

Standing Orders for Administering Pneumococcal Conjugate Vaccine to Children

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 ages 6 weeks through 59 months in need of vaccination against invasive pneumococcal disease.
2. Identify children ages 24 through 59 months not previously vaccinated and at highest risk for pneumococcal disease based on meeting any of the following criteria:
 - a. sickle cell disease or other sickle cell hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction
 - b. infection with human immunodeficiency virus
 - c. immunocompromising conditions, including congenital immunodeficiencies: B-(humoral) or T-lymphocyte deficiency; complement deficiencies (particularly c1, c2, c3, and c4); or phagocytic disorders (excluding chronic granulomatous disease); renal failure and nephrotic syndrome; diseases associated with immunosuppressive therapy or radiation therapy (including malignant neoplasms, leukemias, lymphomas, and Hodgkin’s disease); and solid organ transplantation
 - d. candidate for or recipient of cochlear implant
 - e. chronic cardiac disease (particularly cyanotic congenital heart disease and cardiac failure)
 - f. chronic pulmonary disease (excluding asthma unless on high-dose corticosteroid therapy)
 - g. cerebrospinal fluid leaks from a congenital malformation, skull fracture, or neurological procedure
 - h. diabetes mellitus
3. Screen all patients for contraindications and precautions to pneumococcal conjugate vaccine (PCV):
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PCV or to a PCV component. For a list of vaccine components, go to 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.
4. 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.
5. Provide routine vaccination with PCV at ages 2, 4, 6, and 12–15 months. Administer 0.5 mL PCV 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.
6. For children who have not received PCV at the ages specified in #5, 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 PCV Vaccine (Source: www.cdc.gov/vaccines/recs/schedules)		
Interval between dose 1 and dose 2	Interval between dose 2 and dose 3	Interval between dose 3 and dose 4
4 weeks if first dose given before age 12 months 8 weeks (as final dose for healthy children [see note]) if first dose given at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children (see note) if first dose given at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children [see note]) if current age is 12 months or older No further doses needed for healthy children (see note) if previous dose given at age 24 months or older	8 weeks (as final dose) This dose only necessary for children ages 12 through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age
Note: “Healthy children” are defined as those not having any of the conditions described in #2 above.		

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 PCV to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

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

Medical Director’s signature: _____ Effective date: _____