

Literature reviews have found that standing order programs for vaccinations can help improve vaccination rates. Using standing orders for vaccinations is not prohibited in the six states comprising Network #15.

The following example of a standing order for administering the *influenza* vaccine to adults has been modified from the standing orders available from the Immunization Action Coalition web page at <http://www.immunize.org>.

STANDING ORDERS FOR INFLUENZA VACCINATION OF ADULTS

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

Policy: Vaccinate all eligible patients and staff annually in October or November. If unable to vaccinate during these months, Influenza vaccinations may be given through the end of flu season in March. Under these standing orders, eligible nurses may vaccinate patients and staff who meet any of the criteria below.

Procedure:

1. Identify adults in need of influenza vaccination based on meeting any of the following criteria:
 - a. Having any of the following conditions:
 - chronic metabolic disease (e.g., diabetes), renal dysfunction, hemoglobinopathy, or immunosuppression (e.g., caused by medications, HIV) that has required regular medical follow-up or hospitalization during the preceding year)
 - b. Healthcare workers (*such as dialysis personnel*), in contact with person(s) at high risk of developing complications from influenza (*such as dialysis patients*)
 - c. Those wishing to reduce the likelihood of becoming ill with influenza
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:** serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of current vaccine components, go to: www.cdc.gov/nip/publications/pink/appendices/b/excipient-table-2.pdf.

Do not give live attenuated influenza vaccine (LAIV) to dialysis patients.
 - b. **Precautions:** moderate or severe acute illness with or without fever
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; these can be found at: www.immunize.org/vis.
4. Administer 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV) IM (22–25g, 1–1½" needle) in the deltoid muscle.
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 given, 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.
- 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 <http://www.vaers.hhs.gov>.

This policy and procedure shall remain in effect for all patients of the _____ Dialysis Center (name of practice or clinic), until rescinded, or until _____ (date).

Medical Director's signature: _____ Effective date: _____