

STANDING ORDER FOR ADMINISTRATION OF PNEUMOCOCCAL VACCINE TO ADULTS 18+

POLICY:

Under this standing order medical assistants and RNs with proper training may provide pneumococcal vaccinations to clients who meet criteria below.

PURPOSE:

Pneumonia is a serious disease that may lead to hospitalization and death, especially for people ages 65 and older, children ages 5 and younger, people with chronic disease (ex. heart disease, diabetes, COPD), and people with weakened immune systems. Approximately 3 million people in the United States get pneumonia every year. In 2009, over 1 million people were hospitalized in the US for pneumonia and almost 51,000 people died.

A pneumococcal vaccine can prevent one from getting pneumonia, reduce the risk of complications from pneumonia, and lessen the chance to spread to others. However, only 62.3% of adults age 65 or older have ever received a pneumococcal vaccine. One type of pneumococcal vaccine is called pneumococcal polysaccharide vaccine which protects against 23 types of pneumococcal bacteria (PPSV23). Its brand name is "Pneumovax."

PROCEDURE:

1. Identify adults in need of PPSV23 vaccination based on the following criteria:
 - a. Age 65 and older, never vaccinated with PPSV23 : vaccinate once.
 - b. Age 65 and older, vaccinated with PPSV23 before age 65 – vaccinate one more time, 5 years after last dose.
 - c. Age 18 -64 with one of these conditions? Vaccinate once, and repeat after age 65 (no sooner than 5 years after first dose):
 - Diabetes
 - Asthma
 - Other chronic disease (lung, heart, liver disease)
 - Alcoholism
 - Smokers
 - Immune compromise such as sickle cell disease (not trait), HIV, leukemia, lymphoma, Hodgkin's, myeloma, metastatic malignancy, transplant recipient, chronic steroids, no spleen
2. Screen for contraindications to pneumococcal vaccine and other precautions:
 - a. Life-threatening or severe allergic reaction to previous PPSV23 dose
 - b. Moderate or severe illness with or without fever? Wait until illness subsides to vaccinate

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. Administer 0.5 mL PPSV23 vaccine either intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
6. 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.
7. 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.
8. 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 _____