RISK ASSESSMENT AND PROTOCOL FOR
ADMINISTRATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINATIONS

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

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 __________________________

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.

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
☐ Previous severe reaction to vaccine
☐ Currently febrile (38.0)
☐ Previous severe reaction to vaccine
☐ Chemotherapy received within past 2 months
☐ History of Guillain-Barre syndrome
☐ Pregnancy in First Trimester

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
☐ Patient or surrogate agreeable to
☐ Sign and file in MAR, document on plan of care
☐ Patient or surrogate offered vaccine but declined
☐ Pneumococcal vaccination
☐ Influenza vaccination

RN signature/clock# __________________________ Date/Time __________________________

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: ________________