

Standing Delegation Orders OB/GYN

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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

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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 cardio-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 Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES
2019

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Diphtheria, tetanus vaccine	DT	No Trade Name
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prenvar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus vaccine (inactivated)	IPV	IPOL
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Td vaccine
Varicella vaccine	VAR	Varivax
Combination Vaccines (Use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child/adolescent immunization schedule

- 1** Determine recommended vaccine by age (**Table 1**)
- 2** Determine recommended interval for catch-up vaccination (**Table 2**)
- 3** Assess need for additional recommended vaccines by medical condition and other indications (**Table 3**)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)

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 Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), and American College of Obstetricians and Gynecologists (www.acog.org).

Report

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



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: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual



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

Table 1

**Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
United States, 2019**

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 st dose	2 nd dose			←----- 3 rd dose -----→					[Green bar]								
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose				←---- 4 th dose ----→			5 th dose						
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			←-- 3 rd or 4 th dose, See Notes --→										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose			←---- 4 th dose ----→										
Inactivated poliovirus (IPV: <18 yrs)			1 st dose	2 nd dose	←----- 3 rd dose -----→							4 th dose						
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
Influenza (LAIV)												Annual vaccination 1 or 2 doses	Annual vaccination 1 dose only					
Measles, mumps, rubella (MMR)					See Notes			←---- 1 st dose ----→				2 nd dose						
Varicella (VAR)								←---- 1 st dose ----→				2 nd dose						
Hepatitis A (HepA)					See Notes		2-dose series, See Notes											
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose		
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)																		Tdap
Human papillomavirus (HPV)																		See Notes
Meningococcal B																		See Notes
Pneumococcal polysaccharide (PPSV23)																		See Notes

■ Range of recommended ages for all children
 ■ Range of recommended ages for catch-up immunization
 ■ Range of recommended ages for certain high-risk groups
 ■ Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making
 ■ No recommendation

Table 2

Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind, United States, 2019

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is < 4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal	2 months MenACWY-CRM 9 months MenACWY-D	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal	Not Applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

Table 3

**Recommended Child and Adolescent Immunization Schedule by Medical Indication
United States, 2019**

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count ¹		Kidney failure, end-stage renal disease, on hemodialysis	Heart disease, chronic lung disease	CSF leaks/cochlear implants	Asplenia and persistent complement deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm ³	≥15% and total CD4 cell count of ≥200/mm ³						
Hepatitis B	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Rotavirus	Yellow	Orange SCID ²	Orange	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Diphtheria, tetanus, & acellular pertussis (DTaP)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Haemophilus influenzae</i> type b	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Pneumococcal conjugate	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Inactivated poliovirus	Orange	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Influenza (IIV)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
or Influenza (LAIV)	Red	Red	Red	Red	Orange Asthma, wheezing: 2-4yrs ³	Red	Red	Orange	Orange	Orange
Measles, mumps, rubella	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Varicella	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Hepatitis A	Purple	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal ACWY	Purple	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Tetanus, diphtheria, & acellular pertussis (Tdap)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Human papillomavirus	Pink	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Meningococcal B	Orange	Purple	Purple	Purple	Purple	Purple	Purple	Yellow	Purple	Purple
Pneumococcal polysaccharide	Purple	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

■ Vaccination according to the routine schedule recommended
 ■ Recommended for persons with an additional risk factor for which the vaccine would be indicated
 ■ Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
 ■ Contraindicated or use not recommended—vaccine should not be administered because of risk for serious adverse reaction
 ■ Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
 ■ Delay vaccination until after pregnancy if vaccine indicated
 ■ No recommendation

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization “Altered Immunocompetence” at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

2 Severe Combined Immunodeficiency

3 LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.

For vaccine recommendations for persons 19 years of age and older, see the Recommended Adult Immunization Schedule.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥ 4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤ 4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
 - **Prospectively:** Dose 4 may be given as early as age 12 months if at least 6 months have elapsed since dose 3.
 - **Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older.
- For other catch-up guidance, see Table 2.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months
- **PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- For other catch-up guidance, see Table 2.

Special situations

- **Chemotherapy or radiation treatment:**
 - 12–59 months
 - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
 - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
 - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

- **Anatomic or functional asplenia (including sickle cell disease):**

12–59 months

- Unvaccinated or only 1 dose before 12 months: 2 doses, 8 weeks apart
- 2 or more doses before 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* persons age 5 years or older

- 1 dose

- **Elective splenectomy:**

Unvaccinated* persons age 15 months or older

- 1 dose (preferably at least 14 days before procedure)

- **HIV infection:**

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

Unvaccinated* persons age 5–18 years

- 1 dose

- **Immunoglobulin deficiency, early component complement deficiency:**

12–59 months

- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

*Unvaccinated = Less than routine series (through 14 months) OR no doses (14 months or older)

Hepatitis A vaccination

(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (**Havrix** 6–12 months apart or **Vaqta** 6–18 months apart, minimum interval 6 months); a series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is administered.

Catch-up vaccination

- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses: 6 months
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (wwwnc.cdc.gov/travel/):
 - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between 12 to 23 months of age.
 - **Unvaccinated age 12 months and older:** 1st dose as soon as travel considered

Special situations

At risk for hepatitis A infection: 2-dose series 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 infection
- **Travel** in countries with high or intermediate endemic hepatitis A
- **Close, personal contact with international adoptee** (e.g., household or 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

(minimum age: birth)

Birth dose (monovalent HepB vaccine only)

- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for **all** medically stable infants $\geq 2,000$ grams. Infants $< 2,000$ grams: administer 1 dose at chronological age 1 month or hospital discharge.

• **Mother is HBsAg-positive:**

- Administer **HepB vaccine** and **0.5 mL of hepatitis B immune globulin (HBIG)** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight. For infants $< 2,000$ grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.

• **Mother's HBsAg status is unknown:**

- Administer **HepB vaccine** within 12 hours of birth, regardless of birth weight.
- For infants $< 2,000$ grams, administer **0.5 mL of HBIG** in addition to HepB vaccine within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
- Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **0.5 mL of HBIG** to infants $\geq 2,000$ grams as soon as possible, but no later than 7 days of age.

Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks
- **Minimum intervals:** dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations)

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only).
- Adolescents 18 years and older may receive a 2-dose series of HepB (**Heplisav-B**) at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

Human papillomavirus vaccination

(minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended for all adolescents **age 11–12 years (can start at age 9 years)** and through age 18 years if not previously adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
 - **Age 9 through 14 years at initial vaccination:** 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
 - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series as above
- **History of sexual abuse or assault:** Start at age 9 years
- **Pregnancy:** HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Inactivated poliovirus vaccination

(minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still recommended after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.

- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Influenza vaccination

(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [RIV])

Routine vaccination

- 1 dose any influenza vaccine appropriate for age and health status annually (2 doses separated by at least 4 weeks for **children 6 months–8 years** who did not receive at least 2 doses of influenza vaccine before July 1, 2018)

Special situations

- **Egg allergy, hives only:** Any influenza vaccine appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- **LAIV should not be used for** those with a history of severe allergic reaction to any component of the vaccine (excluding egg) or to a previous dose of any influenza vaccine, children and adolescents receiving concomitant aspirin or salicylate-containing medications, children age 2 through 4 years with a history of asthma or wheezing, those who are immunocompromised due to any cause (including immunosuppression caused by medications and HIV infection), anatomic and functional asplenia, cochlear implants, cerebrospinal fluid-orpharyngeal communication, close contacts and caregivers of severely immunosuppressed persons who require a protected environment, pregnancy, and persons who have received influenza antiviral medications within the previous 48 hours.

Measles, mumps, and rubella vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination

- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart
- The maximum age for use of *MMRV* is 12 years.

Special situations

International travel

- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months and older:** 2-dose series at least 4 weeks apart before departure

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra])

Routine vaccination

- 2-dose series: 11–12 years, 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eculizumab use:

- **Menveo**
 - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
 - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra**
 - **Persistent complement component deficiency:**
 - Age 9–23 months: 2 doses at least 12 weeks apart
 - Age 24 months or older: 2 doses at least 8 weeks apart
 - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
 - **Age 9–23 months:** Not recommended
 - **24 months or older:** 2 doses at least 8 weeks apart
 - **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (wwwnc.cdc.gov/travel/):

- Children age less than 24 months:
 - **Menveo (age 2–23 months):**
 - Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
 - Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
 - **Menactra (age 9–23 months):**
 - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose **Menveo** or **Menactra**

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo** or **Menactra**

Note: **Menactra** should be administered either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under “Special situations” above and additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

Clinical discretion

- MenB vaccine may be administered based on individual clinical decision to **adolescents not at increased risk** age 16–23 years (preferred age 16–18 years):
- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use:

- **Bexsero:** 2-dose series at least 1 month apart
 - **Trumenba:** 3-dose series at 0, 1–2, 6 months
- Bexsero** and **Trumenba** are not interchangeable; the same product should be used for all doses in a series. For additional meningococcal vaccination information, see meningococcal *MMWR* publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Pneumococcal vaccination

(minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13

- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV13

- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

Special situations

High-risk conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral corticosteroids); diabetes mellitus:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Cerebrospinal fluid leak, cochlear implant:Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13, 8 weeks after the most recent dose and administered 8 weeks apart
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases

associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years

- Any incomplete* series with:
 - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
 - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Chronic liver disease, alcoholism:Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

*An incomplete series is defined as not having received all doses in either the recommended series or an age-appropriate catch-up series. See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/rr5911.pdf) for complete schedule details.

Rotavirus vaccination

(minimum age: 6 weeks)

Routine vaccination

- **Rotarix:** 2-dose series at 2 and 4 months.
- **RotaTeq:** 3-dose series at 2, 4, and 6 months.

If any dose in the series is either **RotaTeq** or unknown, default to 3-dose series.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

Tetanus, diphtheria, and pertussis (Tdap) vaccination

(minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Adolescents age 13–18 years who have not received Tdap:** 1 dose Tdap, then Td booster every 10 years
- **Persons age 7–18 years not fully immunized with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td.
- **Children age 7–10 years** who receive Tdap inadvertently or as part of the catch-up series should receive the routine Tdap dose at 11–12 years.
- **DTaP inadvertently given after the 7th birthday:**
 - **Child age 7–10 years:** DTaP may count as part of catch-up series. Routine Tdap dose at 11–12 should be administered.
 - **Adolescent age 11–18 years:** Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- 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

(minimum age: 12 months)

Routine vaccination

- 2-dose series: 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see *MMWR* at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2-dose series:
 - **Ages 7–12 years:** routine interval: 3 months (minimum interval: 4 weeks)
 - **Ages 13 years and older:** routine interval: 4–8 weeks (minimum interval: 4 weeks).
 - The maximum age for use of *MMRV* is 12 years.

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**)

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).

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
<i>Haemophilus influenzae</i> 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.

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) ^{or}	1 dose annually				
Influenza live attenuated (LAIV)					
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) ^{or}					2 doses
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		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	
			<200	≥200								
IIV or RIV or LAIV	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) or ZVL	DELAY					2 doses at age ≥50 yrs or 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.

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

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/ μ L 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/ μ L
- **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)

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/ μ L 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/ μ L
- **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/ μ L):** ZVL contraindicated; recommended use of RZV under review

Standing Vaccination Orders for Adults (2019)

- Administering *Haemophilus influenzae* 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:

- Diagnosis of anatomic or functional asplenia (e.g., sickle cell disease) and no prior documented history of Hib vaccination
- Planning an elective splenectomy and no prior documented history of Hib vaccination
- 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.

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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 _____	until rescinded or until _____
DATE	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.")

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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 HEP A VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF HEP A
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.

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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 _____	
<small>NAME OF PRACTICE OR CLINIC</small>	
effective _____	until rescinded or until _____
<small>DATE</small>	<small>DATE</small>
Medical Director _____	/ _____
<small>PRINT NAME</small>	<small>SIGNATURE</small>

	<small>DATE</small>

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.

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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 Egerix-B (GSK) or Recombivax HB (Merck)	19 yrs & younger	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adult formulation of Egerix-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 (Egerix-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.

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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

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ <small style="margin-left: 250px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>

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	1–1 1/2"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1 1/2"	Deltoid muscle of arm
Female 200+ lbs	22–25	1 1/2"	Deltoid muscle of arm
Male 260+ lbs	22–25	1 1/2"	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.

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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 initiation.

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 _____ <small style="margin-left: 450px;">NAME OF PRACTICE OR CLINIC</small>
until rescinded or until _____ <small style="margin-left: 150px;">DATE</small>
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.

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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, Hecplisav-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.

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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 _____			
<small>NAME OF PRACTICE OR CLINIC</small>			
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.

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- 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.

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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.

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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 contra-indication, 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

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ <small style="margin-left: 250px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>

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.

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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 _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small>
until rescinded or until _____ <small style="margin-left: 250px;">DATE</small>
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

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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.

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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	<i>For medical conditions in which only PPSV23 is indicated</i>		
	1 dose PPSV23	None or unknown	Administer PPSV23.
	<i>For medical conditions in which both PCV13 and PPSV23 (1 or 2 doses) are recommended</i>		
	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., immunocompromised)	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.	

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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

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 450px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ . <small style="margin-left: 250px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>

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.")

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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.

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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

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ <small style="margin-left: 200px;">DATE</small></p> <p>Medical Director's signature _____ Signature date _____ Effective date _____</p>

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/DTPaP/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 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) 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.

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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.

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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

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 300px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ . <small style="margin-left: 100px;">DATE</small></p> <p>Medical Director's signature _____ Signature date _____ Effective date _____</p>

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/ μ L
- 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

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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 $\leq 15\%$ 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.

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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.

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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

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ <small style="margin-left: 200px;">DATE</small></p> <p>Medical Director's signature _____ Signature date _____ Effective date _____</p>

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.

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Technical content reviewed by the Centers for Disease Control and Prevention

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: H₁ 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:** H₁ 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.



Pediatric
Standing Delegation Orders
Revised: 06/12/2019

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.



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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 OB/GYN 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 OB/GYN 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 OB/GYN department stocks some basic antibiotics that can be administered intramuscularly such as *Rocephin* and *Bicillin-LA*.
 - 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.

3. Rarely, the OB/GYN 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 registered 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 OB/GYN Department

Estradiol
Estrogen
Ceftriaxone
Bicillin – LA
Celestone
Rhogam
Plan B One-Step Emergency Contraceptive Pills
Azithromycin
Cytotec
Clonidine
Lactated Ringer’s solution (start kit)
1% Lidocaine
2% Lidocaine
17- hydroxyprogesterone
Makena
Nexplanon subdermal implant
Progestin containing IUD
Copper IUD

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.

OB/GYN
Standing Delegation Order

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 this order & any revisions

The development and implementation of this order is the product of collaboration between the authorizing physician, mid-level providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered at quarterly Performance Improvement Committee meetings. This order is reviewed 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

This order shall be performed.

IV. Specific requirements to be followed in performing particular functions

A. Initial Visit

1. Reason for Visit: Obtain and document the stated purpose of the visit and/or chief complaint.
2. History: Obtain and document information about the following histories:
 - a. Obstetrical history
 - b. Gynecologic history

- c. Menstrual history
- d. Medical history
- e. History of allergies
- f. Family history
- g. Contraceptive history
- h. Psychosocial history
- i. Sexual history

3. Miscellaneous:

- a. Current medications
- b. Assess and document smoking/alcohol and/or drug usage.
- c. Medication taken in past 60 days, other than in 3.a.
- d. Ask if there are other concerns not specifically mentioned by the interviewer.
- e. Ask if immunization history is current and document accordingly.

4. Review past and current lab, weight and BP history.

5. Instruct on clinic routine and exam procedures.

6. Blood pressure, height and weight are obtained at each visit.

B. Annual Exam Visit

1. Reason for Visit: Obtain the stated purpose of the visit and/or chief complaint.
2. History: Review and update the following:
 - a. Obstetrical history
 - b. Gynecologic history
 - c. LNMP (1st day of menses)
 - d. Medical history
 - e. Family history
 - f. Allergy history
 - g. Contraceptive history
 - h. Sexual history
 - i. Psychosocial history
 - j. Immunization history
3. Miscellaneous Information
 - a. Review current medication intake.
 - b. Review smoking/alcohol and/or drug usage.
4. Review clinic routine and exam procedures.

C. Postpartum Visit

1. If:

- a. New postpartum visit, initiate *initial visit* counseling.
- b. Return postpartum, initiate *annual visit* counseling.

2. Additional historical data to be obtained:

- a. Method of delivery
- b. Infant's sex, weight, and current health status
- c. Complications of pregnancy and/or labor and delivery
- d. Length of hospital stay
- e. Current medication intake
- f. Infant feeding choice/concerns/immunizations/well child clinic referral

D. Problem Visit

- 1. Reason for visit: Obtain the stated purpose of the visit and/or chief complaint
- 2. Update the following histories, if indicated:
 - a. Obstetrical
 - b. Gynecological
 - c. LNMP (1st day menses)

- d. Medical
 - e. Allergy history
 - f. Family history
 - g. Contraceptive history
 - h. Sexual history
 - i. Psychosocial history
 - j. Immunization history
3. Perform a symptom analysis on each problem identified. Include:
- a. Onset
 - i. Date of onset
 - ii. Manner of onset
 - iii. Precipitating and predisposing factors related to onset
 - b. Characteristics
 - i. Character (quality, quantity, consistency)
 - ii. Location and radiation
 - iii. Intensity or severity
 - iv. Timing
 - v. Aggravating and/or relieving factors

vi. Associated symptoms

4. Review clinic routine and exam procedures.

V. *Method for initial and continuing competency evaluation*

A. Initial competency shall be evaluated by the delegating provider and staff supervisor 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 staff supervisor by means of the annual performance review.

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

This order is to be performed only when a license, privileged physician or mid-level 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 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.

Performing Physical Exam and Recording Physical Findings

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, mid-level providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered at quarterly Performance Improvement Committee meetings. This order is reviewed 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 Administration of Drugs*

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 OB/GYN department. The combination of measurements obtained may vary depending on the type of visit scheduled.

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

- A. Obtaining body temperature using the Welch/Allyn Digital Thermometer
Temperature readings are obtained on all patients who complain of having fever within the previous 24 hours.
- B. Obtaining Body Weight and Height Measurements
Body weight and Height are important measurements for all OB/GYN patients. Every patient will be weighed and the measurement will be documented in the permanent record. Height will be obtained at the first visit and then reassessed periodically, if needed.
- C. Obtaining Blood Pressure
Blood pressure readings are an important measurement for the patient's well-being and accurate readings are critical.
 - 1. Blood pressure readings are an important measurement for the patient's well-being and accurate readings are critical.

2. Proper cuff selection is essential when measuring blood pressure in order to obtain valid readings.
3. All blood pressure readings will be documented in the patient's medical record.

D. Obtaining Pulse and Respiratory Rates

Pulse and respiratory rates are obtained and recorded by the OB/GYN support staff.

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 clinical performance review.

VI. *Requires scope of supervision when administering drugs*

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 provider*

In the event of any recorded measurement/value that falls outside of the normal expected range, the provider should be notified 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.

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.

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 should 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.

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 the 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

Obtaining Laboratory Specimens

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, mid-level providers, other licensed and/or certified medical staff, and the Compliance & Performance Improvement program. Revisions are considered at quarterly Performance Improvement Committee meetings. This order is reviewed 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

Appropriately obtaining laboratory specimens is vital to ensure that results are accurate and reliable. The laboratory specimens obtained from each patient will be dependent on the type of visit scheduled.

IV. Specific requirements to be followed in performing particular functions

A. Urine Collection -

Urine collection containers will be presented to each patient and instructions will be given regarding how to collect a clean catch specimen. Patient will also be instructed where to leave specimen.

B. Culture Collection

GBS culturettes will be given to each OB patient at approximately 36 weeks gestation or anytime thereafter if patients are late entry for prenatal care or if they have missed previous appointments. Instructions will be provided regarding how to obtain a specimen and patient will be instructed where to return specimen.

V. *Method for initial and continuing competency evaluation*

- A. Initial competency shall be evaluated by the delegating provider and staff supervisor through 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 staff supervisor by means of the 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*

Support staff will make provider aware of inability to collect appropriate specimens so that the laboratory order is altered or arrangements made for the patient to provide a sample at a later date/time.

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.

ADMINISTRATION OF BIRTH CONTROL

I. Method used to 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. This order is reviewed not less than annually.

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.

III. Circumstances for obtaining physical findings

Physical findings are important facts used in the care of patient/clients in all levels of health care. Physical findings are collected and recorded for each visit in the OB/GYN department. The combination of measurements obtained may vary depending on the type of visit scheduled.

IV. Specific requirements necessary to the collection of physical findings

- a. Blood pressure and weight as collected per guidelines.
- b. Last menstrual period and recent sexual history.
- c. Urine pregnancy test should be performed on all patients, **unless medical provider states otherwise**.
- d. Dispense birth control per prescription order in chart.
 - i. Repeat Depo-Provera (DMPA) injection: repeat Depo-Provera DMPA injection can be given between 11-13 weeks after last injection if urine pregnancy test is negative unless otherwise stated by OB/GYN provider as notated in the patient's medical record.
 - ii. If more than 13 weeks after previous injection, patient must be assessed by the OB/GYN provider even if urine pregnancy test is negative.
- e. If patient expresses any dissatisfaction with current birth control method or concerns about method use, her OB/GYN provider must be notified.
- f. Any change in birth control method should be documented in the medical record in the form of a provider order.
- g. A signed new patient consent form must be obtained once there is any change in birth control method.

V. *Method for initial and continuing competency evaluation*

The initial competency shall be evaluated by the delegating provider and staff supervisor by continual observation and supervision of staff member.

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

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 provider*

Special circumstances requiring immediate communication with the physician or midlevel provider would include findings outside of expected normal ranges.

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 of physical findings*

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

Provision of General Patient Education

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

The Wellness Pointe OB/GYN department provides some very general patient education to prevent chronic health disorders e.g. diabetes, hypertension, dyslipidemia as well as how to maintain a healthy lifestyle.

II. Experience, training, and/or education requirements

All OB/GYN 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

OB/GYN patients are educated regarding preventive health services based on the U.S. Preventive Services Task Force recommendations.

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.)
- 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 patient education regarding general medical and/or mental health problems is usually provided but should not be considered sufficient for the 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 evidenced 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)

- 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. Rescheduling of an appointment if the patient has 2 no shows
 - 4. 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.