ALL INPATIENTS MUST BE SCREENED FOR PNEUMOCOCCAL AND INFLUENZA VACCINATION STATUS
This is approved by PT&T and can be initiated by a registered nurse without a provider’s signature.

### Pneumococcal Vaccine

**Contraindications**

- Vaccine given in ED
- Patient or caregiver refuses; education on risks of refusal given
- Previously immunized after age 65
- Immunized before age 64 but less than 5 years ago
- Reported allergy to pneumococcal vaccine

**Stated reaction:**
- Bone marrow transplant within past 12 months
- Actively receiving chemotherapy or radiation therapy
- Received the shingles vaccine (Zostavax) within last 4 weeks
- Child age 6 years and older who received pneumococcal vaccine within previous 8 weeks

If any of the above are checked – STOP! Vaccine is CONTRAINDICATED, check box, sign below and scan to pharmacy.

**Indications**

- 65 years of age or older and never received pneumococcal vaccine or vaccination history is uncertain.
- Previously immunized before age 65 and more than 5 years ago
- Resident of a nursing home, chronic care facility or homeless, regardless of age
- 5 to 64 years old with the follow high-risk conditions:
  - Cardiac disease (e.g., HF)
  - Pulmonary disease (e.g., COPD, asthma, emphysema)
  - Diabetes
  - Immunosuppression
  - HIV
  - Liver disease
  - Kidney disease (e.g., nephritis, nephrosis, ESRD)
  - Asplenia (e.g., sickle cell disease, prior splenectomy)
- 19 to 64 years of age who smoke cigarettes

IF ANY of the above are checked with NO contraindications, check box, sign below, scan to pharmacy and give 0.5 ml of pneumococcal vaccine subcutaneously now. Document administration below and enter into electronic medical record. For surgical patients, give post operatively day of surgery. Provide Vaccine Information Sheet (VIS) to patient.

### Influenza Vaccine

**Contraindications**

- Vaccine given in ED
- Patient or caregiver refuses; education on risks of refusal given
- Previously immunized this flu season
- Reported allergy/sensitivity to influenza vaccine

**Stated reaction:**
- Anaphylactic egg allergy or anaphylactic latex allergy
- History of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination
- Bone marrow transplant within the past 6 months

If any of the above are checked – STOP! Vaccine is CONTRAINDICATED, check box, sign below and scan to pharmacy.

**Indications**

- Patient is 6 months of age or older and has not received the influenza vaccine during present inoculation period or vaccination history is uncertain.

IF ANY of the above are checked with NO contraindications, check box, sign below, scan to pharmacy and give 0.5 ml of influenza vaccine intramuscular now. Document administration below and enter into electronic medical record. For surgical patients, give post operatively day of surgery. Provide Vaccine Information Sheet (VIS) to patient.

IF NONE of the above are checked, STOP and check box. There is no Indication to give vaccine. Sign below and scan to pharmacy.