

Franklin Square
Hospital Center
MedStar Health

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Patient Label

NURSE STANDING ORDERS: PNEUMOCOCCAL AND INFLUENZA VACCINATION PROTOCOL
Screen Patients for Both Vaccines

Screening for PNEUMOCOCCAL POLYSACCHARIDE VACCINE:

Exclusion Criteria

- Patient has been administered a Pneumococcal Vaccine within 5 years. (Year given: _____)
Source (if checked above): Patient SMS Lifetime Record/MRDI Other: _____
- Patient had a severe allergy (i.e., anaphylactic allergic reaction) to previous pneumococcal vaccine
- Patient had a bone marrow transplant within the past 12 months
- Patient is receiving or has received chemotherapy or radiation therapy during this hospitalization
- Patient refuses

If any of the above Exclusion Criteria is checked, the patient is NOT eligible for the vaccine. Proceed to screening the patient for Influenza Vaccine below.

Inclusion Criteria

- Patient is aged ≥ 65 years
- Patient has a chronic health problem: heart disease; kidney disease; lung disease; diabetes; anemia; blood disorders
- Patient is a resident of a nursing home or long-term care facility
- Patient is immunocompromised with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, damaged or no spleen, organ transplant or alcoholism

When unsure whether the patient has ever been given the Pneumococcal Vaccine the CDC recommends giving the vaccine: (see back)

When the patient meets ANY of the above Inclusion Criteria, Order and Administer the vaccine and document Lot No. and Date of administration on Medication Administration Record (MAR) and enter into SMS Lifetime Record.

✓ Provided the Pneumococcal Vaccine information sheet to the patient (Form No NT20720-9 or info available on KRAMES)

ORDER Pneumococcal Polyvalent Vaccine 0.5 ml subcutaneous now (Scan to Pharmacy) Time: _____ Initial: _____

Screening for INACTIVATED INFLUENZA VACCINE: ONLY in months OCTOBER THROUGH MARCH

Exclusion Criteria

- It is the month of April through September
- Patient already administered influenza vaccine this season
Source (if checked above): Patient SMS Lifetime Record/MRDI Other: _____
- Patient has a severe allergy (i.e., anaphylactic allergic reaction) to hens eggs or to previous influenza vaccine
- Patient had a bone marrow transplant within the past 12 months
- Patient has history of Guillain-Barré syndrome
- Patient refuses

If any of the above Exclusion Criteria is checked, the patient is NOT eligible for the vaccine. Proceed to Signing and Dating the form below.

Inclusion Criteria

- Patient is aged ≥ 50 years
- Patient has a chronic health problem: heart disease; kidney disease; lung disease; diabetes; anemia; blood disorders
- Patient is a resident of a nursing home or long-term care facility
- Patient is immunocompromised with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or is on immunosuppressive chemotherapy or long-term systemic corticosteroids
- Patient will be pregnant during influenza season
- Patient is a household contact or out-of-home caretaker of infants from 0-23 months or high risk groups
- Patient requests Influenza vaccine

When the patient meets ANY of the above Inclusion Criteria, Order and Administer the vaccine and document Lot No. and Date of administration on Medication Administration Record (MAR) and enter into SMS Lifetime Record.

✓ Provided the CDC Influenza Vaccine information sheet to the patient (Form No NT20720-5 or info available on KRAMES)

ORDER Inactivated influenza virus vaccine 0.5 ml IM now (Scan to Pharmacy) Time: _____ Initial: _____

RN/LPN

Signature _____ Printed Name _____ Date _____ Time _____

DO NOT THIN

INTRODUCTION

1. Elderly patients, patients with chronic medical condition, immunocompromised and immunosuppressed patients are especially susceptible to influenza and pneumococcal disease. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly. Pneumococcal disease is responsible for more deaths than all other vaccine-preventable bacterial diseases from serious pneumonia (5% mortality), bacteremia (20% mortality) and meningitis (30% mortality). (Influenza Infection – Ref: MMWR 2004; 53: RR-50; 1183-1184 and MMWR 1997; 46:RR-9: 1-25) (Pneumococcal infection – Ref: MMWR 1997; 46:RR-8: 1-24)
2. The CDC Advisory Committee on Immunization Practices recommends standing order programs for influenza and pneumococcal vaccinations. These programs authorize nurses to administer vaccinations according to physician-approved protocols without a physician's exam or written order. Because of the societal burden of influenza and pneumococcal disease, implementation of standing orders programs to improve adult vaccination coverage for these diseases should be a national public health priority. (Ref: MMWR 2000; 49: RR01;15-26)
3. The Medical Executive Committee (MEC) of Franklin Square Hospital Center (FSHC) authorizes the use of nurse standing orders for influenza and pneumococcal vaccination. (MEC minutes February 2005)
4. The Clinical Practice Committee (CPC) has created a policy and procedure for nurse standing orders. (CPC minutes March 2005)

POLICY

1. Any nurse may be trained to a) screen patients for inclusion and exclusion criteria to vaccination, b) administer vaccines, and c) monitor patients for adverse events.
2. The nurse will follow the FSHC protocol for influenza and pneumococcal vaccination.

PROCEDURE

- All adult** (≥ 18 years of age) admitted patients will be screened via the "Influenza and Pneumococcal Vaccination Protocol".
2. The admitting nurse/ER nurse will screen/interview the patient and/or family to determine whether the patient meets the inclusion criteria and whether the patient is current with Influenza or Pneumococcal vaccination.
 3. The nurse will review any past medical records/prior admission(s) in SMS Lifetime Record or Azyxxi to determine the date/whether the patient is current with Influenza and Pneumococcal vaccination.
 4. The nurse will complete in its entirety both sections of the NURSE STANDING ORDERS: PNEUMOCOCCAL AND INFLUENZA VACCINATION PROTOCOL form, sign and date.
 5. For eligible patients, the nurse will order either/both the inactivated Influenza vaccine and/or the Pneumococcal polysaccharide vaccine and scan it to pharmacy.
 6. The admitting/ER nurse will administer inactivated Influenza vaccine and/or the Pneumococcal polysaccharide vaccine to eligible patients per this protocol. and check-off on the front of this form.
 7. The nurse will record the Lot Number, Date, Time and Location/site of administration on the MAR and also record or have the unit secretary record in the SMS Lifetime Record that the vaccine was administered.
 8. The nurse will provide the patient and/or family with the inactivated Influenza and/or Pneumococcal polysaccharide Vaccine Information Statement(s) (VIS) and a copy of this completed form as a record of receiving the vaccine.
 9. The nurse will report any adverse reactions to pharmacy through the electronic medication occurrence reporting system, and pharmacy will report them to the CDC through the Vaccine Adverse Events Reporting System (VAERS).

****** Patients should receive the vaccinations unless they refuse or do not meet the criteria. No other comments or reasons should be noted on this form for not administering the vaccination. ******

PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American populations.

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure
 - have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit the National Immunization Program website at www.cdc.gov/nip



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