Standing Orders for Administering Vaccines

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Standing Orders for Administering Tdap/Td to Adults		Standing Orders for Administering Meningococcal Vaccine to Children & Teens			Standing Orders for Admin	istering Human Papillomavirus Vaccine to Children and Teens	
		Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all children and teems who meet the					
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 Immunication Practices.						ortality from human papillomavirus (HPV) infection by vaccinating all children and	
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		Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teems who meet any of the criteria below.			teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on		
PORCY: 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.					Immunization Practices.		
law, may vaccinate adults who meet the criteria below. Proportions		Procedure			Policy: Under these standing orders,	eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed	
Procedure 1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:		 Identify children and seem in need of vaccination against meningeococal disease based on any of the following criteria: Ase 1 If Present 18 years and tervisional variety contracts 			by state law, may vaccinate children a	nd teens who meet the criteria below.	
 Identity adults in need of vaccination against tetanus, dephtheria, and pertusois based on the following criteria: a. lack of documentation of receiving a single dose of pertusois-containing vaccine (i.e., Tdan) as an adolescent or adult 		 Anticipated first-year college student living in a residence hall and either unvaccinated or hast vaccinated when younger than age 16 years 			Procedure		
b. lack of documentation of receiving at least 3 doses of tetangs- and diretheria-containing toyoids		(for college students ages 19 and older, see meningococcul vaccine standing orders for adults)				11 years and older who have not completed the HPV vaccination series.	
 c. completion of a 3-dose primary series of tetamus- and diphtheria-containing toxoids with no documentation of receiving a booster 		c. Age 2 years or older meeting any of the following criteria: () anticipated travel to a country in the "meningitis belt" of sub-Saharan Africa or other location of epidemic meningeococcal disease, particularly if contact with the local population will be prolonged; (i) anticipated			Screen all patients for contraindica		
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 tetranss tonoid-		travel to Mecca, Sandi Arabia, for the among the particularity of contact with the care population with the prototogics, of among the protocol of material configuration of material configuration of material applicate, including sickle-cell disease;			a serious allergic reaction after a previous dose of HPV vaccine or to a HPV vaccine		
containing vaccine in the previous 5 years		 iv) diagnosis of persistent complement component deficiency (an immune system disorder); v) children who are part of an outbreak of a 		a. Contraindication: a mixing of	rivalent HPV vaccine [HPV4: Gardasil, Merck] or latex for bivalent HPV vac-		
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and	l, if applicable, pertussis vaccine (Tdap):	vaccine-proventable serogroup d. Military recruits		cine (HPV2: Cervarix, GSK1), I	For information on vaccine components, refer to the manufacturers' package insert		
 Contraindications: a bistory of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to af 		2. Some all entirets for contraint destroys and encounterers	ingraeningococcal vaccine:		(www.immunize.org/nackagein	some) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/	
 a natory of a severe astergic reaction (e.g., anaphysics) after a previous cose of 10 or to at on vaccine components, refer to the manufacturers' nuckage insert (www.immunize.org/pa 			in (e.g., anaphylaxis) after				
vaccines/pubs/punkbook/downloads/appendices/B/escipient-table-2.pdf.			vaccine components, refer	0, 1, 0, , , , , , ,			
 for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attribute 	Standing Orders fo	r Administering Meningococcal Vaccine to Adults	host fever	Standing Orders for Admini	stering Human Papillomavirus Vaccine to Adults	with or without fever	
 Precautions: history of Guillain-Barré syndrome within 6 weeks of previous dose of tetamas toxoid-cont 			d representative) with a co			I after completion of the pregnancy	
 history of an arthus type reaction following a previous dose of tetanss-containing analog d 	Purpose: To reduce morbidity and morta	ality from meningococcal disease by vaccinating all adults who meet the criteria established	al record or office log, the	Purpose: To reduce morbidity and mortality fro	om human papillomavirus (HPV) infection by vaccinating all adults who meet	entative) with a copy of the most current federal Vaccine Information Statement	
meningococcal conjugate vaccine; defer vaccination until at least 10 years have elapsed size	by the Centers for Disease Control and Pri	evention's Advisory Committee on Immunization Practices.	h speaking patients with a		e Control and Prevention's Advisory Committee on Immunization Practices.	nt's medical record or office log, the publication date of the VIS and the date it	
 moderate or severe acute illness with or without fever for Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progre 		ble nurses and other healthcare professionals (e.g., pharmacists), where allowed by state	ugate vaccine (MCV4) as	Policy: Under these standing orders, eligible no	irses and other healthcare professionals (e.g., pharmacists), where allowed by	presentative). Provide non-English speaking patients with a copy of the VIS in	
 for Tdap only, progressive or unstable neurologic disorder, uncontrolled setrates or progret Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS) 	law, may vaccinate adults who meet any o		omplement component del	state law, may vaccinate adults who meet the cri	teria below.	can be found at www.immunize.org/vis.	
 Provide an patients with a copy of the most current reactal vaccine information statement (vis.) medical record or office log, the publication date of the VIS and the date it was given to the putie 	Procedure		k caused by a vaccine sero	Procedure		Is or 2) HPV4 to boys. Provide either vaccine in a 3-dose schedule at 0, 1 or 2,	
with a copy of the VIS in their native language, if available; these can be found at www.immunion		gainst meningococcal disease based on any of the following criteria:	same risk factors as in 4 a.		human papillomavirus (HPV) based on the following criteria:	ion with HPV vaccine to girls and boys at age 11 or 12 years; vaccine may	
 Administer 0.5 ml. Td or Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid m 			souths apart. If MCV4-D is	a. Female, age 26 years or younger		e 9 years. Administer 0.5 mL HPV vaccine intramuscularly (22-25g, 1-155)	
5. Provide subsequent doses of either Tdap or Td to adults as follows:	meninoacoccal conincate vaccine (First-year college student, age 19 through 21 years, living in residence hall, and lack documentation of receipt of quadrivalent meningococcal continuate vaccine (MCV4) at are 16 years or older. 		b. Male, age 21 years or younger			
 to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the between the second and third doses. 		te "meningitis belt" of sub-Saharan Africa or other location of epidemic meningococcal	ctional asplenia), give MC a was given at age 7 years of			ceived HPV vaccine at the ages and/or intervals specified in #4, give one dose	
 b. to boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not pre 	 Ameripated traver to a country in the mentingues best of sub-santan Acroca or other occasion of epidemic mentingococcar disease, particularly if contact with the local population will be prolonged 		dose with a booster dose a	 Immunocompromised as a result of infection (including HIV), disease, or medications Hos set with other males 		dule subsequent doses to complete the 3-dose schedule by observing a mini-	
observe a minimum interval between Td and the subsequent Tdap); if Tdap was already given	 Diagnosis of anatomic or functional asplenia, including sickle-cell disease 		dose with a booster at age	ii. Wants to be vaccinated and lacks any of the above criteria		st and second doses. 12 weeks between the second and third doses, and at least	
c. in pregnancy, if a one-time dose of Tdap has never been administered, give Tdap in the third	d. Diagnosis of persistent complement component deficiency (an immune system disorder)		V infection, give 2 dones a			ses.	
gestation). If not administered during pregnancy, give Tdap in immediate postparium period. 6. Document each potient's vaccine administration information and follow up in the following place		ith routine exposure to isolates of N. moningitidis	(5g, 1-1%' needle) in the d			nistration information and follow up in the following places:	
Document each patient's vaccine administration information and follow up in the following place Madical chart: Record the date the vaccine was administrated, the manufacturer and let man	 Anticipated travel to Mecca, Saudi g. Military recruits 	Arabia, for the annual Hajj	he deltoid muscle only if t	nonent (e.g., yeast for quadrivalent HPV y	accine [HPV 4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2:	vaccine was administered, the manufacturer and lot number, the vaccination	
the name and title of the person administering the vaccine. If vaccine was not given, record the			the person has a permanen	Cervarix, GSK]). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.		of the person administering the vaccine. If vaccine was not given, record the	
(e.g., medical contraindication, patient refusal).	 History of receiving either 890, 94 of meningococcus polysacenamic vaccine (8475 94; stenomine (sanota) in least 5 years earlier and having continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas). 		coccal polysaccharide vace L MPSV4 via the subcutar	org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.		ine (e.g., medical contraindication, patient refusal).	
 Personal immunization record card: Record the date of vaccination and the name/location 	 Any other adult wishing to decrease their risk for meningococcal disease 		h may also be used).	b. Precautions:		d: Record the date of vaccination and the name/location of the administering	
Be prepared for management of a medical emergency related to the administration of vaccine by protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients	Screen all patients for contraindications and precautions to meningococcal vaccine:		and follow up in the follow	Moderate or severe acute illness with or without fever Pregnancy; delay vaccination until after completion of the pregnancy			
protocol available, as well as equipment and mealcanons. To prevent syncope, vaccinate patients consider observing them for 15 minutes after receipt of the vaccine.			stered, the manufacturer at	 Pregnancy; detay vaccination until after completion of the pregnancy Provide all natients with a conv of the most current federal Vaccine Information Statement (VIS). You must document, in 		cal emergency related to the administration of vaccine by having a written	
8. Report all adverse reactions to Td and Tdan vaccines to the federal Vaccine Adverse Event Report						as well as equipment and medications. To prevent syncope, vaccinate patients	
www.vaces.hbs.gov or (800) 822-7967. VAERS report forms are available at www.vaces.hbs.gov	(www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/appendices/B/excipient-table-2.pdf. b. Precautions: moderate or severe acute illness with or without fever		of vaccination and the nam	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.im-		r observing them for 15 minutes after receipt of the vaccine.	
*When feasible, administer Boostrix Tdap vaccine to adults age 65 years and older; however, either			to the administration of v	munizc.ore/vis.	the VLS in their name integrape, it available, these can be found as www.in-	ceine to the federal Vaccine Adverse Event Reporting System (VAERS) at	
age 65 years and older provides protection and is considered valid.		ost current federal Vaccine Information Statement (VIS). You must document in the patient's	syncope, vaccinate patien	4 Provide Deither HPV2 or HPV4 to women o	er 2) HPV4 to men. Provide either vaccine in a 3-dose schedule at 0, 1 or 2, and	822-7967. VAERS report forms are available at www.vaers.hhs.gov.	
	medical record or office log, the public	ation date of the VIS and the date it was given to the patient. Provide non-English speaking		6 months. Administer 0.5 ml. HPV vaccine intramuscularly (22-25g, 1-15) needle) in the deltoid muscle.			
This policy and procedure shall remain in effect for all patients of the	patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.c				ne at the intervals specified in #4, provide subsequent doses of HPV vaccine to	effect for all patients of theuntil	
(444)	 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 ½ needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if 			complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses.		date). (name of practice or clinic)	
Medical Director's signature: Effective		d for patients weighing less than 130 lbs [toks] for injection in the defload muscle only if s tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a	frents of the 12 weeks between the second and third dose, and at least 24 weeks between the first an older who meet the criteria of Lc.i. or Lc.ii. above and women age 27 years and older				
l	nermanent contraindication or prevanti	s tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a on to MCV4, or if MCV4 is unavailable and immediate protection is needed, MPSV4 is an			above and women age 27 years and older who have received at least 1 dose	Effective date:	
		t be given subcutaneously. For these adults and adults older than age 55 years, administer			3-dose series as soon as feasible. Men age 22 years and older who have		
Tartisal conser microsol by the Century for Ciscosa Central Prosentian.		oute (23-25g, %" needle) in the posterolateral fat of the upper arm.	rg/standing-orders		day should also complete the 3-dose series as soon as feasible.	w/mmunize.org/standing-orders	
Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.im	5. Schedule additional vaccination as follo	95:		Document each patient's vaccine administrat Medical shout Passed the data the vaccing	ion information and follow up in the following places: ne was administered, the manufacturer and lot number, the vaccination site and	https://doi.org/standing-orders https://doi.org/standing-orders https://doi.org/standing-orders https://doi.org/standing-orders	
	 For adults identified above in 1.c., 	1.d., or who have HIV infection, give 2 doses, 2 months apart.	155104 • (651) 647-9009		administering the vaccine. If vaccine was not given, record the reason(s) for		
	 For adults who remain at high risk (e 	g., categories 1.b. through 1.e.), give 1 dose every 5 years.	1	non-receipt of the vaccine (e.g., medical c		St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.neccineinformation.org	
	5. Document each patient's vaccine admi	nistration information and follow up in the following places:		b. Personal immunization record card: Re	cord the date of vaccination and the name/location of the administering clinic.		
	a. Medical chart: Record the date the	vaccine was administered, the manufacturer and lot number, the vaccination site and route,		7. Be prepared for management of a medical en	sergency related to the administration of vaccine by having a written emergency		
		administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of	1	medical protocol available, as well as equipm	ent and medications. To prevent syncope, vaccinate patients while seated or		
	the vaccine (e.g., medical contraind	ication, patient refusal).	1	lying down and consider observing them for	15 minutes after receipt of the vaccine.		
		rd: Record the date of vaccination and the name/location of the administering clinic.	1	8. Report all adverse reactions to HPV vaccine	to the federal Vaccine Adverse Event Reporting System (VAERS) at www.		
		cal emergency related to the administration of vaccine by having a written emergency medi-		vaers.hhs.gov or by calling (800) 822-7967.	AERS report forms are available at www.vaers.hhs.gov.		
		ment and medications. To prevent syncope, vaccinate patients while seated or lying down	1	This policy and procedure shall remain in effect	for all nations of the until		
	and consider observing them for 15 mi		1	rescinded or until(date).	(name of practice or clinic)		
	8. Report all adverse reactions to mening	ococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at	1	Medical Director's signature:	Effective date:	1	
	www.vaers.hhs.gov or (800) 822-7967	VAERS report forms are available at www.vaers.hhs.gov.	1	mental Director's signature:	ENCOVE GHE:	1	
	Ministration of the Control of the C	office for the electron of the		For standing orders for other vaccines, go to www.ins	nunize.org/standing-orders		
	This policy and procedure shall remain in antil (dat						
	miii(dat	e).	1				
	Medical Director's signature:	Effective date:	1	Technical content reviewed by the Centers for Disease Control and Prevention.	www.inmunian.org/utg-03/09/ pdf = term #F2091 (5/12)	1	
	For standing orders for other vaccines, go to	www.immunize.org/standing-orders	1	Immunization Action Coalition • 1573 Selby Ave. • St	Paul, PEN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org		
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Here Are Standing Orders for Child, Teen, and Adult Vaccinations

Click blue text to view standing orders documents

Vaccines	Standing Orders Documents (date of latest revision)		
DTaP	Child (1/08)		
Hib	Child (7/08)		
НерА	Child/Teen (5/10)	Adult (1/11)	
НерВ	Child/Teen (2/09)	Adult (2/12)	
HPV	Child/Teen (2/12)	Adult (5/12)	
IPV (polio)	Child/Teen (12/09)		
Influenza	Child/Teen (8/11)	Adult (8/11)	
MMR	Child/Teen (1/08)	Adult (1/08)	
MCV4, MPSV	Child/Teen (2/12)	Adult (2/12)	

Vaccines	Standing Orders Documents (date of latest revision)		
PCV	Child/Teen (6/10)		
PPSV	Child/Teen (2/09)	Adult (1/11)	
Rotavirus	Child (2/12)		
Td, Tdap	Child/Teen (12/11)	Adult (5/12)	
Var (Chickenpox)	Child/Teen (7/08)	Adult (7/08)	
Zos (Shingles)		Adult (5/08)	

Medical		
Management of	Child/Teen (7/11)	Adult (4/11)
Vaccine Reactions		