purpose

To reduce morbidity and mortality from herpes zoster infection (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

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 **Assess Adults Age 50 Years and Older for Need of Vaccination** against herpes zoster virus infection based on the following criteria:

- Lack of documentation of ever receiving two doses of recombinant zoster vaccine (RZV; Shingrix)
- History of receiving zoster vaccine live (ZVL; Zostavax) only

2 **Screen for Contraindications and Precautions**

Contraindications

- Do not give herpes zoster vaccine (RZV or ZVL) to a person who has experienced a serious systemic or anaphylactic reaction to a vaccine component. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give ZVL to a person who has 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 mm^3 or ≤15% of total lymphocytes
  - current immunosuppressive therapy, including high-dose corticosteroids (≥20 mg/day of prednisone or equivalent) lasting two or more weeks, or current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor alpha agents adalimumab, infliximab, and etanercept
  - clinical or laboratory evidence of other unspecified cellular immunodeficiency
  - history of hematopoietic stem cell transplantation
- Do not give ZVL to a patient who is pregnant or has a possibility of pregnancy within 4 weeks of receiving the vaccine.

Precautions

- Moderate or severe acute illness with or without fever
- For ZVL only, history of having received specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) within the previous 24 hours. Delay resumption of these antiviral drugs for 14 days after vaccination.
- For RZV only, pregnancy and breastfeeding; consider delaying vaccination until after completion of the pregnancy.

CONTINUED ON THE NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3092.pdf • Item #P3092 (2/18)

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

For administration of RZV (Shingrix), administer 0.5 mL intramuscularly according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

For administration of ZVL (Zostavax), administer 0.65 mL (entire amount in vial) subcutaneously according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	5/8"	Fatty tissue overlying triceps muscle

For details on preparing to administer zoster vaccine, see the package insert. For RZV (Shingrix), reconstitute and use within 6 hours. For ZVL (Zostavax), reconstitute and use within 30 minutes.

5 Administer Zoster Vaccine, according to the information in the package insert and the table below:

PRIOR DOCUMENTED DOSES	AGE OF PATIENT	SCHEDULE/PRODUCT
0	50–59 years	Administer 2-dose series of RZV, separated by 2–6 months
0	60 years or older	Administer either 2-dose series of RZV, separated by 2–6 months, or 1 dose of ZVL*
1 dose ZVL	50 years or older	Administer 2-dose series of RZV, separated by 2–6 months, and at least 8 weeks following the dose of ZVL
1 dose RZV	50 years or older	Administer dose #2 of RZV, 2–6 months following dose #1

* ACIP states a preference for RZV over ZVL.

CONTINUED ON THE NEXT PAGE ▶

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of herpes zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable pdf form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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_____Signature date_____Effective date_____

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 (see www.immunize.org/catg.d/p3072.pdf). 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). Vaccine providers should be familiar with identifying immediate-type allergic reactions, including anaphylaxis, and be competent in treating these events at the time of vaccine administration. Providers should also have a plan in place to contact emergency medical services immediately in the event of a severe acute vaccine reaction. Maintenance of the airway, oxygen administration, and intravenous normal saline might be necessary. 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, lightheadedness, 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 NEXT PAGE ▶

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3082.pdf • Item #P3082 (7/16)

Suggested medications for a community immunization clinic

FIRST-LINE medication

☐ **Epinephrine**, aqueous 1:1000 (i.e., 1 mg/mL) dilution, in ampules, vials of solution, or prefilled syringes, including epinephrine autoinjectors (e.g., EpiPen and Auvi-Q). If autoinjectors are stocked, at least three should be available.

Optional medication: H_1 antihistamines

☐ Diphenhydramine (e.g., Benadryl) oral (12.5 mg/5 mL liquid, 25 or 50 mg capsules/tablets) or injectable (50 mg/mL solution).

☐ Hydroxyzine (e.g., Atarax, Vistaril) oral (10 mg/5 mL or 25 mg/5 mL liquid, 25 mg capsules).

Suggested supplies for a community immunization clinic

☐ Syringes (1 and 3 cc) and needles (22 and 25 g, 1", 1½", and 2") for epinephrine, diphenhydramine, or hydroxyzine. For ampules, use filtered needles.

☐ Alcohol wipes

☐ Tourniquet*

☐ Adult airways (small, medium, and large)

☐ Adult size pocket mask with one-way valve

☐ Oxygen (if available)

☐ Stethoscope

☐ Sphygmomanometer (blood pressure measuring device) with adult-size and extra-large cuffs

☐ Tongue depressors

☐ Flashlight with extra batteries (for examination of the mouth and throat)

☐ Wristwatch with a second hand or other timing device

☐ Cell phone or access to onsite phone

* Applied on the extremity above the injection site to slow systemic absorption of antigen and anaphylactic mediators.

REFERENCES

Simons FE, Camargo CA. Anaphylaxis: Rapid recognition and treatment. In: UpToDate, Bochner BS (Ed). UpToDate: Waltham, MA, 2013.

Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel. *Allergy Clin Immunol* 2010; 126(6): S1–S57.

Emergency medical protocol for management of anaphylactic reactions in adults

1 If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.

2 If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient's physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.

3 **DRUG DOSING INFORMATION: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO contraindications to epinephrine in the setting of anaphylaxis.**

a **First-line treatment:** Administer aqueous **epinephrine** 1:1000 dilution intramuscularly, 0.01 mL/kg/dose (adult dose ranges from 0.3 mL to 0.5 mL, with maximum single dose of 0.5 mL).

b **Optional treatment: H_1 antihistamines** for hives or itching; you may also administer **diphenhydramine** (either orally or by intramuscular injection; the standard dose is 1–2 mg/kg every 4–6 hrs, up to 50 mg maximum single dose) or **hydroxyzine** (standard oral dose is 0.5–1 mg/kg every 4–6 hrs up to 100 mg maximum single dose).

4 Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.

5 If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5–15 minutes for up to 3 doses, depending on patient's response.

6 Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information. Report the incident to the Vaccine Adverse Event Reporting System (VAERS).

7 Notify the patient's primary care physician.

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the

_____ until rescinded or until _____
NAME OF CLINIC DATE

_____ _____
MEDICAL DIRECTOR'S SIGNATURE DATE OF SIGNING

Vaccine Storage and Handling

I. *Method used in developing and approving vaccine storage and Handling*

The Wellness Pointe Pediatric department is part of the Federal Vaccines of Children Program (VFC). Texas has been a participant in this program since its inception in 1994. The guidelines for storage and handling of vaccines are detailed in a publication from the Texas Department of Health Services & Texas Health and Human Services.

II. *Experience, Training, and/or Education requirements*

The Care Coordinator and the clinical coordinator are in charge of handling storing of vaccines and assures that all department personnel comply with the requirements to keep vaccines safe and administered correctly.

III. *Circumstances for performance of vaccine storage and handling*

The Wellness Pointe Pediatric department has posted and adheres to the Centers for Disease Control's recommendations for handling and storage of selected Biologicals and the Texas Vaccines for Children program guidelines.

IV. *Specific requirements to be followed in vaccine administration*

A. Proper Equipment for Storage of Vaccines/Biologicals

1. Refrigerators and freezers must contain thermometers capable of recording maximum-minimum temperature readings and data loggers are required beginning January 2018. (See guide for Texas Vaccines for children for specific regulations regarding types of refrigerators and freezers acceptable for use with state vaccines.)

2. The refrigerator compartment must maintain temperatures between 36° F and 46° F (2° C and 8° C) for vaccine viability. Refrigerator temperature should be set at midrange, about 40° F.
3. The freezer compartment should maintain temperatures at or below 5°F and -58F (-15C to -50C)
4. MMR vaccine may be stored either frozen or refrigerated. MMR is sensitive to light and vaccine efficacy could be compromised if left out in the light.
5. All vaccines except Varicella and Zoster are to be stored in the refrigerator and should never be frozen.
6. Diluent may be stored in the door of the refrigerator and can provide extra insulation if needed. Diluent may be stored on a shelf outside of the refrigerator if indicated as such on the diluent. If diluent comes in the same box as the vaccine, it must be kept together with the vaccine in order to maintain the cold chain of the vaccine.
7. It is important that vaccines are kept at the proper temperatures at all times. Opening the door frequently interrupts the cold chain and can result in cumulative loss of vaccine potency over time.

B. Guidelines required for providers involved in handling and storage of vaccines.

1. Check and record internal refrigerator and freezer temperatures on the Temperature Recording Form twice daily. Verify that temperatures are within acceptable range and adjusting the thermostat as necessary only with approval of Care Coordinator/Clinical Coordinator.
2. Store extra water bottles along the walls, back and door of the freezer compartment. This helps keep a steady temperature during the automatic defrosting cycles and provides additional reserves of cold in the event of a power failure. Air must circulate around vaccines freely.

3. All vaccines must be stored on the refrigerator/freezer shelves, not in the vegetable bins, meat drawer, or in the door. Storing vaccines in the central body of the refrigerator/freezer helps maintain vaccine at proper temperatures which are more stable in the body of the refrigerator.
4. Stack vaccines with enough room for cold air to circulate freely around vaccines.

C. Vaccine Management Plan

1. All Pediatric support staff involved in administering vaccines must complete the vaccine provider training as required by the TVFC program.
2. A primary Vaccine Coordinator/Care Coordinator manages the overall operations of the vaccine program with direction from the Clinical Coordinator. The Primary Vaccine Coordinator also orders other vaccines to be administered to patients who do not qualify for the Texas Vaccines For Children program.
3. The Wellness Pointe Pediatric department will order vaccines monthly due to the volume of immunizations given each month.
4. The primary Vaccine Coordinator and the designated backup vaccine coordinator verifies shipment receipts and rotate stock to use vaccines according to expiration dates to reduce vaccine loss for out of date vaccines.
5. The Vaccine Coordinator/Care Coordinator completes monthly reports of vaccine usage, monitoring for loss of vaccines, and current expiration dates. Vaccine Coordinator/Care Coordinator requests additional

supplies of vaccine when expected changes in volume are anticipated.

6. Any changes to vaccine formulary are to be brought to the Clinical Coordinator and the CMO for approval.
7. All vaccine reports, losses, orders and sign out sheets are to be sent via email to the Clinical Coordinator for review once monthly report is completed.
8. Expired vaccines and loss reports are to be sent to Gregg County and the Clinical Coordinator within 3 days of the loss or expiration of medications.

V. *Method for initial and continuing competency evaluation*

The Clinical Coordinator, a Registered Nurse in the state of Texas and has many years of experience working with vaccines. The Clinical Coordinator continues to assure that all department personnel comply with the requirements to keep vaccines safe and administered correctly. The Clinical Coordinator oversees the Vaccine Coordinator/Care Coordinator and monitors the vaccines monthly. The Clinical Coordinator is also consulted at times when the daily count of vaccines cannot be justified with the log. The entire staff becomes involved when a unique dosing pattern exists for a particular patient.

VI. *Scope of supervision required for performance of vaccine Storage and Handling*

Initial competency for handling vaccines for patients shall be evaluated by the Delegating Provider and the Clinical Coordinator. All non-licensed support staff is initially supervised exclusively for this task. All Pediatric support staff is responsible to maintain the vaccines in proper

temperatures. Only the Gregg County health department staff may transfer state vaccines from one facility to another.

VII. *Specialized circumstances requiring immediate communication concerning vaccine storage and handling.*

Procedures for vaccine relocation in the event of a prolonged power failure, mechanical difficulty or prolonged delay in planned shipments of vaccine are events that need to be communicated to all Pediatric providers and support staff.

VIII. *Limitations of practice setting for vaccine storage and handling*

The Wellness Pointe Pediatric department handles and stores only vaccines typically used in routine preventive care. The office/department does not deal with specialty vaccines necessary for travel outside of the United States.

IX. *Patient record-keeping requirements*

Vaccine administration, including name and title of administering support staff, and any variations from expected outcomes shall be documented in the center's Electronic Medical Records system according to Center policy. This documentation confirms that the vaccines were stored and handled properly prior to administration.

Administration of Drugs Ordered by the Physician

I. *Method used in Administration of Drugs Ordered by Provider*

The Wellness Pointe General Medicine department provides care for patients who need routine health maintenance and for sick patients in a variety of stages of illness. At times, it is necessary to administer drugs immediately to assist the patient in recovery from the precipitating condition. These drugs are limited to what is on hand. (See attached list)

II. *Experience, training, and/or education requirements*

All General Medicine support staff have the requisite experience, training, and/or education necessary to administer the medication. The provider, either mid-level or physician assists the support staff as needed, to understand the order and administer the medication.

III. *Circumstances for Administration of Drugs*

Periodically, patients present to clinic for scheduled visits and are found to need immediate treatment for certain clinical states such as a patient with an elevated blood pressure reading who may require Clonidine or a patient with abnormal blood sugar level who may require insulin. At times, patients with an acute wheezing episode may require a bronchodilator nebulizer treatment.

IV. *Specific requirements to be followed when administering drugs*

A. Oxygen is available for use in emergency situations to assist patients in respiratory distress until emergency medical personnel arrive in the clinic for transport to the hospital. Masks in a variety of sizes are available to administer the oxygen, if necessary.
B. Medications administered by injection should be administered by the clinic support staff after receiving the order from the physician or midlevel provider.
    1. The General Medicine department stocks some basic antibiotics that can be administered intramuscularly such as *Rocephin* and *Bicillin*.
    2. Some steroid medications such as *Kenalog* and *Decadron* are available for use for patients in need of prompt relief from respiratory distress states or allergic reactions.

Approval Date:
Revision Date: May 18th, 2018

3. Rarely, the General Medicine department will give a dose of an antiemetic medication (Phenergan) while in the office.

V. Method for initial and continuing competency evaluation

a. Initial competency for administering medications to clients shall be evaluated by the delegating provider and clinical coordinator, who is a Registered Nurse. Each non licensed support staff is initially supervised exclusively for this task during the first 90 days of employment.
b. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of annual clinical performance review.

VI. *Requires scope of supervision when administering drugs*

All support staff administering drugs shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider and clinical coordinator.

VII. Specialized Circumstances requiring immediate communication with provider.

In the event that a client suffers an adverse reaction to the administered drug, the staff member will immediately notify the provider in charge and/or the Chief Medical Officer.

VIII. Limitations of practice setting

Medications to treat ill patients are limited and are for adults enrolled as established patients of Wellness Pointe.

IX. *Patient record-keeping requirements*

Administered medications as well as the name and title of the clinic support staff who administered medication, and any variations from expected outcomes shall be documented in the Center's Electronic Medical Records system according to Center policy.

Drugs Available for Administration in the General Medicine Department

Albuterol
Bicillin LA; 1,200,000 Units
Celestone
Cyanocobalamin
Depo Medrol
Dexamethasone
Diphenhydramine
Duoneb
Furosemide
Kenalog
Ketorolac
Nitrostat tablets
Oxygen
Phenergan 25mg/cc IM amps
Rocephin (Ceftriaxone) 500 mg; 1 Gm vials

Approval Date:
Revision Date: May 18th, 2018

WellnessPointe
Family Health Starts Here
Longview Wellness Center, Inc.

Family Medicine
Standing Delegation Order

Issuance of Medications Which Do Not Require a Prescription

I. *Method used in developing and approving this order and any revisions*

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered annually or more frequently as indicated.

II. *Experience, training, and/or education requirements*

Staff performing functions delegated under this order shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider, as evidenced by the signatures of both on this order.

III. *Circumstances for performance of this order*

Patients may be issued sample medications to try for a trial period or if they are financially unable to obtain medications at pharmacy.

IV. *Specific requirements to be followed in performing particular functions*

Clinic staff must document in the Electronic Medical Records system any medications issued to the patient including medication strength, lot number, expiration date, dosing directions, quantity issued and prescribing provider. Staff must also document on the sample medication log using two patient identifiers such as DOB and patient ID.

Approval Date:
Revision Date: May 18, 2018

v. *Method for initial and continuing competency evaluation*

a. Initial competency shall be evaluated by the delegating provider and/or Clinical Coordinator by continual observation and supervision of the staff member during the first 90 days of employment.
b. Continuing competency shall be evaluated no less than annually by the delegating provider and/or Clinical Coordinator by means of annual clinical performance review.

V. *Scope of supervision required for performance of this order*

This order is to be performed only when a licensed, privileged physician or midlevel provider is present on-site

VI. Specialized Circumstances requiring immediate communication with physician

VII. Limitations of practice setting

This order shall be in force only in the practice setting where the delegating provider is routinely on-site.

VIII. *Patient record-keeping requirements*

The support staff must document in the Electronic Medical Records system as well as on the sample medication log sheet, any medications issued to the patient including medication strength, directions, quantity issued and prescribing provider.

Taking of Personal & Medical History

I. *Method used in developing and approving taking personal/ medical history*

The development and implementation of procedures to obtain personal/medical history information have been designed following input by the professional staff in the General Medicine department. Revisions are considered annually but could be more frequent as the need arises.

II. *Experience, training, and/or education requirements*

Support staff obtain personal and medical history during each routine visit. The details for the history depend on the purpose of the visit to the clinic. All General Medicine support staff have the requisite experience, training, and/or education necessary to conduct this information gathering. The provider, either mid-level or physician makes additions/revisions as necessary, to the history during each visit.

III. *Circumstances for taking personal/medical history*

Personal and Medical History information are obtained from patients during each General Medicine visit. The support staff selects the appropriate visit in the Electronic Medical Record system currently in use in General Medicine. The complete Medical History is obtained during the initial patient visit by the General Medicine support staff and updated as events occur during the life of the patient during subsequent office visits. The details for the history depend on the purpose of the visit to the clinic. The Medical History is reviewed by the provider seeing the patient.

Approval Date:
Revision Date: March 28th, 2017

IV. Specific requirements to be followed when taking personal/medical history

Personal and Medical History information are obtained confidentially by the General Medicine support staff.

V. Method for initial and continuing competency evaluation

a. Initial competency for support staff shall be evaluated by the delegating provider and clinical coordinator, who is a Registered Nurse. Each non licensed support staff is initially supervised exclusively for this task during the first 90 days of employment.
b. Continuing competency for support staff shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of the annual clinical performance/competency review.

VI. *Scope of supervision required for Taking personal/medical history*

All staff members in General Medicine participate in training during the orientation to the unit. All histories are reviewed by the practitioner conducting the visit with the patient. All staff may make modifications and additions to the history as changes occur.

VII. Specialized Circumstances requiring immediate communication with physician

Immediate communication with supervising physician or mid-level provider would involve information obtained in the medical history of past or present illness that is immediately life-threatening or communicable and related to urgent referrals.

VIII. Limitations of practice setting for taking personal/ medical history

Only personnel involved in providing health care for these patients will have access to this information. Limitations for obtaining personal/medical history include: families moving from place to place for employment situations and frequently changing primary medical providers.

IX. *Patient record-keeping requirements*

Personal and Medical History information for all General Medicine patients shall be documented in the Center's Electronic Medical Records system according to Center policy.

Performing Physical Exam and Recording Physical Findings

I. *Method used to develop procedures for obtaining physical findings*

The Wellness Pointe General Medicine department provides healthcare for all patients age 18 and above. Revisions are considered annually but may be more frequently as indicated.

II. *Experience, training, and/or education requirements*

Staff collecting physical findings shall possess the requisite experience, training and/or education necessary to perform them in the judgment of the delegating provider and clinical coordinator. The General Medicine staff supervisor or provider is always available to check unusual or unexpected physical findings as necessary.

III. *Circumstances for obtaining physical findings*

Physical findings are important facts used in the care of patients/clients in all levels of health care. Physical findings are collected and recorded for each visit to the General Medicine department. All vital signs are obtained at every General Medicine visit.

IV. *Specific requirements necessary to the collection of physical findings*

A. Obtaining Body Temperature using the digital thermometer.
   Temperature readings are obtained on office visits to the General Medicine department.
B. Obtaining Body Weight measurements of the patient.
   Body weight is an important measure of the patient's well-being. Body weights are obtained on all office visits to the department.
C. Obtaining Height Measurements
   Height measurements for patients are another important measure of the patient's growth and well-being. Height measurements are

Approval Date:
Revision Date: March 28th, 2017

obtained at all General Medicine visits and are used to calculate the patients BMI.

D. Obtaining Waist Circumference Measurements
   Waist circumference measurements are an important measurement obtained during office visits.
   1. The support staff should initiate this process by first properly identifying the upper hip bone and the iliac crest of the patient.
   2. The tape measure should then be placed around the abdomen at the level of the iliac crest. The tape should be snug but not compress/squeeze the skin.
   3. The measurement value should be obtained at the end of a normal expiratory cycle.

E. Obtaining Blood Pressure reading measurements of the patient.
   Blood Pressure measurements for patients are an important measure of the patient's wellbeing.
   1. Blood Pressure readings are obtained at all General Medicine office visits.
   2. Blood Pressure measurements are important for some medical conditions no matter the age of the patient.
   3. Proper cuff selection is essential when measuring blood pressure in Patients to obtain accurate and valid readings. The General Medicine department has a variety of inflatable rubber cuffs that attach to the Sphygmomanometer.

F. Obtaining pulse and respiratory reading measurements of the patient.
   Pulse and respiration readings are obtained and recorded by the General Medicine support staff.

G. Vision and Hearing screens are done on all well child visits if the child is able to cooperate with the directions.
   1. Hearing screens are performed in a designated area of the clinic. Patients who fail the screening without physical findings

to indicate reasons for hearing difficulties are referred for specialized Audiology testing.

2. Vision screens are performed using standard Snellen Vision screening charts. The patient is positioned at a location 20 feet from the chart and shown the chart with letters. Patients who fail the vision screen are referred to Optometry.

H. All measurements and results of screens are recorded on the individual patient's encounter form in the Center's Electronic Medical Record system.

V. Method for initial and continuing competency evaluation

a. General Medicine support staff is given instruction in methods to measure physical findings, vision and hearing screenings by both the clinical coordinator, who is a Registered Nurse and by individual providers when readings are questionable. Initial competency shall be evaluated by continual observation and supervision during the first 90 days of employment.
b. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of annual clinical performance/competency review.

VI. *Scope of supervision required for to collect physical findings*

All support staff collecting measurements of physical findings or conducting vision and hearing screening shall possess the requisite experience, training and/or education necessary to perform them in the judgment of the delegating provider.

VII. Specialized Circumstances requiring immediate communication with provider

Approval Date:
Revision Date: March 28th, 2017

Special circumstances requiring immediate communication with the physician or mid-level provider would include findings outside of expected normal ranges. For example, a blood pressure that is elevated.

VIII. Limitations of practice setting

Physical findings are important facts used in the care of patients/clients in all levels of health care.

IX. *Patient record-keeping requirements of physical findings*

Physical findings and screening results shall be documented in the Center's Electronic Medical Records system according to Center policy. All vital signs electronically populate on a flow sheet that may be used for comparison in the Electronic Medical Records system.

WellnessPointe
Family Health Starts Here
Longview Wellness Center, Inc.

Family Medicine
Standing Delegation Order

Patient Initial Visit

I. *Method used in developing and approving this order and any revisions*

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, other licensed and/or certified medical staff, and the compliance & performance Improvement program. Revisions are considered not less than annually.

II. *Experience, training, and/or education requirements*

Staff performing functions delegated under this order shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider, as evidenced by the signatures of both on this order.

III. *Circumstances for performance of this order*

All patients scheduled to see General Medicine providers.

IV. *Specific requirements to be followed in performing particular functions*

A. General Medicine support staff will perform the following at patient's initial visit:
    1. Take and document patient's vitals: weight, height, waist circumference, temperature, pulse, respirations, blood pressure, and where appropriate blood sugar and pulse ox.
    2. Open encounter, add appropriate initial pattern.
    3. Confirm patient's contact information and primary care physician's name, counselor, or any specialist patient currently sees.

Approval Date:
Revision Date: May 18th, 2018

4. Ask patient questions related to chief complaint (CC) and HPI, PFSH, document information reported by patient.
5. Add all medications to chart, if patient is currently on medications.
6. Have patient sign consents for: treatment, medication, and medical releases.
7. Place patient in exam room until provider is ready to see patient.
8. After patient has seen provider:
    A. All lab orders or radiology test are ordered if applies to patient.
    B. If patient is given sample medications by provider, a record of the date, patient's name, name of medication and quantity will be recorded on a medication log. Samples will be labeled with current date, provider's name, patient's name, date of birth, instructions for taking medication, and quantity given to patient.

B. The following situations must be discussed with general medicine provider.

1. Questions regarding medication/possible interactions of combining medications and side effects.
2. Patient's blood pressure/pulse is elevated or weight has changed.
3. Patient is under 18 years of age and does not have a parent or guardian with them for visit.
4. Patient reports suicidal/homicidal thoughts to staff or displays acting out/ abusive/ destructive/ depressed/ aggressive behavior.
5. Parent is verbally or physically abusive to support staff or anyone accompanying patient at appointment.
6. If patient favors one provider over another or refuses to see scheduled provider.

V. Method for initial and continuing competency evaluation

A. Initial competency shall be evaluated by the delegating provider and clinical coordinator by continual observation and supervision of the staff member during the first 90 days of employment.
B. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of annual performance review.

VI. *Scope of supervision required for performance of this order*

This order is to be performed only when a licensed, privileged physician or midlevel provider is present on-site

VII. Specialized Circumstances requiring immediate communication with physician

A. Any emergency concerning suicidal/homicidal/acting out behavior or possible reaction to medication will be immediately staffed with a General Medicine provider. Staff will be instructed to call 911 or send patient to the nearest ER in the event of an emergency.
B. Dr. Armstrong procedure should be utilized as needed if a patient becomes uncontrollable or is a threat to themselves or others.

VIII. Limitations of practice setting

This order shall be in force only in the practice setting where the delegating provider is routinely on-site.

IX. *Patient record-keeping requirements*

Performance of this order and resultant findings shall be documented in the Center's Electronic Medical Records system according to Center policy.

Approval Date:
Revision Date: May 18th, 2018

WellnessPointe
Family Health Starts Here
Longview Wellness Center, Inc.

Family Medicine
Standing Delegation Order

Patient Follow-Up Visit

I. *Method used in developing and approving this order and any revisions*

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, other licensed and/or certified medical staff, and the compliance & performance Improvement program. Revisions are considered not less than annually.

II. *Experience, training, and/or education requirements*

Staff performing functions delegated under this order shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider, as evidenced by the signatures of both on this order.

III. *Circumstances for performance of this order*

All patients scheduled for follow-up visit with General Medicine Health providers.

IV. *Specific requirements to be followed in performing particular functions*

A. General Medicine support staff will perform the following at patient's follow-up visit:
    1. Take and document patient's vitals: weight, height, waist circumference, temperature, pulse, respirations, blood pressure, and where appropriate blood sugar and pulse ox.
    2. Open encounter, add appropriate follow-up pattern.
    3. Confirm patient's information and primary care physician's name, and any physician specialist patient may have, updating chart as needed.
    4. Ask patient if they have any concerns/ complaints to discuss with the provider and document them under CC/HPI tab in chart.
    5. Take note of all medications that the patient states they are currently taking.

Approval Date:
Revision Date: May 18th, 2018

a. Confirm patient's medicine list is complete with correct dosage and if refills are needed.
b. Confirm all medications listed and prescribed by general medicine or other specialist provider.
c. Confirm patient is currently taking medications as prescribed by provider.

If Patient does not have medication bottles, current medication list or is unsure: check last visit notes and medication history in chart.

6. Under chart pattern tab check off medications listed.
7. Have patient sign consent form for treatment/ medication, and medical releases if not already in chart as needed or expired.
8. Place patient in exam room or lobby until provider is ready to see patient.
9. After patient has seen provider:
    i. If schedule II medications are prescribed they are to be copied before patient receives prescription.
    ii. If patient is given sample medications by provider, a record of the date, patient's name, name of medication, lot number, expiration date, and quantity will be recorded on medication log. Samples will be labeled with current date, provider's name, patient's name, date of birth, instructions for taking medication, and quantity given to patient.

B. The following situations must be discussed with general medicine provider.
    1. Questions regarding medication/possible interactions of combining medications and side effects.
    2. Patient's blood pressure/pulse is elevated or weight has changed.
    3. Patient is under 18 years of age and does not have a parent or guardian with them for visit.
    4. Patient reports suicidal/homicidal thoughts to staff or displays acting out/ abusive/ destructive/ depressed/ aggressive behavior.

5. Parent is verbally or physically abusive to support staff or anyone accompanying patient at appointment.
6. If patient favors one provider over another or refuses to see scheduled provider.

V. Method for initial and continuing competency evaluation

A. Initial competency shall be evaluated by the delegating provider and clinical coordinator by continual observation and supervision of the staff member during the first 90 days of employment.
B. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of annual performance review.

VI. *Scope of supervision required for performance of this order*

This order is to be performed only when a licensed, privileged physician or midlevel provider is present on-site

VII. Specialized Circumstances requiring immediate communication with physician

A. Any emergency concerning suicidal/homicidal/acting out behavior or possible reaction to medication will be immediately staffed with a General Medicine provider. Staff will be instructed to call 911 or send patient to the nearest ER in the event of an emergency.
B. Dr. Armstrong procedure should be utilized as needed if a patient becomes uncontrollable or is a threat to themselves or others.

VIII. Limitations of practice setting

This order shall be in force only in the practice setting where the delegating provider is routinely on-site.

IX. *Patient record-keeping requirements*

Performance of this order and resultant findings shall be documented in the Center's Electronic Medical Records system according to Center policy..

Approval Date:
Revision Date: May 18th, 2018

Ordering of Tests Appropriate to Services Provided Under Orders

I. *Method used in developing and approving this order & any Revisions*

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered annually and more frequently as indicated.

II. *Experience, Training, and/or Education Requirements*

Staff performing functions delegated under this order shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider, as evidenced by the signatures of both on this order.

III. *Circumstances for performance of this order*

Certain labs are performed on patients depending on their diagnosis. Patient with diabetes or metabolic syndrome will have random blood sugar checks via finger sticks. Patients with shortness of breath or difficulty breathing may have pulse ox checked. Female patients of child bearing age with symptoms of pregnancy or missed cycle may require a urine pregnancy test, while patients with urinary symptoms may require a urinalysis.

IV. *Specific requirements to be followed in performing particular functions*

All laboratory tests ordered must be documented in the electronic Medical Records system and the provider must be notified.

V. *Method for initial and continuing competency evaluation*

A. Initial competency shall be evaluated by the delegating provider and clinical coordinator by continual observation and supervision of the staff member during the first 90 days of employment.
B. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of the annual performance review.

Approval Date:
Revision Date: 4/9/2015
Revision Date: 4/10/2017

VI. *Scope of supervision required for performance of this order*

This order is to be performed only when a licensed, privileged physician or midlevel provider is present on-site.

VII. *Specialized circumstances requiring immediate communication with Physician*

VIII. *Limitations of practice setting*

This order shall be in force only in thee practice setting where the delegating provider is routinely on-site.

IX. Patient record-keeping requirements

Performance of this order and resulting findings shall be documented in the center's Electronic Medical Records system according to Center policy

Approval Date:
Revision Date: 4/9/2015
Revision Date: 4/10/2017

Obtaining of Laboratory Specimens

I. Method used for the obtaining laboratory specimens in patients

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered annually or more frequently as indicated.

II. Experience, training, and/or education requirements

Staff performing functions delegated under this order shall possess the requisite experience, training, and/or education necessary to perform them in the judgment of the delegating provider, as evidenced by signatures of both on this order.

III. Circumstances for performance of this order

Patients who require laboratory testing through designated lab or in house.

IV. Specific requirements to be followed in performing particular functions.

Staff must have current orders from provider. General Medicine Support Staff and phlebotomist must comply with all occupational safety and health standards issued under the OSHA Act that applies to their own actions and conduct on the job.

V. Method for initial and continuing competency evaluation

a. Initial competency for obtaining laboratory specimens shall be evaluated by the delegating provider and clinical coordinator by continual observation and supervision of the staff member during the first 90 days of employment.

Approval Date
Revision Date 4/10/2017

b. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of the annual clinical performance review.

VI. Scope of supervision required for obtaining lab specimens in patients

Only those staff members or phlebotomists who are appropriately trained may draw blood and collect laboratory specimens in the absence of a licensed, privileged physician or midlevel provider.

VII. Specialized circumstances requiring immediate communication with physician.
Support staff must report any hazards or incidents as per the OSHA guidelines.

VIII. Limitations of practice setting
This order shall be in force only in the practice setting where the delegating provider(s) is routinely on-site.

IX. Patient record – keeping requirements
Performance of this order and resultant findings shall be documented in the center's Electronic Medical Records system according to Center policy.

Provision of General Patient Education

I. *Method used in developing plans for General Patient Education.*

The Wellness Pointe General Medicine department provides some general education for various types of diseases/chronic health disorders e.g. diabetes, hypertension, dyslipidemia and how to maintain a healthy lifestyle.

II. *Experience, training, and/or education requirements*

All General Medicine support staff has the requisite experience, training and/or education necessary to discuss General Patient Education information. The provider, either mid-level or physician assists the support staff as needed to help families/caregivers understand information discussed.

III. *Circumstances for performance of General Patient Education*

General Medicine patients are educated regarding preventative recommendations based on the U.S. Preventative Task Force guidelines.

IV. *Specific requirements necessary for General Patient Education*

The center's Electronic Medical Records system has been established to present a variety of items for patient education at each designated visit type.

A. Dietary Concerns – Is patient following a healthy diet to maintain a healthy lifestyle?
B. Medication Education – Is patient taking medications correctly and does the patient understand what the medication is treating?
C. Preventive Education – (e.g. vaccines, avoid smoking and tobacco use, excessive alcohol use, practices safe sex etc.)

Approval Date:
Revision Date: 4/10/2017

D. Screening Education – (e.g. colorectal and cervical cancer screening, screening mammography etc.).

V. Method for initial and continuing competency evaluation

a. Initial competency shall be evaluated by the delegating provider and clinical coordinator, who is a registered nurse by continual observation and supervision of the staff member during the first 90 days of employment.
b. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of annual clinical performance review.

VI. Limitations of practice setting

Pertinent education with general medical or mental health problems but are not to be considered sufficient for management of complex health problems.

VII. *Patient record-keeping requirements*

General Patient education topics shall be documented in the Center's Electronic Medical Record system according to Center Policy.

Patient Telephone Calls

I. *Method used in developing and approving this order & any revisions*

The development and implementation of this order is the product of collaboration between the authorizing physician, midlevel providers, and other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. This order is reviewed and revisions are considered annually or more frequently as indicated.

II. *Experience, training, and/or education requirements*

Staff performing functions delegated under this order shall possess the requisite experience, training and/or education necessary to perform them in the judgment of the delegating provider, as evidences by the signatures of both on this order.

III. *Circumstances for performance of this order*

We will attempt to answer all phone calls as they are received. However, in the event a call cannot be answered immediately, the following procedure will be followed:

IV. *Specific requirements to be followed in performing particular functions.*

A. The designated phone line will be checked a minimum of three times each day: 8am, 1pm, and 4pm. Each call will be documented in a phone log with the following information:
    1. Date and time of call
    2. Person calling
    3. Patient ID#
    4. Call back number
    5. Question(s)/Concern(s)

Approval Date:
Revision Date: June 13, 2019

B. The following calls can be returned by support staff
    1. Verification of appointment date/time
    2. Rescheduling of a missed appointment
    3. Medication refill requests
    4. Confirmation of lab/imaging results
    5. Confirmation of referral(s)
C. The following calls must be discussed with a provider:
    1. Question regarding medication/possible side effect
    2. Question regarding medical decision making
    3. Emergency situations where patient was told to call 911/sent to ER

V. Method for initial and continuing competency evaluation

a. Initial competency shall be evaluated by the delegating provider and clinical coordinator, who is a registered nurse by continual observation and supervision of the staff member during the first 90 days of employment.
b. Continuing competency shall be evaluated no less than annually by the delegating provider and/or clinical coordinator by means of annual clinical performance review.

VI. *Scope of supervision required for performance of this order*

All support staff shall possess the necessary experience, training and/or education to carry out these tasks as delegated by the provider.

VII. Specialized Circumstances requiring immediate communication with Physician

All calls concerning suicidal/homicidal/psychotic behavior or possible reaction to medication will immediately staffed and patient will be instructed to call 911 or go to the nearest ER. Every effort will be made to address the patient's concern immediately.

VIII. Limitations of practice setting

This order shall be in force only in the practice setting where the delegating provider is routinely on-site and/or readily available.

IX. *Patient record-keeping requirements*

Performance of this order and resultant findings shall be documented in the Center's Electronic Medical Records system according to Center policy.

522.01
TRIAGE
1/2

APPROVED 04/2002
REVISED 11/2012
REVISED 02/2013
REVISED 03/2014
REVISED 10/2014
REVISED 02/2017

POLICY:

I. It is the policy of Longview Wellness Center to have a triage system in place to assure that clients needing immediate medical attention are seen and appropriately referred.

PURPOSE:

II. To ensure that phone messages and medical urgencies or emergencies are handled in a timely, efficient manner.

PROCEDURE:

III. The Center will immediately screen and assess either in-person or via phone any patient who is observed to have or states that they have an urgent need for medical attention during business hours. The triage is performed by a physician, mid-level provider, or a registered nurse. The Center will follow the After-Hours Call Coverage policy and procedure for any medical needs that arise during non-business hours.

A. Upon determining, from a phone call or face-to-face encounter that a patient has or states that they have an urgent need for medical attention, the front desk staff or receptionist notifies the clinic support staff.

B. The clinic support staff obtains details of patient's medical concern and relays this information to provider staff who determines whether the patient needs emergency services (i.e., calling EMS or referral to the closest Emergency Room), needs to be seen immediately by a center provider, or whether a future appointment be scheduled for the patient.

C. Patients requesting clinical advice by telephone during office hours are referred to the pertinent departmental clinic Care Coordinator or designee. The clinic staff gathers all relevant information as provided by patient and then consults with a more experienced medical staff such as a nurse, physician, physician assistant, or nurse practitioner for further direction. Telephone calls regarding medication refills and lab results are directed to departmental care coordinators; calls pertaining to referral are handled by the referral department. **All designated clinic support staff are required to return non emergent calls for advice the same day if possible, and always within 24 business hours.**

D. The triage screening process, coordination of care efforts, and findings are documented in the patient's medical record.

V. <u>Telephone Triage</u>

A. Receptionist:

1. Transfer call to Message Center.

2. Recorded greeting in English and Spanish (Greeting states to dial "0" for Emergencies).

3. Calls will be returned in the order received and as often as possible.

B. Clinic Support Staff:

1. Listen to recorded message to determine the severity and priority of call and document pertinent information in the patient's medical record.

2. Call patient to obtain further detail if needed (i.e., DOB, pharmacy, symptoms, medicines taken, etc.).

APPROVED 04/2002
REVISED 11/2012
REVISED 02/2013
REVISED 03/2014
REVISED 10/2014
REVISED 02/ 2017

a. If no answer when calling patient, leave a message with person or answering machine to "Please call Wellness Pointe at 903-758-2610." No other information may be disclosed due to confidentiality issues.

b. Continue to call through the day for a minimum of three times and follow for three consecutive days. If no return call from patient, note (in the chart) to await further contact from patient and file chart in medical records.

3. Speak directly to the patient unless the message is regarding a pediatric patient or an emergency situation.

4. Review the chart for more information, i.e., recurrent infections, refills, etc.

5. Send phone note with detailed message to the patient's PCP or other available provider.

6. After the message has been reviewed by the provider and follow up instructions relayed to clinic support staff, patient should be contacted with provider instructions/order and notation made in the EMR.

7. Call prescription to pharmacy (if applicable)

C. Provider:

1. Determine if the patient should go to the emergency room or come to the clinic for treatment.

2. Notify the hospital of admission if applicable.

D. Based on outcome of above interventions OR physician or mid-level is not present, a designated member of the clinic support staff will:

1. Dial 911.

2. Notify hospital of possible admission.

3. Notify relative or responsible party.