
Standing Orders for Administering Pneumococcal Vaccine 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: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet any of the criteria below.

Procedure

1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV) based on the following criteria:
 - a. Age 65 years or older with no or unknown history of prior receipt of PPSV
 - b. Age 64 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:
 - i. cigarette smoker
 - ii. chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
 - iii. chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
 - iv. diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
 - v. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
 - vi. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
 - vii. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
 - viii. organ or bone marrow transplantation
 - ix. chronic renal failure or nephrotic syndrome
 - x. candidate for or recipient of cochlear implant
2. Identify adults in need of a second (and final) dose of PPSV if five or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:
 - a. Age 65 years or older and received prior PPSV vaccination before age 65 years
 - b. At highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories v.-ix. above)
3. Screen all patients for contraindications and precautions to PPSV vaccine:
 - a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV or to a vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. **Precaution:** moderate or severe acute illness with or without fever
4. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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 available; these can be found at www.immunize.org/vis.
5. Administer 0.5 mL PPSV 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 each patient’s vaccine administration information and follow up in the following places:
 - a. **Medical chart:** 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. 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.
8. Report all adverse reactions to PPSV to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____