

HOSPITAL

RISK ASSESSMENT AND PROTOCOL FOR ADMINISTRATION OF PNEUMOCOCCAL AND INFLUENZA VACCINATIONS

To be completed by RN on all adult (≥18) in-patients.



(patient room #)

**STEP 1** CURRENT IMMUNIZATION STATUS:

Previous pneumococcal immunization within 5 years

Previous influenza immunization this flu season (October - March 15)-screening N/A at other times of year

*If no vaccination needed STOP HERE, sign below, and file in "provider orders" section of chart.*

RN signature/clock# \_\_\_\_\_ Date/Time \_\_\_\_\_

**STEP 2** PATIENT RISK FACTORS: check all that apply

Age 65 or older (pneumococcal vaccination - CDC recommendation)

Age 50 or older (influenza vaccination - CDC recommendation)

Resident of nursing home or chronic care facility

Chronic illness - for example: cardio/pulmonary diseases, renal failure, sickle cell disease, diabetes

Pregnancy in 2nd or 3rd trimester (influenza vaccination)

Alcoholism, chronic liver disease or cirrhosis

Splenectomy

Immunocompromised adults - HIV, malignancies, chronic renal disease, nephrotic syndrome, long term corticosteroids, organ or bone marrow transplant, history of chemotherapy

Pneumonia vaccine >5 yrs. ago and patient < 65 yrs. of age at time DATE: \_\_\_\_\_

*If patient has ANY risk factors checked, proceed to Step 3 below. If NONE, go to step 4.*

**STEP 3** CONTRAINDICATIONS: Vaccination NOT recommended if patient has (Check any that apply)

**PNEUMOCOCCAL**

Previous severe reaction to vaccine

Chemotherapy received within past 2 months

Currently febrile (38.0)

**INFLUENZA**

Allergy to eggs

Currently febrile (38.0)

Previous severe reaction to vaccine

History of Guillain-Barre syndrome

Chemotherapy received within past 2 months

Pregnancy in First Trimester

**STEP 4** IMMUNIZATION ASSESSMENT

Patient has NO risks identified. Immunization NOT indicated. Sign below and file in "provider orders" section of chart.

Patient has risk factors, but vaccination is CONTRAINDICATED. Sign below and file in "provider orders" section of chart.

Unable to determine vaccination status and no family/surrogate available.

Unable to determine vaccination status and patient is from a long term or chronic care facility. Referred to case management. Sign below and place in chart.

Patient has at least ONE risk factor. Vaccine(s) indicated, provide information to patient.

Vaccine Information Statements (VIS) provided \_\_\_\_\_ Pneumococcal vaccination \_\_\_\_\_ Influenza vaccination

Patient or surrogate agreeable to \_\_\_\_\_ Pneumococcal vaccination \_\_\_\_\_ Influenza vaccination

*Sign and file in MAR, document on plan of care.*

Patient or surrogate offered vaccine but declined \_\_\_\_\_ Pneumococcal vaccination \_\_\_\_\_ Influenza vaccination

*Sign and file in "provider orders" section of chart.*

RN signature/clock# \_\_\_\_\_ Date/Time \_\_\_\_\_

**STEP 5** Review and verify vaccine to be given with patient/surrogate, send to pharmacy per protocol.

**ORDER FOR VACCINATION**

PNEUMOCOCCAL POLYSACCHARIDE VACCINE 0.5 ml Intramuscular or Subcutaneous (year round).

INFLUENZA VACCINE 0.5 ml Intramuscular, (October-March 15)

**DO NOT MIX VACCINES IN SAME SYRINGE**

RN signature/clock# \_\_\_\_\_ Date/Time \_\_\_\_\_

Date/Time faxed to Pharmacy: \_\_\_\_\_ Transcribed to MAR by: \_\_\_\_\_

FORM TO BE PLACED IN "PROVIDER ORDERS" SECTION OF PATIENT CHART