NURSING STANDING ORDER

HealthPoint

Standing Orders for Administering Influenza Vaccines to Children and Adolescent (ESTABLISHED PATIENTS ONLY)

Purpose: To reduce morbidity and mortality from influenza by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g. Pharmacists), where allowed by state law, may vaccinate children and adolescents who meet the criteria below and are **established HealthPoint patients**.

Procedure

1. Identify children and adolescents age 6 months and older who have not completed their influenza vaccination(s) for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. Contraindications: a history of a serious reaction (e.g., anaphylaxis) after a previous dose of influenza vaccine or to an influenza vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/package-inserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to people with either an anaphylactic or non-anaphylactic history of allergy to eggs; pregnant adolescents; children younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheezing or asthma within the past 12 mos, based on a healthcare provider's statement; immunosuppression, including that caused by medications or HIV; long-term aspirin therapy (applies to a child or adolescent age 6 mos through 17 yrs); receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir)within the previous 48 hours or possibility of use within 14 days after vaccination; people who care for severely immunosuppressed people who require a protective environment.
   b. Precautions: moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, children or adolescents age 5 years or older with asthma; a medical condition which might predispose the child to higher risk for complications attributable to influenza (e.g., chronic pulmonary, cardiovascular [excluding isolated hyper-tension], renal, hepatic, neurologic, hematologic, or metabolic [e.g., diabetes] disorders).
   c. Other considerations: onset of hives only after ingesting eggs: healthcare providers should administer inactivated influenza vaccine (IIV) and observe the patient for at least 30 minutes after receipt of the vaccine for signs of a reaction.
3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Administer IIV or LAIV as follows (Note: When immediately available, ACIP recommends use of LAIV in healthy children ages 2 through 8 years who have no contraindications or precautions. If LAIV is not immediately available, IIV should be administered.):
   a. IIV: Administer IIV intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children, and teens). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants 6 through 11 mos: 1"; 1 through 2 yrs: 1–13"; 3yrs and older: 1–12". Give 0.25 mL (Fluzone only) to children 6–35 mos and 0.5 mL to all others age 3 yrs and older. (Note: A 5/8" needle may be used for patients weighing less than 130 lbs [60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
   b. LAIV: For children ages 2 yrs and older, administer 0.2 mL of LAIV intranasally by spraying 0.1 mL into each nostril while the patient is in an upright position.
   c. Children age 6 mos through 8 yrs should receive a second dose of either IIV or LAIV 4 wks or more after the first dose if they 1) are receiving influenza vaccine for the first time; or 2) did not get at least 1 dose of influenza vaccine for the 2013–14 season; or 3) did not get at least 2 doses of seasonal influenza vaccine since July 1, 2010; or 4) did not get 2 or more doses of seasonal vaccine before July 1, 2010, and at least 1 dose of monovalent 2009 H1N1 vaccine; or 5) did not get 1 or more doses of seasonal vaccine before July 1, 2010, and 1 or more doses of seasonal vaccine since July 1, 2010
5. Document each patient's vaccine administration information and follow up in the following places:
   a. Medical chart: Record 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
6. 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. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine
7. Report all adverse reactions to Influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of HealthPOiNT /BVCAA until rescinded or until December 31, 2016.

Medical Director's signature: _____

Effective date: January 1, 2016

Reference: Immunization Action Coalition 09/14, (Technical content reviewed by the Centers for Disease Control and Prevention)