STANDING ORDERS FOR
Administering Diphtheria, Tetanus, and Acellular Pertussis (DTaP) Vaccine to Children Younger Than Age 7 Years

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 (ACIP).

Policy

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

Procedure

1 **Assess Children in Need of Vaccination** against diphtheria, tetanus, and pertussis based on the following criteria:

- Age 2 months through 6 years who have not completed a DTaP vaccination series

2 **Screen for contraindications and precautions**

Contraindications

- Do not give DTaP vaccine to an infant or child 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 at Immunize.org (www.immunize.org/official-guidance/fda/pkg-inserts/) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.
- Do not give any DTaP to an infant or child who has experienced encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days following a previous dose of DTaP.

Precautions

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
- History of an Arthus-type hypersensitivity reaction after a previous dose of DTaP; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Progressive neurologic disorder (including infantile spasms), uncontrolled epilepsy, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized

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. The DTaP VIS and its translations can be found at www.immunize.org/vaccines/vis/dtap/. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

CONTINUED ON THE NEXT PAGE ▶

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Younger than 12 months	22–25	1"	Anterolateral thigh muscle
12 through 35 months	22–25	1–1¼"	Anterolateral thigh muscle*
		⅝**–1"	Deltoid muscle of arm
3 through 6 years	22–25	⅝**–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle

* Preferred site.

** A ⅝" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tightly, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

5 Administer DTaP vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:

Schedule for routine vaccination

VACCINE AND DOSE NUMBER	RECOMMENDED AGE FOR THIS DOSE	MINIMUM AGE FOR THIS DOSE	RECOMMENDED INTERVAL TO NEXT DOSE	MINIMUM INTERVAL TO NEXT DOSE
DTaP #1	2 months	6 weeks	8 weeks	4 weeks
DTaP #2	4 months	10 weeks	8 weeks	4 weeks
DTaP #3	6 months	14 weeks	6–12 months[1]	6 months[1]
DTaP #4	15–18 months	15 months	3 years	6 months
DTaP #5	4–6 years	4 years		

NOTE: For individuals who failed to complete the schedule as stated above, do not start over. Simply follow the schedule below.

Schedule for catch-up vaccination

NUMBER OF PRIOR DOCUMENTED DOSES	MINIMUM INTERVAL BETWEEN DOSES OF DTAP VACCINE STARTING FROM THE MOST RECENT DOSE GIVEN			
	DOSE 1 TO DOSE 2	DOSE 2 TO DOSE 3	DOSE 3 TO DOSE 4	DOSE 4 TO DOSE 5
Unknown	4 weeks	4 weeks	6 months[2]	6 months[3]
0	4 weeks	4 weeks	6 months[2]	6 months[3]
1	4 weeks	4 weeks	6 months[2]	6 months[3]
2		4 weeks	6 months[2]	6 months[3]
3			6 months[2]	6 months[3]
4				6 months[3]

NOTES

1 If a child age 12 months or older received dose #4 with an interval less than 6 months but more than 4 months, the dose does not need to be repeated.

2 Infants should be no younger than age 12 months when receiving dose #4.

3 Dose #5 should be given no younger than age 4 years. Dose #5 is not necessary if dose #4 was given after age 4 years.

CONTINUED ON THE NEXT PAGE ▶

6 Document Vaccination

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

Medical record: Document 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); plan to discuss the need for vaccination with 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.

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 Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adults in a Community Setting," 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 All Adverse Events to VAERS

Report all adverse events following the administration of DTaP vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. 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

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)