

---

## Standing Orders for Administering Tdap/Td to Adults

**Purpose:** To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all adults 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 patients who meet any of the criteria below.


**Procedure:**

1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
  - a. lack of documentation of receiving a dose of pertussis-containing vaccine (i.e., Tdap) as an adolescent or adult
  - b. currently pregnant and no documentation of Tdap given during current pregnancy
  - c. lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
  - d. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years
  - e. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap);
  - a. Contraindications:
    - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For information on vaccine components, refer to the manufacturers' package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)
    - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause
  - b. Precautions:
    - history of Guillain-Bar6 syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
    - history of an arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
    - moderate or severe acute illness with or without fever
    - for Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
3. Provide all patients 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found [www.immunize.org/vis](http://www.immunize.org/vis).

4. Administer 0.5 mL Td or Tdap vaccine intramuscularly (22-259, 1-1/2" needle) in the deltoid muscle or, alternatively, the anterolateral thigh also can be used. (Note: a 5/8" needle may be used for adults weighing less than 30 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.)
5. Provide subsequent doses of either Tdap or Td to adults as follows:
  - a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses.\*
  - b. to boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given (Note: there is no need to observe a minimum interval between Td and the subsequent Tdap); if Tdap was already administered, boost with Td routinely every 10 years\*\*
  - c. for pregnant women, administer Tdap during each pregnancy (preferably during 27 through 36 weeks' gestation), regardless of number of years since prior Td or Tdap vaccination.
6. Document each patient's vaccine administration information and follow up in the following place:
  - 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 given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - b. **Personal immunization record card (if requested):** Record the date of vaccination and the name/location of the administering clinic
7. 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.
8. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).
 

\*When feasible, administer Boostrix Tdap vaccine to adults age 65 years and older; however, either Tdap vaccine product administered to a person age 65 years and older provides protection against pertussis and is considered valid.

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

References: Immunization Action Coalition, 04/13 (Technical content reviewed by the Centers for Disease Control and Prevention)