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## Standing Orders for Administering DTaP to Children Younger than Age 7 Years

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**Purpose:** To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all infants and children 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 infants and children who meet the criteria below.

### Procedure

1. Identify infants and children ages 2 months through 6 years who have not completed a diphtheria, tetanus, and acellular pertussis (DTaP) vaccination series.
2. Screen all patients for contraindications and precautions to DTaP:
  - a. **Contraindications:**
    - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of DTaP or to a DTaP component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - a history of encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of pertussis-containing vaccine.
  - b. **Precautions:**
    - fever of 105° F (40.5° C) or higher not attributable to another cause within 48 hours of a previous dose of DTaP
    - a hypotensive-hyporesponsive episode within 48 hours of a previous dose of DTaP
    - seizure within 3 days of a previous dose of DTaP
    - persistent, inconsolable crying lasting more than 3 hours that occurred within 48 hours of a dose of DTaP
    - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
    - moderate or severe acute illness with or without fever
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Provide routine vaccination with DTaP at ages 2 months, 4 months, 6 months, 15–18 months, and 4–6 years. Administer 0.5 mL DTaP intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: infants younger than 12 mos: 1”; 12 mos–6 yrs: 1–1¼”.
5. For patients who have not received DTaP at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between the first three doses, and 6 months between the third and fourth dose. If child is age 4–6 years and the fourth dose was given before fourth birthday, give an additional dose at least 6 months after the fourth dose.
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 DTaP vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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# Standing Orders for Administering Hepatitis B Vaccine to Adults

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**Purpose:** To reduce morbidity and mortality from hepatitis B virus (HBV) infection 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 hepatitis B vaccination based on the following criteria: \*
  - a. Age younger than 19 years with no or unknown history of prior receipt of a complete series of hepatitis B vaccine
  - b. Age 19 years or older meeting any of the following criteria:
    - Patient with end-stage renal disease, including patients receiving hemodialysis; HIV infection; or chronic liver disease
    - Sexually active and not in a long-term, mutually monogamous relationship (i.e., more than 1 sex partner during the previous 6 months)
    - Under evaluation or treatment for a sexually transmitted disease (STD)
    - A male who has sex with males or a current or recent injection-drug use
    - At occupational risk of infection through exposure to blood or blood-contaminated body fluids (e.g., healthcare worker, public safety worker, trainee in a health professional or allied health school)
    - Client or staff of an institution for persons with developmental disabilities
    - Sex partner or household member of a person who is chronically infected with HBV (including an HBsAg-positive adopted child)
    - Planned travel to a country with high or intermediate prevalence of chronic HBV infection (a list of countries is available at [www.cdc.gov/travel/diseases.htm](http://www.cdc.gov/travel/diseases.htm))
    - Housed in or seen for care in a setting in which a high proportion of persons have risk factors for HBV infection (e.g., STD treatment facilities, correctional facilities, institutions for developmentally disabled persons)
  - c. Age 19 through 59 years with diabetes mellitus
  - d. Age 60 years or older with diabetes mellitus, at the discretion of the treating clinician
  - e. Any person who wants to be vaccinated against HBV infection and lacks a specific risk factor
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
  - a. **Contraindication:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component. For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 speakers with the VIS in their native language, if available; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Administer hepatitis B vaccine intramuscularly (22–25g, 1–1½” needle) in the deltoid muscle. For persons age 20 years or older, give 1.0 mL dosage; for persons age 19 years or younger, give 0.5 mL dosage.
5. Provide subsequent doses of hepatitis B vaccine to complete each patient’s 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 4 months (16 weeks) between the first and third doses.
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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

\*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see MMWR 2005;54 [No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, give hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided.

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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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## Standing Orders for Administering Hepatitis B Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from hepatitis B virus (HBV) infection by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

**Procedure:**

1. Identify infants, children, and teens who have not begun or have not completed a hepatitis B vaccination series.\*
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
  - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:** moderate or severe acute illness with or without fever
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Administer 0.5 mL hepatitis B vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: newborns (first 28 days of life) and premature infants: 5/8"; infants younger than age 12 mos: 1"; toddlers 1–2 yrs: 1–1 1/4" (anterolateral thigh) or 5/8–1" (deltoid muscle); children 3–18 yrs: 5/8–1" (deltoid) or 1–1 1/4" (anterolateral thigh). A 5/8" needle may be used in toddlers and children if inserted in the deltoid muscle at 90° angle to the skin which is stretched flat between thumb and forefinger. It is necessary to give 4 doses of HepB when Comvax or Pediarix vaccines are given after the birth dose. For patients ages 11–15 years, an alternative 2-dose schedule using Recombivax-HB adult formulation vaccine may be used; give 1.0 mL hepatitis B vaccine intramuscularly in the deltoid.
5. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 16 weeks between the first and third doses. The last dose in the infant series should not be given earlier than age 24 weeks. For patients ages 11–15 years on the 2-dose adult formulation Recombivax-HB schedule, give the second dose 4–6 months following the first dose.
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 hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

\*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see *MMWR* 2005;54 [No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, give hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided.

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: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

# Admission Orders for Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus (HBV) Transmission

The guidelines in this 2-page document were developed to help hospitals establish policies and standing orders in their labor and delivery and newborn units.

During 2005, the Centers for Disease Control and Prevention (CDC) published updated recommendations of the Advisory Committee on Immunization Practices (ACIP) for prevention of hepatitis B virus (HBV) infections in children which includes the recommendation to administer hepatitis B vaccine to **all newborns before hospital discharge**. The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists have all endorsed the birth dose recommendation. To obtain a copy, go to [www.cdc.gov/mmwr/PDF/rr/tr5416.pdf](http://www.cdc.gov/mmwr/PDF/rr/tr5416.pdf).

To protect infants from HBV infection, CDC recommends that all delivery hospitals institute standing orders or admission orders, and protocols to ensure healthcare professionals do the following:

1. Administer hepatitis B vaccine to **all newborns** before they are discharged from the hospital.
2. Identify all infants born to mothers who are hepatitis B surface antigen (HBsAg) positive or to mothers with unknown HBsAg status. Administer appropriate immunoprophylaxis to these infants.

## Admission orders / procedures for birthing mothers

**For pregnant women who have a HBsAg lab report included in their prenatal records, do the following:**

1. Examine a copy of the *original* laboratory report of the pregnant woman's HBsAg<sup>1</sup> test result to verify that the correct test (i.e., HBsAg) was performed and to verify that the testing date was during this pregnancy not a previous one. *Do not rely on a handwritten or transcribed HBsAg test result!*
2. Place a copy of the original HBsAg lab report into (1) the pregnant woman's L&D record and (2) the infant's hospital record.
3. If the pregnant woman is HBsAg positive, alert the nursery staff that the newborn is high risk and will need postexposure prophylaxis—both HBIG and hepatitis B vaccine—within 12 hours of birth.
4. Perform a repeat blood test for HBsAg<sup>1</sup> if the pregnant woman was HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., not in a long-term, mutually monogamous relationship; had an HBsAg-positive sex partner; had evaluation or treatment for a sexually transmitted disease; currently uses or recently used injection drugs).
5. Instruct the laboratory to call L&D and the nursery with the HBsAg test result ASAP.

**For pregnant women who do not have an HBsAg lab report on their prenatal record, do the following:**

1. Perform HBsAg<sup>1</sup> testing ASAP on women who do not have a copy of an original HBsAg laboratory report from the current pregnancy included in their prenatal record.
2. Instruct the lab to call L&D and the nursery units with the newly obtained HBsAg test result ASAP.

## Admission orders / procedures for newborns

**Hospital procedures to follow for ALL newborns**

1. Review a copy of the mother's *original* HBsAg<sup>1</sup> lab report to ensure that the correct serologic test was ordered and that it was ordered during this pregnancy.
2. Determine if the newborn needs immediate postexposure prophylaxis within 12 hours of birth. To do this you must know the mother's HBsAg status and the newborn's birth weight. If the newborn weighs less than 2kg, see the descriptions below and footnotes 2, 5, 6.

**For newborns of HBsAg-negative mothers**

1. Administer single-antigen hepatitis B vaccine (0.5 mL, IM) before hospital discharge to **all** newborns weighing 2 kg or more at birth.<sup>2, 3, 4</sup>
2. Document the hepatitis B vaccine dose in the newborn's medical record, including date, time, site of administration, and lot number.
3. Give the mother an immunization record card that includes the hepatitis B vaccination date. Explain the need for the complete hepatitis B vaccine series to protect her baby. Remind her to bring the card with her each time her baby sees a provider.

**For newborns of mothers with unknown HBsAg status, do the following:**

1. Administer single-antigen hepatitis B vaccine (0.5 mL, IM) within 12 hours of birth.<sup>3, 5</sup> Do not wait for test results to return before giving this dose of vaccine.
2. Document the hepatitis B vaccine dose in the newborn's medical record, including date, time, site of administration, and lot number.
3. Give the mother an immunization record card that includes the hepatitis B vaccination date. Explain the need for the complete hepatitis B vaccine series to protect her baby. Remind her to bring the card with her each time her baby sees a provider.
4. Confirm that the laboratory has received blood for the mother's HBsAg<sup>1</sup> test.
5. Verify when the mother's HBsAg result will be available and that it will be reported to L&D and the newborn unit ASAP.
6. If the nursery does not receive the report of the mother's HBsAg test at the expected time, call the laboratory for the result.
7. If the laboratory test indicates the mother's HBsAg<sup>1</sup> test result is positive, do the following:
  - a. Administer hepatitis B immune globulin (HBIG 0.5 mL, IM) to the newborn ASAP. (Hepatitis B vaccine should have been given within 12 hours of birth.)

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- b. Document the HBIG dose appropriately in the newborn's medical record. There is little benefit in giving HBIG if more than 7 days have elapsed since birth.
  - c. Alert the mother's and newborn's physician(s) of the test result.
  - d. Follow the instructions below "For newborns of HBsAg-positive mothers," steps 3–7.
8. If the newborn must be discharged before the mother's HBsAg result is known:
    - a. Document contact information for the parents (e.g., addresses, telephone numbers, emergency contacts) in case further treatment is needed.
    - b. Obtain the name, address, and phone number of the mother's and the newborn's healthcare providers.
    - c. Notify the mother's and newborn's healthcare providers that the mother's HBsAg test result is pending.
- e. That she needs to have a medical evaluation for chronic hepatitis B, including an assessment of whether she is eligible for antiviral treatment.

#### Footnotes

1. Be sure the correct test for HBsAg (hepatitis B surface antigen) was/is ordered. The HBsAg test should not be confused with other hepatitis B serologic tests, including antibody to HBsAg (anti-HBs or HBsAb) and antibody to hepatitis B core antigen (anti-HBc or HBcAb).
2. Infants weighing less than 2 kg at birth and whose mothers are documented to be HBsAg negative should receive the first dose of vaccine 1 month after birth or at hospital discharge, whichever comes first. The mother's HBsAg test result must be part of the infant's medical record.
3. Federal law requires that you give parents a Hepatitis B Vaccine Information Statement (VIS) before vaccine administration. To obtain a VIS, download it from the IAC website at [www.immunize.org/vis](http://www.immunize.org/vis) or call your state health department.
4. According to the CDC recommendations, exceptions to administering the birth dose of hepatitis B vaccine are allowed on a case-by-case basis and only in rare circumstances. If a birth dose is not administered, a copy of the mother's negative HBsAg test result from the current pregnancy must be placed in the infant's medical record and the attending physician must write a specific order directing staff not to administer the birth dose in the hospital. Infants who do not receive the first dose of hepatitis B vaccine before hospital discharge should receive the first dose no later than age 2 months.
5. An infant weighing less than 2 kg whose mother's HBsAg status is unknown should receive HBIG and hepatitis B vaccine within 12 hours of birth. Do not count the hepatitis B vaccine dose as the first dose in the vaccine series. Reinitiate the full hepatitis B vaccine series at age 1–2 months.
6. An infant weighing less than 2 kg whose mother is HBsAg positive should receive the first dose of hepatitis B vaccine and HBIG within 12 hours of birth. Do not count the hepatitis B vaccine dose as the first dose in the vaccine series. Reinitiate the full hepatitis B vaccine series at age 1–2 months.

#### For newborns of HBsAg-positive mothers

1. Administer HBIG (0.5 mL, IM) and single-antigen hepatitis B vaccine<sup>3,6</sup> (0.5 mL, IM) at separate injection sites within 12 hours of birth.
2. Document the hepatitis B vaccine and HBIG dose in the newborn's medical record, including date, time, site of administration, and lot number.
3. Give the mother an immunization record card that includes the hepatitis B vaccination and HBIG dates. Explain the need for the complete hepatitis B vaccine series to protect her baby. Remind her to bring the card with her each time her baby sees a provider.
4. Notify the local or state health department of the infant's birth and the date and time of administration of HBIG and hepatitis B vaccine doses.
5. Obtain the name, address, and phone number of the newborn's primary care provider.
6. Notify the provider of the newborn's birth, the date and time of HBIG and hepatitis B vaccine doses administered, and the importance of additional on-time vaccination and postvaccination testing of the infant for HBsAg and antibody to HBsAg after completion of the hepatitis B vaccine series.
7. Provide advice to the mother. Tell her the following:
  - a. That she may breast-feed her infant upon delivery, even before hepatitis B vaccine and HBIG are given;
  - b. That it is critical for her infant to complete the full hepatitis B vaccine series on the recommended schedule;
  - c. That blood will need to be drawn from the infant after completion of at least 3 doses of the hepatitis B vaccine series at age 9–18 months (usually done at a well-child visit) to determine if the infant developed a protective immune response to vaccination or needs additional management;
  - d. About modes of HBV transmission and the need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts;

#### SAMPLE TEXT

##### Admission Order for Routine Newborn Hepatitis B Vaccination (to include in the standard admission orders)

- Hepatitis B Vaccine (RECOMBIVAX HB or Engerix-B) IM**  
 ONE TIME, Intramuscular, Dose: 0.5 mL. Give within 12 hours of birth to all infants who weigh 2 kg (4.4 lb) or more. Bathe the newborn, washing the site well with soap and water, cleanse the injection site with alcohol prior to IM administration. *Obtain verbal consent from the parent prior to administration. Give the hepatitis B Vaccine Information Statement (VIS) to the parent and document the vaccine's administration in the hospital medical record. If the parent is unwilling to give verbal consent, notify physician by morning rounds or prior to 12 hours of age.*

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# Sample Text for Admission Orders for Hepatitis B Vaccine Birth Dose in Newborn Nursery

## General orders for all newborns

1. Review a copy of the mother's original lab report to ensure that the correct serologic test (HBsAg) was ordered and that it was ordered during this pregnancy. Perform a repeat HBsAg blood test on the mother if the pregnant woman was HBsAg negative during a prenatal visit but was at risk for acquiring HBV infection during this pregnancy (e.g., not in a long-term, mutually monogamous relationship; had an HBsAg-positive sex partner; had evaluation or treatment for a sexually transmitted disease; currently uses or recently used injection drugs).
2. Determine if the newborn is high risk and needs immediate postexposure prophylaxis within 12 hours of birth. The infant is high risk if the mother's HBsAg status is positive or unknown.

## For routine newborn hepatitis B vaccination: mother is HBsAg negative

1. Administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, IM (intramuscular) in anterolateral thigh no later than hospital discharge. Prior to vaccination, give the parent a Hepatitis B Vaccine Information Statement (VIS) and obtain verbal consent to vaccinate. If parent unwilling to give consent, notify physician ASAP. Document vaccine administration or vaccine refusal in hospital record. Give the parent a record of the vaccination.

## For highest-risk infants: mother is HBsAg positive

1. Administer Hepatitis B Immune Globulin (HBIG) 0.5 mL, IM in anterolateral thigh in the delivery room or ASAP within 12 hours of birth. Document HBIG administration in hospital record. Give parent a record of the HBIG administration.
2. At same time and in opposite anterolateral thigh, administer single-antigen hepatitis B vaccine, pediatric, 0.5 mL, IM ASAP within 12 hours of birth. Document vaccine administration in hospital record. Give the parent a record of the vaccination.
3. Prior to administering both HBIG and HepB vaccine, give the parent a Hepatitis B Vaccine Information Statement (VIS) and obtain verbal consent to vaccinate. If parent unwilling to give consent, notify physician ASAP. Consider notifying Child Protective Services if parent continues to refuse despite discussion with physician.
4. Notify the local or state health department of the infant's birth and the date and time of administration of HBIG and hepatitis B vaccine doses.
5. Obtain the name, address, and phone number of the newborn's primary care provider and notify provider of vaccine and HBIG administration.
6. Notify the provider of the newborn's birth, the date and time of HBIG and hepatitis B vaccine doses administered, and the importance of additional on-time vaccination (infants weighing <2000 grams (4.4 lbs) will require 4 doses of vaccine as the first dose does not "count") and postvaccination testing of the infant for HBsAg and antibody to HBsAg after completion of the hepatitis B vaccine series.
7. Provide advice to the mother. Tell her the following:
  - a. That she may breastfeed her infant upon delivery, even before hepatitis B vaccine and HBIG are given;
  - b. That it is critical for her infant to complete the full hepatitis B vaccine series on the recommended schedule;
  - c. That blood will need to be drawn from the infant following completion of the hepatitis B vaccine series (usually done at a well-child visit at age 9–18 months) to determine if the infant developed a protective immune response to vaccination or needs additional management;
  - d. About modes of HBV transmission and the need for testing and vaccination of susceptible household, sexual, and needle-sharing contacts;
  - e. That she and infected contacts need to have medical evaluations for chronic hepatitis B, including an assessment of whether she is eligible for antiviral treatment.

## For high-risk infants: mother's HBsAg status is unknown

1. Administer single-antigen hepatitis B vaccine (0.5 mL, IM) within 12 hours of birth. For infants weighing < 2000 grams (4.4 lbs) at birth, also administer hepatitis B immune globulin (HBIG 0.5 mL, IM) within 12 hours. Do not

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wait for test results to return before giving this dose of vaccine (and HBIG for infants weighing < 2000 grams). Document vaccine administration in the hospital record. Give the parent a record of the vaccination.

2. Confirm that the laboratory has received blood for the mother's HBsAg test
3. Verify when the mother's HBsAg result will be available and that it will be reported to the newborn unit ASAP.
4. If the laboratory test indicates the mother's HBsAg test result is positive, do the following:
  - a. Administer hepatitis B immune globulin (HBIG 0.5 mL, IM) to the newborn weighing  $\geq 2000$  gm ASAP. Those weighing <2000 grams at birth should have already received HBIG). (Hepatitis B vaccine should have been given within 12 hours of birth to all infants of mothers with unknown HBsAg status.)
  - b. Follow steps 4–7 of section above

For additional detailed information about text that you might incorporate into newborn admission orders, including orders for premature infants, refer to "Admission Orders for Labor & Delivery and Newborn Units to Prevent Hepatitis B Virus (HBV) Transmission" available at [www.immunize.org/catg.d/p2130.pdf](http://www.immunize.org/catg.d/p2130.pdf).

### **Reference**

A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States. Part 1: Immunization of Infants, Children and Adolescents. *MMWR*, December 23, 2005, Vol. 54(RR-16):1-39

# Standing Orders for Administering *Haemophilus influenzae* type b Vaccine to Children

**Purpose:** To reduce morbidity and mortality from *Haemophilus influenzae* type b disease by vaccinating all children 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 children who meet any of the criteria below.

## Procedure

- Identify infants and children ages 6 weeks through 59 months in need of vaccination against *Haemophilus influenzae* type b based on the following criteria:
  - age 6 weeks through 14 months without vaccination or with an incomplete primary series of *Haemophilus influenzae* type b (Hib) vaccine
  - age 15 months through 59 months without evidence of receiving a dose of Hib vaccine since his or her 1st birthday
- Screen all patients for contraindications and precautions to Hib vaccine:
  - Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of Hib vaccine or to a Hib vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - Precautions:** moderate or severe acute illness with or without fever
- Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
- Provide routine vaccination with Hib vaccine at ages 2 months, 4 months, 6 months\*, and 12–15 months. Administer 0.5 mL Hib vaccine intramuscularly in the vastus lateralis for infants (or for toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers and older children). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: infants younger than 12 mos: 1"; 12 mos–5 yrs: 1–1½".
- For children who have not received Hib vaccine at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing the following minimum intervals:

For Children Who Have Fallen Behind: Minimum Intervals Permissible Between Doses of Hib Vaccine (Source: <a href="http://www.cdc.gov/vaccines/recs/schedules">www.cdc.gov/vaccines/recs/schedules</a> )		
Interval between dose 1 and dose 2	Interval between dose 2 and dose 3	Interval between dose 3 and dose 4
<b>4 weeks</b> if first dose given at age younger than 12 mos <b>8 weeks (as final dose)</b> if first dose given at age 12–14 mos <b>No further doses needed</b> if first dose given at age 15 mos or older	<b>4 weeks*</b> if current age younger than 12 mos <b>8 weeks (as final dose)*</b> if current age 12 mos or older and second dose given at age younger than 15 mos <b>No further doses needed</b> if previous dose given at age 15 mos or older	<b>8 weeks (as final dose)</b> only necessary for children ages 12 mos–5 yrs who received 3 doses before age 12 mos

\*If child’s current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or Comvax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.

- Document each patient’s vaccine administration information and follow up in the following places:
  - 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).
  - Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
- 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.
- Report all adverse reactions to Hib vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

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# Standing Orders for Administering Human Papillomavirus Vaccine to Adults

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**Purpose:** To reduce morbidity and mortality from human papillomavirus (HPV) infection 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 the criteria below.

## Procedure

1. Identify adults in need of vaccination against human papillomavirus (HPV) based on the following criteria:
  - a. Female, age 26 years or younger
  - b. Male, age 21 years or younger
  - c. Male, age 22 through 26 years meeting any of the following conditions:
    - i. Immunocompromised as a result of infection (including HIV), disease, or medications
    - ii. Has sex with other males
    - iii. Wants to be vaccinated and lacks any of the above criteria
2. Screen all patients for contraindications and precautions to HPV vaccine:
  - a. **Contraindication:** a history of a serious allergic reaction after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV 4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:**
    - Moderate or severe acute illness with or without fever
    - Pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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](http://www.immunize.org/vis).
4. Provide 1) either HPV2 or HPV4 to women or 2) HPV4 to men. Provide either vaccine in a 3-dose schedule at 0, 1 or 2, and 6 months. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. For adults who have not received HPV vaccine at the intervals specified in #4, provide subsequent doses of HPV vaccine to complete each patient’s 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third dose, and at least 24 weeks between the first and third doses. Men age 27 years and older who meet the criteria of 1.c.i. or 1.c.ii. above and women age 27 years and older who have received at least 1 dose before their 27<sup>th</sup> birthday should complete the 3-dose series as soon as feasible. Men age 22 years and older who have received at least 1 dose before their 22<sup>nd</sup> birthday should also complete the 3-dose series as soon as feasible.
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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

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# Standing Orders for Administering Human Papillomavirus Vaccine to Children and Teens

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**Purpose:** To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all children and teens 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 children and teens who meet the criteria below.

## Procedure

1. Identify all children and teens ages 11 years and older who have not completed the HPV vaccination series.
2. Screen all patients for contraindications and precautions to HPV vaccine:
  - a. **Contraindication:** a history of a serious allergic reaction after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:**
    - Moderate or severe acute illness with or without fever
    - Pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Provide 1) either HPV2 or HPV4 to girls or 2) HPV4 to boys. Provide either vaccine in a 3-dose schedule at 0, 1 or 2, and 6 months. Provide routine vaccination with HPV vaccine to girls and boys at age 11 or 12 years; vaccine may be given to girls or boys as young as age 9 years. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. For children and teens who have not received HPV vaccine at the ages and/or intervals specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses to complete the 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third doses, and at least 24 weeks between the first and third doses.
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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

Technical content reviewed by the Centers for Disease Control and Prevention, February 2012.

[www.immunize.org/catg.d/p3090.pdf](http://www.immunize.org/catg.d/p3090.pdf) • Item #P3090 (2/12)

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## Standing Orders for Administering Inactivated Poliovirus Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from poliomyelitis by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

### Procedure

1. Identify infants, children, and teens ages 2 months through 17 years who have not completed a poliomyelitis vaccination series.
2. Screen all patients for contraindications and precautions to inactivated poliovirus vaccine (IPV):
  - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to an IPV vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:**
    - moderate or severe acute illness with or without fever
    - pregnancy
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Provide routine vaccination with IPV at ages 2 months, 4 months, 6–18 months, and 4–6 years. Administer 0.5 mL IPV intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; 1 through 2 yrs: 1–1¼"; 3 yrs and older: 1–1½". (Note: A 5/8" needle may be used for patients weighing less than 130 lbs [ $<60\text{kg}$ ] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) IPV may also be given subcutaneously (23–25g, 5/8" needle) in the anterolateral fat of the thigh for infants younger than 12 mos and in the posterolateral fat of the upper arm (for older children and teens).
5. For children and teens who have not received IPV at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between doses 1–2 and, if child younger than age 4 years, between doses 2–3. Give a final dose at age 4 years or older, separated by a minimum interval of 6 months from the previous dose. If the child or teen has received a third dose at age 4 years or older, a fourth dose is not necessary.
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 IPV to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

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# Standing Orders for Administering Meningococcal Vaccine to Adults

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**Purpose:** To reduce morbidity and mortality from meningococcal 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 against meningococcal disease based on any of the following criteria:
  - a. First-year college student, age 19 through 21 years, living in residence hall, and lack documentation of receipt of quadrivalent meningococcal conjugate vaccine (MCV4) at age 16 years or older.
  - b. Anticipated travel to a country in the “meningitis belt” of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged
  - c. Diagnosis of anatomic or functional asplenia, including sickle-cell disease
  - d. Diagnosis of persistent complement component deficiency (an immune system disorder)
  - e. Employment as a microbiologist with routine exposure to isolates of *N. meningitidis*
  - f. Anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
  - g. Military recruits
  - h. History of receiving either MCV4 or meningococcal polysaccharide vaccine (MPSV4: Menomune [sanofi]) at least 5 years earlier and having continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas).
  - i. Any other adult wishing to decrease their risk for meningococcal disease
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
  - a. **Contraindications:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:** moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. For adults ages 55 years and younger, administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a ⅝" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, MPSV4 is an acceptable alternative, although it must be given subcutaneously. For these adults and adults older than age 55 years, administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ⅝" needle) in the posterolateral fat of the upper arm.
5. Schedule additional vaccination as follows:
  - a. For adults identified above in 1.c., 1.d., or who have HIV infection, give 2 doses, 2 months apart.
  - b. For adults who remain at high risk (e.g., categories 1.b. through 1.e.), give 1 dose every 5 years.
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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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# Standing Orders for Administering Meningococcal Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from meningococcal disease by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

## Procedure

1. Identify children and teens in need of vaccination against meningococcal disease based on any of the following criteria:
  - a. Age 11 through 18 years and previously unvaccinated
  - b. Anticipated first-year college student living in a residence hall and either unvaccinated or last vaccinated when younger than age 16 years (for college students ages 19 and older, see meningococcal vaccine standing orders for adults)
  - c. Age 2 years or older meeting any of the following criteria: i) anticipated travel to a country in the “meningitis belt” of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged; ii) anticipated travel to Mecca, Saudi Arabia, for the annual Hajj; iii) diagnosis of anatomic or functional asplenia, including sickle-cell disease; iv) diagnosis of persistent complement component deficiency (an immune system disorder); v) children who are part of an outbreak of a vaccine-preventable serogroup
  - d. Military recruits
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
  - a. **Contraindications:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Schedule vaccination with quadrivalent meningococcal conjugate vaccine (MCV4) as follows:
  - a. For children ages 9 through 23 months with persistent complement component deficiencies, who travel to countries with highly endemic or epidemic disease, or are affected by a current outbreak caused by a vaccine serogroup, give 2 doses of MCV4-D (Menactra [sanofi]) 3 months apart.
  - b. For unvaccinated children ages 2 through 10 years with same risk factors as in 4.a. or with anatomic or functional asplenia, give 2 doses of either MCV4-D or MCV4-CRM (Menveo [Novartis]) 2 months apart. If MCV4-D is being used, there should be a 4 week separation between the final dose of PCV13 and MCV4-D.
  - c. If child or teen is at continued risk (e.g., anatomic or functional asplenia), give MCV4 booster after 3 years if previous dose was given at age younger than 7 years or, after 5 years if previous dose was given at age 7 years or older. Then, continue boosting every 5 years thereafter.
  - d. For children and teens ages 11 through 12 years, give 1 dose with a booster dose at age 16 years.
  - e. For unvaccinated teens ages 13 through 18 years, give 1 dose with a booster at ages 16 through 18 years if previous dose was given at age 13 through 15 years.
  - f. For children and teens ages 11 through 18 years with HIV infection, give 2 doses at least 8 weeks apart.
5. Administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a ⅝" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, meningococcal polysaccharide vaccine (MPSV4: Menomune) is an acceptable alternative, although it must be given subcutaneously. Administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ⅝" needle) in the posterolateral fat of the upper arm (in children, the anterolateral fat of the thigh may also be used).
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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

Technical content reviewed by the Centers for Disease Control and Prevention, February 2012.

[www.immunize.org/catg.d/p3081a.pdf](http://www.immunize.org/catg.d/p3081a.pdf) • Item #P3081a (2/12)

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## Standing Orders for Administering Measles, Mumps & Rubella Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

### Procedure

1. Identify children and teens ages 12 months and older in need of vaccination against measles, mumps, and rubella.
2. Screen all patients for contraindications and precautions to measles, mumps, and rubella (MMR) vaccine:
  - a. **Contraindications:**
    - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - pregnant now or may become pregnant within 1 month
    - known severe immunodeficiency (e.g., hematologic and solid tumors; congenital immunodeficiency; prolonged [14 days or longer] high-dose steroid therapy; severely immunocompromised from HIV infection)
  - b. **Precautions:**
    - recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product)
    - history of thrombocytopenia or thrombocytopenic purpura
    - moderate or severe acute illness with or without fever
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Provide routine vaccination with MMR vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL MMR vaccine subcutaneously (23–25 g, 5/8" needle) in the posterolateral fat of the upper arm.
5. For children and teens who have not received MMR vaccine at the ages specified in #4, give one dose at the earliest opportunity and then schedule a second dose, if needed, by observing a minimum interval of 4 weeks between doses.
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 MMR vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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## Standing Orders for Administering Pneumococcal Conjugate Vaccine to Children

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**Purpose:** To reduce morbidity and mortality from invasive pneumococcal disease by vaccinating all children 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 children who meet any of the criteria below.

### Procedure

1. Identify infants and children in need of vaccination against invasive pneumococcal disease based on the following criteria:
  - a. age 2 through 59 months and generally healthy
  - b. age 2 through 71 months with any of the conditions described below:
    - i. chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure)
    - ii. chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids)
    - iii. diabetes mellitus
    - iv. cerebrospinal fluid leak
    - v. candidate for or recipient of cochlear implant
    - vi. functional or anatomic asplenia (i.e., sickle cell disease or other hemoglobinopathy, congenital or acquired asplenia, or splenic dysfunction)
    - vii. immunocompromising condition, including HIV infection; chronic renal failure and nephrotic syndrome; disease associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin’s disease; or solid organ transplantation); congenital immunodeficiency (includes B-[humoral] or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])
  - c. age 6 through 18 years with any of the conditions described in categories iv through vii above.
2. Screen all patients for contraindications and precautions to pneumococcal conjugate vaccine:
  - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PCV, to a PCV component, or to any diphtheria toxoid-containing vaccine. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:** moderate or severe acute illness with or without fever; a child who has received pneumococcal polysaccharide vaccine (PPSV) previously should wait at least 2 months before receiving PCV.
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Provide vaccination with PCV13 for all healthy children ages 2 through 59 months and for children with a medical condition ages 2 through 71 months according to Table 1 of the next page titled “Recommendations for Pneumococcal Vaccine Use in Children.”
5. Consider administering one dose of PCV13, regardless of previous history of PCV7 or pneumococcal polysaccharide vaccine (PPSV), to children ages 6 through 18 years in categories 1.b.iv. through 1.b.vii. listed above.
6. Administer 0.5 mL PCV13 intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: infants younger than age 12 mos: 1"; toddlers 1–2 yrs: 1–1¼" (anterolateral thigh) or 5/8–1" (deltoid muscle); children ages 3–4 yrs: 5/8–1" (deltoid) or 1–1¼" (anterolateral thigh). A 5/8" needle may be used in toddlers and children if inserted in the deltoid muscle at 90° angle to the skin, which is stretched flat between thumb and forefinger.
7. 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.
8. 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.
9. Report all adverse reactions to PCV13 to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

Technical content reviewed by the Centers for Disease Control and Prevention, June 2010.

[www.immunize.org/catg.d/p3086.pdf](http://www.immunize.org/catg.d/p3086.pdf) • Item #P3086 (6/10)

# Recommendations for Pneumococcal Vaccine Use in Children

**Table 1. Recommended Schedules for Administering Pneumococcal Conjugate Vaccine (PCV)**

Child's age now	Vaccination history of PCV7 and/or PCV13	Recommended PCV13 Schedule (For minimum interval guidance for catch-up vaccination, see *)
2 through 6 months	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months
	2 doses	1 dose, at least 8 weeks* after the most recent dose; 4th dose at age 12–15 months
7 through 11 months	0 doses	2 doses, 8 weeks apart*; 3rd dose at age 12–15 months
	1 or 2 doses before age 7 months	1 dose at age 7–11 months; 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
12 through 23 months	0 doses	2 doses, at least 8 weeks apart
	1 dose before age 12 months	2 doses, at least 8 weeks apart
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 PCV13 dose, at least 8 weeks after the most recent PCV7 dose
24 through 59 months (healthy)	Unvaccinated or any incomplete schedule	1 dose, at least 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 dose, at least 8 weeks after the most recent dose
24 through 71 months (with risk factor described in Table 3 below)	Unvaccinated or any incomplete schedule of less than 3 doses	2 doses, one at least 8 weeks after the most recent dose and another dose at least 8 weeks later
	Any incomplete schedule of 3 doses	1 PCV13 dose, at least 8 weeks after the most recent PCV7 dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 PCV13 dose, at least 8 weeks after the most recent PCV7 dose
6 through 18 years with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below), cerebrospinal fluid leak, or cochlear implant	Unvaccinated or any history of PCV7 or PPSV23	Consider 1 dose of PCV13

\* Minimum interval between doses: For children younger than age 12 months: 4 weeks; for children age 12 months and older: 8 weeks.

**Table 2. Recommended Schedule for Administering Pneumococcal Polysaccharide Vaccine (PPSV23) to Children**

Risk Group	Schedule for PPSV23	Revaccination with PPSV23
Immunocompetent children with risk condition (see Table 3 below)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV	Not indicated
Children with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV	Give 1 additional dose of PPSV23 at least 5 years following the first PPSV23; no more than 2 PPSV23 doses are recommended in a lifetime

**Table 3. Underlying Medical Conditions that Are Indications for Pneumococcal Vaccination Among Children**

Risk Group	Condition
Immunocompetent children	Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids); diabetes mellitus; cerebrospinal fluid leak; cochlear implant
Children with functional or anatomic asplenia	<ul style="list-style-type: none"> <li>Sickle cell disease and other hemoglobinopathies</li> <li>Congenital or acquired asplenia, or splenic dysfunction</li> </ul>
Children with immunocompromising conditions	<ul style="list-style-type: none"> <li>HIV infection</li> <li>Chronic renal failure and nephrotic syndrome</li> <li>Diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; or solid organ transplantation)</li> <li>Congenital immunodeficiency (includes B- [humoral] or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])</li> </ul>

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# Standing Orders for Administering Pneumococcal Vaccine to Adults

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**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 mellitus
    - v. alcoholism or chronic liver disease (cirrhosis)
    - vi. cerebrospinal fluid leaks
    - vii. candidate for or recipient of cochlear implant
    - viii. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
    - ix. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
    - x. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
    - xi. organ or bone marrow transplantation
    - xii. chronic renal failure or nephrotic syndrome
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. Age 64 years or younger and at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories viii.-xii. 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](http://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](http://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. (Note: a 5/8" needle may be used for patients who weigh less than 130 lbs [ $<60\text{kg}$ ] for injection in the deltoid muscle, only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.)
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](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

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## Standing Orders for Administering Pneumococcal Polysaccharide Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from pneumococcal disease by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

### Procedure

1. Identify children and teens ages 2 years and older in need of a first dose of pneumococcal polysaccharide vaccine (PPSV) based on having any of the following conditions:
  - a. chronic cardiovascular disease (e.g., cyanotic heart disease, cardiac failure, cardiomyopathies)
  - b. chronic pulmonary disease (e.g., emphysema or chronic obstructive pulmonary disease [not asthma])
  - c. diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
  - d. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
  - e. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
  - f. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
  - g. organ or bone marrow transplantation
  - h. chronic renal failure or nephrotic syndrome
  - i. candidate for or recipient of cochlear implant
2. Identify children and teens who were vaccinated at least 5 years earlier with PPSV and who are at highest risk for serious pneumococcal infection or are likely to have a rapid decline in pneumococcal antibody levels (i.e., categories d–h above) and are in need of a second dose of PPSV.
3. Screen all patients for contraindications and precautions to PPSV:
  - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV or to a PPSV vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf). A child who has received pneumococcal conjugate vaccine (PCV) previously should wait at least 2 months before receiving PPSV.
  - b. **Precautions:** moderate or severe acute illness with or without fever
4. Provide all patients (parent/legal representative) 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 (parent/legal representative). 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](http://www.immunize.org/vis).
5. Administer 0.5 mL PPSV vaccine intramuscularly in the anterolateral thigh for toddlers age 24–35 mos (deltoid may be used if adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: 24–35 mos: 1–1¼" (anterolateral thigh) or 5⁄8–1" (deltoid muscle); children 3–18 yrs: 5⁄8–1" (deltoid) or 1–1¼" (anterolateral thigh). A 5⁄8" needle may be used in toddlers and children if inserted in the deltoid muscle at 90° angle to the skin which is stretched flat between the thumb and forefinger. PPSV may also be given subcutaneously (23–25 g, 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](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

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## Standing Orders for Administering Rotavirus Vaccine to Infants

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**Purpose:** To reduce morbidity and mortality from rotavirus disease by vaccinating all infants 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 infants who meet the criteria below.

### Procedure

1. Identify infants ages 6 weeks through 7 months (not for 8 months or older) who have not completed a rotavirus (RV) vaccination series.
2. Screen all patients for contraindications and precautions to rotavirus vaccine:
  - a. **Contraindications:**
    - History of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of RV vaccine or to an RV vaccine component (Note: latex rubber is contained in the Rotarix oral applicator). For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - Diagnosis of severe combined immunodeficiency (SCID)
    - History of intussusception
  - b. **Precautions:**
    - Altered immunocompetence
    - Chronic gastrointestinal disease
    - Moderate or severe acute illness with or without fever
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Provide routine vaccination with Rotarix at ages 2 and 4 months OR provide routine vaccination with RotaTeq at ages 2, 4, and 6 months. Administer the full dose (1 mL for Rotarix; 2 mL for RotaTeq) of vaccine by administering the entire contents of the dosing applicator of the liquid vaccine into the infant’s mouth toward the inner cheek until empty. Note that Rotarix needs to be reconstituted by the end user; RotaTeq does not.
5. For infants who have not received RV vaccine by age 2 months, give the first dose at the earliest opportunity but no later than age 14 weeks 6 days. Then schedule subsequent doses by observing minimum intervals of 4 weeks between the remaining one (if Rotarix) or two (if RotaTeq) dose(s) such that the final dose can be administered by age 8 months 0 days. Do not administer any RV vaccine beyond the age of 8 months 0 days.
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 RV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

Technical content reviewed by the Centers for Disease Control and Prevention, February 2012.

[www.immunize.org/catg.d/p3087.pdf](http://www.immunize.org/catg.d/p3087.pdf) • Item #P3087 (2/12)

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# Standing Orders for Administering Td/Tdap to Children Ages 7 Years and Older

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**Purpose:** To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all children and teens 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 children and teens who meet the criteria below.

## Procedure

1. Identify children and teens ages 7 years and older in need of vaccination against diphtheria, tetanus, and pertussis based on the following criteria:
  - a. lack of documentation of at least 4 doses of diphtheria, tetanus, and pertussis vaccine, with at least one of the doses given after the age of 4 years and with the most recent dose given a minimum of 6 months after the preceding dose,
  - b. lack of documentation of at least 3 doses of diphtheria and tetanus vaccine (i.e., DT, Td),
  - c. lack of history of pertussis-containing vaccine given at age 10 years or older, or
  - d. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
2. Screen all patients for contraindications and precautions to Td or Tdap:
  - a. **Contraindications:**
    - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
  - b. **Precautions:**
    - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
    - history of an arthus-type reaction following a previous dose of tetanus-containing vaccine
    - moderate or severe acute illness with or without fever
    - For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Schedule vaccination as follows:
  - a. For children and teens ages 7 years and older who meet the criteria described in 1 above, give one dose at the earliest opportunity and then complete the remaining doses (as needed) by observing minimum intervals of 4 weeks between the first and second doses, and 6 months between the second and third doses. A one-time dose of Tdap should be substituted for one of the doses of Td, preferably the first.
  - b. For children and teens age 11–18 years without a history of pertussis-containing vaccine given at age 7 years or older, give Tdap routinely at age 11–12 years or as catch-up at 13–18 years; no minimum interval since previous Td needs to be observed.
  - c. Give further boosters as Td every 10 years.
  - d. For pregnant adolescents who have not previously received a one-time dose of Tdap, give Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
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 Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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## Standing Orders for Administering Tdap/Td to Adults

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**Purpose:** To reduce morbidity and mortality from tetanus, diphtheria, and pertussis 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 the criteria below.

### Procedure

1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
  - a. lack of documentation of receiving a single dose of pertussis-containing vaccine (i.e., Tdap) as an adolescent or adult
  - b. lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
  - c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years
  - d. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap):
  - a. **Contraindications:**
    - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For information on vaccine components, refer to the manufacturers’ package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
  - b. **Precautions:**
    - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
    - history of an arthus-type reaction following a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-containing vaccine
    - moderate or severe acute illness with or without fever
    - for Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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](http://www.immunize.org/vis).
4. Administer 0.5 mL Td or Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Provide subsequent doses of either Tdap or Td to adults as follows:
  - a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 months between the second and third doses.\*
  - b. to boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given (Note: there is no need to observe a minimum interval between Td and the subsequent Tdap); if Tdap was already given, boost with Td routinely every 10 years.\*
  - c. in pregnancy, if a one-time dose of Tdap has never been administered, give Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
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. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

\*When feasible, administer Boostrix Tdap vaccine to adults age 65 years and older; however, either vaccine product administered to a person age 65 years and older provides protection and is considered valid.

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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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## Standing Orders for Administering Influenza Vaccine to Adults

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**Purpose:** To reduce morbidity and mortality from influenza 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 patients who meet any of the criteria below.

**Procedure:**

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
  - a. **Contraindications:** a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf). Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylactic; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
  - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe patient for at least 30 minutes following vaccination); for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Administer influenza vaccine as follows: a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle. (Note: A 5/8" needle may be used for adults weighing less than 130 lbs (<60 kg) for injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle; or b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position; or c) For adults ages 18 through 64 years, give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle; or d) For adults ages 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle.
5. 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 reasons(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.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

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## Standing Orders for Administering Influenza Vaccines to Children and Adolescents

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**Purpose:** To reduce morbidity and mortality from influenza by vaccinating all children and adolescents 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 children and adolescents who meet any of the criteria below.

**Procedure:**

1. Identify children and adolescents ages 6 months and older who have not completed their influenza vaccination(s) for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
  - a. **Contraindications:** a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf). Do not give live attenuated influenza vaccine (LAIV; nasal spray) to people with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylactic; pregnant adolescents; children younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheezing or asthma within the past 12 mos, based on a healthcare provider's statement; or children or adolescents with chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (e.g., diabetes) disorders; immunosuppression, including that caused by medications or HIV; long-term aspirin therapy (applies to a child or adolescent age 6 mos through 18 yrs).
  - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe patient for 30 minutes following vaccination); for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Administer injectable trivalent inactivated vaccine (TIV) intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children, and teens). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; 3yrs and older: 1–1½". Give 0.25 mL to children 6–35 mos and 0.5 mL for all others age 3 yrs and older. (Note: A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) Alternatively, healthy children age 2 yrs and older may be given 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. Children age 6 mos through 8 yrs should receive a second dose 4 wks or more after the first dose if they are receiving influenza vaccine for the first time or if they did not receive at least 1 dose of vaccine in the 2010–2011 vaccination season.
5. 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.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

# Standing Orders for Administering Varicella (Chickenpox) Vaccine to Adults

**Purpose:** To reduce morbidity and mortality from varicella (chickenpox) 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 varicella (chickenpox) vaccination who (a) were born in the U.S. in 1980 or later or (b) are a healthcare worker or non-U.S.-born person, and who also meet any of the following criteria:

- lack documentation of 2 doses of varicella vaccine
- lack a history of varicella based on diagnosis or verification of varicella by a healthcare provider
- lack a history of herpes zoster based on healthcare provider diagnosis
- lack laboratory evidence of immunity or laboratory confirmation of disease

*Note: Because HIV-infected adults are at increased risk of severe disease from varicella, vaccination may be considered (2 doses, given 3 months apart) for HIV-infected adults and adolescents with CD4+ T-lymphocytes count  $\geq 200$  cells/ $\mu$ L.*

2. Screen all patients for contraindications and precautions to varicella vaccine:

### a. Contraindications:

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
- pregnant now or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy)
- having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
- receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
- an adult or adolescent with CD4+ T-lymphocytes count  $< 200$  cells/ $\mu$ L
- family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory

### b. Precautions:

- recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- moderate or severe acute illness with or without fever

3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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](http://www.immunize.org/vis).

4. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.

5. Administer a second dose 4–8 weeks after the first dose.

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 varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

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# Standing Orders for Administering Varicella Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from varicella (chickenpox) by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

## Procedure

1. Identify children and teens ages 12 months and older in need of vaccination against varicella. (*Note: Because HIV-infected children are at increased risk for morbidity from varicella and herpes zoster (shingles), single-antigen varicella vaccine should be considered for HIV-infected children with CD4+ T-lymphocyte percentages  $\geq 15\%$  or for adolescents with CD4+ T-lymphocytes count  $\geq 200$  cells/ $\mu\text{L}$ .)*)
2. Screen all patients for contraindications and precautions to varicella vaccine:
  - a. **Contraindications:**
    - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - pregnant now or may become pregnant within 1 month
    - having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
    - receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
    - family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory
    - a child with CD4+ T-lymphocyte percentages  $< 15\%$  or an adolescent with CD4+ T-lymphocytes count  $< 200$  cells/ $\mu\text{L}$
    - for combination MMRV only, primary or acquired immunodeficiency, including immunosuppression associated with AIDS or other clinical manifestations of HIV infections, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia.
  - b. **Precautions:**
    - recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product)
    - moderate or severe acute illness with or without fever
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). 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](http://www.immunize.org/vis).
4. Provide routine vaccination with varicella vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL varicella vaccine subcutaneously (23–25g,  $5/8$ " needle) in the posterolateral fat of the upper arm for children and teens.
5. For children and teens who have not received two doses of varicella vaccine (generally given at the ages specified in #4), give a dose at the earliest opportunity and then schedule a second dose, if needed. Observe minimum intervals of 12 weeks between doses for children ages 12 years or younger and 4 weeks between doses for teens 13 years and older.
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 varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_

**For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

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## Standing Orders for Administering Zoster Vaccine to Adults

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**Purpose:** To reduce morbidity and mortality from herpes zoster (shingles) 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 the criteria below.

### Procedure

1. Identify adults who are age 60 years or older and have no history of prior receipt of zoster vaccine.
2. Screen all patients for contraindications and precautions to zoster vaccine:
  - a. **Contraindications:**
    - a history of a serious reaction to a vaccine component, including gelatin and neomycin. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - primary or acquired immunodeficiency, including
      - leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system
      - AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values  $\leq 200$  per mm<sup>3</sup> or  $\leq 15\%$  of total lymphocytes
      - current immunosuppressive therapy, including high-dose corticosteroids ( $\geq 20$  mg/day of prednisone or equivalent) lasting two or more weeks
      - clinical or laboratory evidence of other unspecified cellular immunodeficiency
      - receipt of or history of hematopoietic stem cell transplantation
      - current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept
    - pregnancy or possibility of pregnancy within 4 weeks of receiving vaccine
  - b. **Precaution:** moderate or severe acute illness with or without fever
3. 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](http://www.immunize.org/vis).
4. Administer entire amount (approximately 0.65 mL) of reconstituted zoster vaccine subcutaneously (23–25g,  $\frac{5}{8}$ " needle) in the posterolateral fat of the upper arm.
5. 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.
6. 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.
7. Report all adverse reactions to zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_