

ADULT (18 years and older)

CONTRAINDICATIONS: (Check all that apply)	
<p>Pneumococcal Vaccine (Offer year round)</p> <input type="checkbox"/> 18 – 64 years with no high-risk conditions below <input type="checkbox"/> Previously immunized (any time in the past) <input type="checkbox"/> Patient or caregiver* refuses <input type="checkbox"/> Allergy/ sensitivity to vaccine <input type="checkbox"/> Receipt of chemotherapy or radiation during this hospitalization or less than 2 weeks prior to this hospitalization <input type="checkbox"/> Bone marrow transplant within the past 12 months <input type="checkbox"/> Received the shingles vaccine (ZOSTAVAX) within the last 4 weeks <input type="checkbox"/> Pregnancy <p style="text-align: center;">If any boxes in this section checked, STOP. DO NOT GIVE (Sign below)</p>	<p>Influenza Vaccine (September 29th through April 1st)</p> <input type="checkbox"/> Previously immunized this flu season <input type="checkbox"/> Patient or caregiver* refuses <input type="checkbox"/> Allergy/ sensitivity to vaccine <input type="checkbox"/> Anaphylactic allergy to <u>latex</u> or <u>eggs</u> <input type="checkbox"/> Guillain-Barre syndrome within 6 weeks of a previously administered influenza vaccine <input type="checkbox"/> Bone marrow transplant within the past 6 months <p style="text-align: center;">If any boxes in this section checked, STOP. DO NOT GIVE (Sign below)</p>

INDICATIONS: (Check all that apply)	
If patient or caregiver* uncertain about prior vaccination status or history unreliable, and vaccines are not contraindicated, administer vaccine	
<p>Pneumococcal Vaccine</p> <input type="checkbox"/> 65 years or older with no above contraindications 18 – 64 years with any of the following high-risk conditions: <input type="checkbox"/> Diabetes mellitus (includes history of diabetes with pregnancy) <input type="checkbox"/> End stage renal disease including nephrotic syndrome <input type="checkbox"/> Chronic Heart Disease <input type="checkbox"/> COPD, asthma, emphysema, or chronic bronchitis <input type="checkbox"/> Cigarette smoker <input type="checkbox"/> No spleen, damaged spleen, or sickle cell disease <input type="checkbox"/> Compromised immunity: HIV, Leukemias, Lymphomas, Hodgkin's Disease, generalized malignancy, Multiple Myeloma, organ transplant, bone marrow transplant (greater than 12 months ago), treatment with long-term corticosteroids, or radiation therapy <input type="checkbox"/> Alcoholism, cirrhosis, or chronic liver disease <input type="checkbox"/> Cerebrospinal fluid leaks <input type="checkbox"/> Cochlear implant <p style="text-align: center;">If any boxes in this section checked and none in contraindication section, GIVE VACCINE (Sign below)</p>	<p>Influenza Vaccine</p> <input type="checkbox"/> 18 years or older with no above contraindications <p style="text-align: center;">If the box in this section checked and none in contraindication section, GIVE VACCINE (Sign below)</p>

Assessed by: _____ RN Signature _____ Date _____ Time _____

VACCINE ORDER & MAR (Check below - Both vaccines may be given at the same time)	
<p><input type="checkbox"/> Pneumococcal Vaccine Indicated Administer vaccine 0.5 mL IM deltoid now</p> <p><input type="checkbox"/> Vaccine Information Statement (VIS) was given to patient/ caregiver* VIS Publication Date: _____ Lot #: _____ Manufacturer: _____ Site: <input type="checkbox"/> right deltoid <input type="checkbox"/> left deltoid Date: _____ Time: _____ Nurse Signature: _____</p>	<p><input type="checkbox"/> Influenza Vaccine Indicated Administer vaccine 0.5 mL IM deltoid now</p> <p><input type="checkbox"/> Vaccine Information Statement (VIS) was given to patient/ caregiver* VIS Publication Date: _____ Lot #: _____ Manufacturer: _____ Site: <input type="checkbox"/> right deltoid <input type="checkbox"/> left deltoid Date: _____ Time: _____ Nurse Signature: _____</p>

*see back

Frequently asked questions

1. Is vaccination safe?

- There is no evidence of significant risk to hospitalized patients from vaccination.
- There is evidence that not being immunized puts patients at risk for serious illness, even death. Each year about 200,000 people in the U.S. are hospitalized, and about 36,000 people die because of the flu. Most of these deaths occur among seniors. The flu is very contagious, and the best chance of prevention is a flu shot. There are about a half million cases of pneumonia and 60,000 pneumonia-related deaths in the U.S. annually. Many of these deaths could be prevented by the use of the pneumonia vaccine.

2. What if a patient who meets vaccination criteria wants to wait to decide for any reason (such as talk with physician, wait for family, etc.)?

- Document patient refuses on the protocol at this time. Let the patient know that you will treat it as a refusal for now, but that if s/he decides at a later time in the hospitalization that they would like to be vaccinated they should notify a nurse and a new protocol can be completed.

3. What should I do if a patient or his/ her proxy is uncertain about prior vaccination status or history unreliable (such as confused/disoriented)?

- In the absence of known contraindication or previous immunization, vaccination is indicated in patients who meet the age and/or condition criteria listed in the indications portion of the protocol. The risk of serious illness from flu or pneumonia is far greater than vaccination (see #1).
- Vaccines are to be treated as any other medication that is being provided the patient during the course of care. The immunization protocol has been approved by the Pharmacy & Therapeutics Committee.

4. In addition to patient report, what are other ways of finding out immunization status?

- Old chart, Meditech, Allergy notes on MAR, or Pharmacist for patients admitted previously, and/or SNF or physician office as applicable if possible.

5. What should I do for patients who do not meet protocol criteria but want to be vaccinated?

- Request an order from the physician to vaccinate.

6. Do I need to do anything different for elevated temperatures or immunocompromised patients?

- No. Follow the protocol as written. There is no increased risk from vaccination.

7. Notes

- If nothing on the protocol is applicable for a given patient, leave blank and sign/date/time in the space for Assessed By.

If vaccination is indicated and not given for any reason (such as patient changes mind), notify Pharmacy so the patient record can be updated.

* Caregiver is defined as patient's family or any other person (e.g. home health, VNA provider, Prison official, or other law enforcement personnel) who is responsible for the care of the patient when the patient is unable to make this decision on his/ her own.