

Standing orders for Administering Pneumococcal Conjugate Vaccine to Children

Purpose

To reduce morbidity and mortality from invasive pneumococcal disease 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 and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate children and teens who meet any of the criteria below

Procedure

1. **Assess Infants and Children in Need of Vaccination** against invasive pneumococcal disease based on the following criteria:

Routine pneumococcal vaccination

Pneumococcal conjugate vaccine (PCV13 or PCV15) should be administered routinely to all children ages 2 through 59 months.

Risk-based pneumococcal vaccination

- Age 2 years and older with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose oral corticosteroids); diabetes mellitus
- Age 2 years and older with cerebrospinal fluid leak; candidate for or recipient of cochlear implant
- Age 2 years and older with sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation, multiple myeloma

2. **Screen for contraindications and precautions**

Contraindications

Do not give PCV13 or PCV15 to a child who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components (including to any diphtheria toxoid-containing vaccine). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/fda) or go to

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

Precautions

Moderate or severe acute illness with or without fever

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; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

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

AGE OF INFANT/CHILD	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 10 years	22–25	⅝**–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
11 through 18 years	22–25	⅝**–1"	Deltoid muscle of arm*
		1–1½"	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 tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

1. Administer pneumococcal conjugate vaccine (PCV13 or PCV15), 0.5 mL, via the intramuscular (IM) route, to all healthy children as well as children with a medical condition or other risk factor according to the guidance on page 1.

6. Document Vaccination

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


- **Medical record:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the 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). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) 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

- Observe patient for a minimum of fifteen (15) minutes post receipt of Pneumococcal Conjugate vaccine.
- If patient has a history of vasovagal or severe adverse reaction to anything else other than the components of Pneumococcal Conjugate vaccine, okay to vaccinate, but extend observation.
- Be prepared to manage a medical emergency related to the administration of vaccine by following written Emergency Medical Management Policy P014.
- Report all adverse reactions to Affiliated Physicians HOTLINE @ 646.535.2318.
- Serious vaccine adverse reactions according to VIS will be reported to Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html> or call 1-800-822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____			
effective _____	DATE	until rescinded or until _____	DATE
Medical Director	AVRAM C. NEMETZ, M.D.		1-5-2023
	PRINT NAME	SIGNATURE	DATE