

Central Zone

PRE-PRINTED ORDER

Medicine, Infectious Diseases

Pneumococcal, Influenza

Tetanus-Diphtheria-Pertussis (Tdap) Vaccination

Patient: _____ Allergies: _____

Items preceded by a **bullet (●)** are mandatory. Items preceded by a **checkbox (☐)** are only to be carried out if checked.

Patient assessed by: _____ Date: _____

1. Risk assessment for PNEUMOCOCCAL disease. At high risk due to (Check all applicable):

Requires pneumococcal **CONJUGATE (Pneu-C-13)**

- HIV*^
- Asplenia (splenic dysfunction)*^
- Sickle cell disease*^
- Congenital immunodeficiencies*^
- Immunosuppressive therapy*^
- Malignant neoplasms*^
- Solid organ transplant*^

Requires pneumococcal **POLYSACCHARIDE (Pneu-P-23) only**

- Age greater than 65
- Chronic CSF leak
- Cochlear implants
- Chronic neurologic condition that may impair clearance of oral secretions
- Chronic cardiac or pulmonary disease
- Diabetes mellitus
- Chronic kidney disease**
- Chronic liver disease**
- Alcoholism
- Smoker
- Use of illicit drugs or crack cocaine
- Homeless persons

* Above sub-groups require Pneu-P-23 in 8 weeks and re-immunization with Pneu-P-23 once in 5 years

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^ If Pneu-P-23 already given then wait 1 year to give Pneu-C-13.

2. Contraindications for pneumococcal and/or influenza and/or Tdap vaccine

- Anaphylactic reaction to a previous dose
- Hypersensitivity to eggs*** (influenza only) or other components of the vaccine (For *** see reverse)
- Acute febrile illness (equal to or greater than 38.5° C)
- Previously received pneumococcal vaccine
(Above sub-groups* require Pneu-P-23 in 8 weeks and re-immunization with Pneu-P-23 once in 5 years)
(See e-CPS, Clin-Info, Routine Immunizations)
- Patient refuses
- Already received one adult dose of Tdap

3. Informed Consent

- Patient has consented

4. Vaccine Administration

- Pneumococcal POLYSACCHARIDE (Pneu-P-23) 0.5 mL IM (deltoid)
- Repeat pneumococcal POLYSACCHARIDE (Pneu-P-23) 0.5 mL IM (deltoid) in 8 weeks. Date due _____
- Pneumococcal CONJUGATE (Pneu-C-13) 0.5 mL IM (deltoid) x 1 dose
- Tdap 0.5 mL IM (deltoid)
- Influenza vaccine 0.5 mL IM (deltoid)

5. Anaphylaxis Management

- EPINEPHrine 1 mg/mL (1:1,000) Give 0.5 mg IM. May repeat at 5 min intervals x 3 prn
- DiphenhydrAMINE 50 mg po x 1 dose
- If unable to take po medication, diphenhydrAMINE 50 mg IM x 1 dose



Prescriber's Signature: _____ Date (yyyy/mm/dd): _____

Prescriber's Name _____ Reg. No. _____

Print

Risk Assessment and Administration of Pneumococcal, Influenza and Tdap Vaccine

All patients are at risk for influenza and pertussis. Patients qualify for a dose of each vaccine unless contraindicated OR have already received a dose of Tdap as an adult.

Complete risk assessment for pneumococcal vaccine



Assess contraindications for all vaccines to be administered***



Obtain Informed Consent

Discuss:

- Benefits of vaccine(s)
- Risks of not getting vaccinated
- Common and expected side effects of the vaccine(s)
- Possible serious adverse effects and their frequency
- Potential need and consent for anaphylaxis management
- Provide opportunity for questions
- Patient appears to understand and knowingly consents



Administer vaccine(s)



Document administration of vaccine including lot number and site of injection(s) either in MAR or Department of Health Reciprocal Form

*** **Egg allergy** is no longer considered a contraindication for trivalent influenza vaccine.

Assessment of risk of severe allergic reaction

- **Lower risk for severe allergic reaction**

Mild gastrointestinal or mild local skin reaction (hives) OR those that can tolerate eggs in baked goods.

- Administer full single dose, 0.5 mL IM. Observe for 30 minutes.

- **Higher risk for severe allergic reactions**

Previous respiratory or cardiovascular reaction

- Administer full single dose, 0.5 mL IM and observe for 30 minutes.
- Administer in a setting where respiratory or cardiovascular events can be managed (ambulatory clinic or inpatient patient care area).