SUBJECT/TITLE: ADULT, INPATIENT PNEUMOCOCCAL AND SEASONAL INFLUENZA VACCINATION

PURPOSE: To ensure that adult inpatients who are candidates for pneumococcal or seasonal influenza vaccination are immunized prior to discharge.

DEFINITION: Adult: Patients ≥ 18 years of age

POLICY:

A. Pneumococcal Vaccination
   1. All adult inpatients will be assessed for the need for pneumococcal polysaccharide (PPSV23) immunization by a protocol developed and maintained by the Pharmacy and Therapeutics Subcommittee (see Attachment 1).
   2. Vaccine will be administered when appropriate prior to discharge.

B. Seasonal Influenza Vaccination
   1. All adult inpatients will be assessed for the need for seasonal influenza immunization during the annual immunization period (e.g., October through March) by a protocol developed and maintained by the Pharmacy and Therapeutics Subcommittee (see Attachment 2).
   2. Vaccine will be administered when appropriate prior to discharge.

C. Vaccination Protocol and Documentation
   1. The indication for the pneumococcal and seasonal influenza (during October through March) vaccinations shall be assessed by the Nursing staff for adult patients adhering to approved standard criteria. These vaccinations shall be administered by the Nursing staff when indicated.
   2. Nursing staff will assess the patient’s indications for the pneumococcal and seasonal influenza immunization using the Pneumococcal Polysaccharide (23-Valent) Vaccine Immunization Protocol and the Influenza Vaccine Protocol. Documentation of the nursing screening assessment and nursing electronic signature of the vaccine order will be in Epic and will not require the signature of a Licensed Independent Practitioner (LIP). As authorized by federal law and Iowa rule 657-7.8, a written or verbal patient-specific medication administration order is not required prior to administration of seasonal influenza or pneumococcal vaccines to an adult patient.
3. When the medical record is electronically screened for the patient’s applicability to receive the vaccine, a Best Practice Alert (BPA) will be triggered if the patient is identified as a vaccine qualifier. If the BPA is addressed by accepting the vaccination recommendation (if no acknowledgment reasons to not administer are selected), then an electronic order will be sent to pharmacy for dispensing.

4. Order Entry
   a. Nursing staff will enter the orders for influenza and/or pneumococcal vaccines into the Epic system using the ordering mode “Protocol for Influenza/Pneumo” for adult patients.

5. Nursing staff will administer the vaccines as appropriate per the defined protocols.

Date created: May 11, 2007
Source: Pharmacy and Therapeutics Subcommittee
Date approved: 06/25/07
Date effective: 07/18/07
Date Revised: 04/22/08; 8/11/09; 11/30/09; 9/1/11; 8/28/12
Protocol for Pneumococcal Polysaccharide (23-Valent) Vaccination

PURPOSE: To define the criteria for UIHC adult non-ICU inpatients units to receive the Pneumococcal Polysaccharide (23-Valent) Vaccine (PPSV23) via protocol assessment and administration by the Registered Nurse/Pharmacist.

PROTOCOL: Vaccinate all patients 18 years or older with the PPSV23 as recommended by the Centers for Disease Control and Prevention.

1. Vaccinate patients with the pneumococcal polysaccharide vaccine for the following indications:
   a. 65 years of age or older
   b. 18 to 64 years of age and has any of the high-risk conditions:
      i. Resident of long-term care facility
      ii. Long-term health problem with chronic heart or lung disease (e.g., asthma, COPD, or emphysema), metabolic disease (e.g., diabetes mellitus), cerebral fluid leaks, cochlear implant, kidney disease including nephrotic syndrome, alcoholism, cirrhosis, or chronic liver disease
      iii. Compromised immunity (e.g., Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids [greater than 20 mg prednisone daily for two weeks or equivalent], antineoplastic drugs or other immunosuppressants, or radiation therapy)
      iv. Sickle cell anemia or asplenia (e.g., prior splenectomy)
      v. Cigarette smoker
      vi. Patient uncertain about prior vaccination status or history unreliable and meets the above criteria (attempt further history retrieval and discuss with physician)
      vii. People 65 years of age or older who got their first dose when they were under 65 years should be revaccinated with a single dose after 5 years have passed since the first dose.
      viii. Platelet count less than 20,000/mm$^3$ - give vaccination subcutaneously
   c. If none of the above, stop the assessment

   Note: A one-time revaccination dose is recommended for high-risk, immunocompromised or asplenic patients (see iii and iv above) when 5 or more years have passed since the patient’s first dose.

2. Do NOT vaccinate in following cases:
   a. Allergy to vaccine
   b. If previously vaccinated and does not have a condition listed in iii or iv above
   c. If fever 38.5 degrees C or greater at time of unit arrival. It is recommended that the vaccine not be given until the 3rd day or after admission/transfer from ICU, regardless of temperature
   d. 1st trimester pregnancy
   e. Currently receiving or received chemo/radiation therapy less than two weeks ago
   f. Bone marrow transplant within past 12 months
   g. Enrolled in investigational drug study
   h. Unable to assess vaccination history due to patient altered mental status
   i. Patient or healthcare decision maker (need not be Power of Attorney) refuses
j. Received zoster (shingles) vaccine (Zostavax®) within last 4 weeks (per Zostavax prescribing information-6/11; CDC does not recommend separating doses of these vaccines).

3. Direct ICU admissions are assessed when transferred to medical or surgical unit

4. Vaccine Administration
   a. Pneumococcal Polysaccharide (23-Valent) Vaccine 0.5 ml is administered subcutaneously or intramuscularly (via deltoid or lateral thigh muscle).

5. Documentation
   a. Nursing assessment will be done using the standardized criteria listed on the “Protocol for Pneumococcal Vaccination”.
   b. Documentation of assessment and nursing electronic signature will be in Epic.
   c. If vaccine is indicated, Nursing staff will enter the order into Epic using the ordering mode “Per Protocol for Influenza/Pneumo.” Pharmacy will prepare doses as needed based upon floorstock availability.
   d. Vaccine administration is documented on eMAR and populated in the Epic immunization record.
   e. A Vaccination Information Statement (VIS) should be provided to the patient.

6. Protocol Criteria Review
   a. Criteria for vaccination will be reviewed annually using the CDC’s most recent guidelines for immunization and will be updated to reflect current CDC guidelines.

7. References

8. SIGNATURES (Doug Hornick, MD and Joelle Jensen, RN)
Protocol for Seasonal Influenza Vaccination

PURPOSE: To define the criteria for UIHC adult non-ICU inpatients units to receive the Seasonal Influenza Vaccine via protocol assessment and administration by the Registered Nurse/Pharmacist.

PROTOCOL: Vaccinate all patients 18 years or older with the seasonal influenza vaccine as recommended by the Centers for Disease Control and Prevention.

A. Injectable Inactivated Influenza Vaccine

1. Don’t vaccinate in following cases:
   a. Previously immunized this flu season
   b. Has had a severe allergic reaction to eggs
   c. Has had a serious allergic reaction to other components of the vaccine [Note: vaccine ingredients may change each season; check product labeling or contact Pharmacy.]
   The 2012-2013 influenza vaccines carried at UIHC contain the following:
   - gelatin (Fluzone®),
   - gentamicin (Fluarix®),
   - hydrocortisone (Fluarix®).
   d. Previous serious reaction to influenza vaccine
   e. History of Guillain-Barré syndrome within 6 weeks of influenza vaccine
   f. Bone marrow transplant or organ transplant during current admission
   g. Enrolled in investigational drug study
   h. Fever 38.5°C or greater at time of unit arrival – give vaccination 3rd day after admission/transfer from ICU, regardless of temperature.
   i. Unable to assess vaccination history due to patient status
   j. Patient or healthcare decision maker (need not be Power of Attorney) refuses
   Note: If platelet count is less than 20,000/mm³ give vaccination subcutaneously

2. Direct ICU admissions are assessed when transferred to medical or surgical unit

3. Vaccine Administration
   a. Seasonal influenza trivalent vaccine (inactivated) 0.5 ml is administered IM via deltoid

B. Live, Attenuated Influenza Intranasal Vaccine (LAIV, FluMist®)

1. Don’t vaccinate with LAIV in the following cases:
   a. Previously vaccinated with influenza vaccine this flu season
   b. 50 years of age and over
   c. A medical condition placing patient at high risk for complications from influenza, including chronic heart or lung disease (e.g., asthma), diabetes, kidney failure, hepatic disorders, anemia or other blood disorders, or weakened immune system (e.g., organ or bone marrow transplantation during current hospitalization, immunosuppressive medications, HIV)
   Note: Influenza injection should be used in high-risk patients.
   d. History of Guillain-Barré syndrome within 6 weeks of influenza vaccine
   e. Pregnancy [Note: influenza injection should be used in pregnant patients]
f. Previous serious reaction to influenza vaccine

h. Severe allergy to eggs

i. Family member or close contact who is severely immunocompromised requiring a protective environment (e.g., stem cell transplant)

k. Received within the previous 4 weeks or plan to receive within the next 4 weeks any live injectable vaccine (e.g., varicella, measles, mumps, rubella or yellow fever vaccine).

Note: may be administered simultaneously with these live virus vaccines

l. Significant nasal congestion

m. Acute febrile illnesses 38.5 degrees C or greater at time of unit arrival

n. Takes intranasal medications (steroids)

o. Enrolled in an investigational drug study

p. Unable to assess vaccination history due to patient status

q. Patient or healthcare decision maker refuses

2. Direct ICU admissions are assessed when transferred to medical or surgical unit

3. Vaccine Administration

   a. The Live, Intranasal Influenza Vaccine is administered intranasally. The dose is given as 0.1 mL into each nostril while the patient is in an upright position for a total dose of 0.2 mL. The vaccine is stored refrigerated until use.

C. Documentation

1. The indication for seasonal influenza (during October through March) vaccinations will be assessed by the Nursing staff adhering to the standardized criteria listed on the “Protocol for Seasonal Influenza Vaccination.” The vaccination will be administered by the Nurse when indicated.

2. Documentation of assessment and nursing electronic signature will be in Epic.

3. If vaccine is indicated, Nursing staff will enter the order into Epic using the ordering mode “Per Protocol for Influenza/Pneumo.” Pharmacy will prepare doses as needed based upon floorstock availability.

4. Vaccine administration is documented on eMAR and populated in the Epic immunization record.

5. A Vaccine Information Statement (VIS) should be provided to the patient.

D. Protocol Criteria Review

1. Criteria for vaccination will be reviewed annually using the CDC’s most recent guidelines for immunization and will be updated to reflect current CDC guidelines.

E. Reference


F. SIGNATURES (Doug Hornick, MD and Joelle Jensen, RN)