

STANDING ORDERS FOR Administering Pneumococcal Polysaccharide Vaccine to Children and Teens

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 (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess Children and Teens in Need of Vaccination age 2 years and older and lacking documentation of at least 1 dose of pneumococcal polysaccharide vaccine (PPSV23) based on having any of the following conditions:

- a. chronic heart disease, particularly cyanotic congenital heart disease and cardiac failure
- b. chronic lung disease, including asthma if treated with high-dose oral corticosteroid therapy
- c. diabetes mellitus
- d. cerebrospinal fluid leak
- e. cochlear implant
- f. alcoholism
- g. chronic liver disease, cirrhosis
- h. sickle cell disease and other hemoglobinopathies
- i. anatomic or functional asplenia
- j. congenital or acquired immunodeficiency
- k. HIV infection
- l. chronic renal failure
- m. nephrotic syndrome
- n. diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease
- o. solid organ transplantation

2 Screen for contraindications and precautions

Contraindications

- Do not give PPSV23 to a child or teen who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

PPSV23 may be administered either intramuscularly or subcutaneously.

If vaccine is to be administered by the **intramuscular route**, choose the needle gauge, needle length, and injection site according to the following chart

AGE OF INFANT/CHILD/TEEN	NEEDLE LENGTH	INJECTION SITE
Toddlers (2 years)	1–1¼"	Anterolateral thigh muscle**
	5⁄8*–1"	Deltoid muscle of arm
Children (3–10 years)	5⁄8*–1"	Deltoid muscle of arm**
	1–1¼"	Anterolateral thigh muscle
Adolescents and Teens (11–18 years)	5⁄8*–1"	Deltoid muscle of arm**
	1–1½"	Anterolateral thigh muscle

* A 5⁄8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

** Preferred site.

If vaccine is to be administered by the **subcutaneous route**, choose the needle gauge, needle length, and injection site according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	5⁄8"	Fatty tissue over triceps or fatty tissue over anterolateral thigh muscle

5 Administer PPSV23 vaccine, 0.5 mL for patients age 2 years and older, via the intramuscular (IM) or subcutaneous (Subcut) route, according to the following tables

For children with chronic heart disease, lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, alcoholism, or chronic liver disease	Administer 1 dose of PPSV23	
For children with sickle cell disease and other hemoglobinopathies, anatomic or functional asplenia, congenital or acquired immunodeficiency, chronic renal failure, HIV infection, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, diseases associated with treatment with immunosuppressive drugs or radiation therapy, solid organ transplantation, or multiple myeloma	Administer 1 dose of PPSV23	Administer a second dose of PPSV23 5 years after the first dose

6 Document Vaccination

Document each patient’s vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

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7 Be Prepared to Manage Medical Emergencies

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. For IAC’s “Medical Management of Vaccine Reactions in Children and Teens,” go to www.immunize.org/catg.d/p3082a.pdf. For “Medical Management of Vaccine Reactions in Adult Patients,” go to www.immunize.org/catg.d/p3082.pdf. 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 Adverse Events to VAERS

Report all adverse events following the administration of PPSV23 vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 150px;">NAME OF PRACTICE OR CLINIC</small></p> <p>effective _____ until rescinded or until _____. <small style="margin-left: 20px;">DATE</small> <small style="margin-left: 150px;">DATE</small></p> <p>Medical Director _____ / _____ <small style="margin-left: 20px;">PRINT NAME</small> <small style="margin-left: 150px;">SIGNATURE</small> <small style="margin-left: 50px;">DATE</small></p>
