FOUNDATION HEALTH PARTNERS

Label:

INDIVIDUAL IMMUNIZATION STANDING ORDERS

FOR D.C. STANDING ORDERS
Fairbanks, Alaska
REVISED 08/2017

Scan to Pharmacy

The following must be completed prior to ordering immunizations from pharmacy

Please initial each item completed

_____ Verbal consent provided by the Resident or Power of Attorney for the following vaccination

*If Power of Attorney indicate name*_____

_____ No contraindications identified

Do not administer if temperature is > 101.3 F (38.5 C)

Monitor patient for signs and symptoms of a reaction 15 minutes after administration and every shift x 24 hours

IMMUNIZATIONS:

☐ **Influenza Vaccine** O.5mL Intramuscular; Once (if between September 1st and April 1st).

☐ **Prevnar 13 (Pneumococcal 13-Valent Conjugate Vaccine, PCV13)** 0.5mL Intramuscular; Once

- ☐ >65 years old with no prior history of vaccination
- ☐ 18-64 years old with no prior history of vaccination and one of the following conditions
  - CSF leaks
  - Cochlear implants
  - Sickle Cell disease or other hemoglobinopathies
  - Congenital or acquired asplenia
  - Congenital or acquired immunodeficiency's
  - HIV infection
  - Chronic renal failure
  - Nephrotic syndrome
  - Leukemia
  - Lymphoma
  - Hodgkin disease
  - Generalized malignancy
  - Iatrogenic immunosuppression
- ☐ Prior pneumonia vaccine history, but reviewed and appropriate based on CDC/ACIP guidelines

☐ **Pneumovax 23 (Pneumococcal Vaccine Polyvalent, PPSV 23)** 0.5mL Intramuscular or Subcutaneous; Once

- ☐ 18-64 years old with no prior history of vaccination and one of the following conditions
  - Chronic heart or lung disease
  - Diabetes
  - Alcoholism
  - Chronic liver disease
- ☐ Prior pneumonia vaccine history, but reviewed and appropriate based on CDC/ACIP guidelines

☐ **ZOSTAVAX (Zoster vaccine live)** 0.65mL Subcutaneous; Once

- ☐ >60 years old with no prior history of vaccination and indicated per Vaccine Review Committee

	Initials	Date/Time
RN/LPN Signature:		
RCC/Charge RN Signature:		