Standing Order for Administration of Tetanus-Diphtheria (Td) or Tetanus-Diphtheria-Pertussis (Tdap) Vaccine to Adults

**POLICY:**

Under this standing order, medical assistants and RNs with proper training may provide Tetanus-Diphtheria (Td) or Tetanus-Diphtheria-Pertussis (Tdap) vaccinations to clients 18 years and older who meet criteria below.

**PURPOSE:**

Tetanus, diphtheria and pertussis can be very serious diseases. All three diseases are caused by bacteria. Tetanus is an infection of the nervous system which can cause muscle spasms. Without timely treatment, approximately 2 out of 10 people who get tetanus will die from it. Diphtheria can cause a thick membrane and can hamper breathing. Pertussis (also known as whooping cough) causes severe coughing which can lead to difficulty breathing, vomiting, and poor sleep. Infants (less than 1 year old) have greatest risk for pertussis and are at most risk for serious complications, including death.

Vaccinations have dramatically reduced the number of cases of tetanus, diphtheria, and pertussis in the United States since vaccines for these diseases were developed in the 1920s and 40s. Your body does not build immunity to tetanus so revaccination is important.

**PROCEDURE:**

1. Identify adults in need of Td or Tdap vaccination based on the following criteria:
   a. All adults age 19 and older who have never been vaccinated for tetanus will require the primary series of vaccination (3 shots at 0, 1, and 6 months); one dose should be Tdap.
   b. Adults 19 and older who received primary series and documentation of Tdap need a Td booster every 10 years.
   c. Adults 19 and older, if previous Td recorded, but no documentation of Tdap, administer Tdap immediately a (no minimum interval between Td and the subsequent Tdap).
   d. Recent deep and dirty wound and no Td or Tdap in past 5 years? Administer Td or Tdap according to above criteria.
   e. For pregnant women with no documentation of Tdap: give Tdap after 20 weeks gestation or immediately postpartum.

2. Screen for contraindications and precautions to Td and Tdap vaccine:
   a. Those with life-threatening or severe allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine should not get Td or Tdap.
   b. Anyone who had a coma or multiple seizures within 7 days after a dose of DTP or DTaP should not get Td, unless a cause other than the vaccine was found. These people may get Td.
c. Talk to the provider first for patients with any of the following conditions (must use vaccine with caution):
   i. epilepsy
   ii. history of Guillain–Barré Syndrome
   iii. severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap vaccine
   iv. severe illness with a fever (patients with mild coughs or colds can get vaccinations. If the patient is severely ill with a high fever, wait to vaccinate until the fever is gone)

3. Record the reason(s) for non-receipt of the vaccine. If clients don’t have contraindications but refuse vaccination, provide education and coaching. Document refusal in client record.

4. Provide all clients with a copy of the most updated Vaccine Information Statement (VIS) for PPSV23. If available, provide non-English speaking clients with a copy of the VIS in their native language, found at www.immunize.org/vis.

5. Mix vial well before withdrawing every dose of vaccine.

6. Administer 0.5 mL Td or Tdap vaccine (22–25g, 1–1½" needle) in the deltoid muscle.

7. Document immunizations in client immunization record. Information includes: name of the vaccine, date vaccine was administered, the manufacturer, lot number, dosage, VIS version date, and name of the person administering the vaccine. Documentation protocol may vary per clinic.

8. Be prepared for a medical emergency related to any intervention provided by having a written emergency medical protocol available, as well as equipment and medications.

9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Medical Director ___________________________ ___________________________
Printed Name ___________________________ Signature ___________________________

Effective date ___________________________
Date reviewed ___________________________ Date revised ___________________________