Influenza Vaccination Assessment and Order

Objective: Each adult patient aged 18 years or older must be assessed for inactivated influenza vaccination (IIV) in order to prevent illness and death from influenza. Note that all adults are recommended to receive influenza vaccination each year. Those who do not recall whether they received IIV during the current flu season should be vaccinated.

Nurse to Complete:

1) Are you sick today? (Vaccinate if only a simple cold or mild diarrheal illness.) □ Y □ N □ Unsure

2) Do you have allergies to neomycin, eggs, influenza vaccine, or latex?
   If answer to question #2 is "Yes", then refer to physician. □ Y □ N □ Unsure

3) Have you ever had a severe paralyzing illness (Guillain-Barre Syndrome) within six weeks of influenza or tetanus vaccination?
   If answer to question #3 is "Yes", then NO INFLUENZA or Tdap. □ Y □ N □ Unsure

4) Have you received any post-exposure prophylaxis to hepatitis B, rabies or tetanus within the last 3 months?
   If answer to question #4 is "Yes", then vaccinate if beyond 3 months. □ Y □ N □ Unsure

5) Are you pregnant?
   If answer to question #5 is "Yes" then give influenza vaccine for protection against flu—October 1st to March 31st. Vaccinate against influenza also if pregnancy anticipated during flu season
   If answer to question #5 is "No" or "Unsure", then vaccinate. □ Y □ N □ Unsure

6) Would you like to receive the influenza vaccine today? □ Y □ N □ Unsure

______________________________________________ /box3
Patient or Healthcare Proxy Refused to Sign

______________________________________ /box3
Physician/RN/LPN Signature Date Time

☐ Administer 0.5 cc Tdap/Td Vaccine IM Deltoid Muscle

☐ Patient previously vaccinated.

_______________________________________________ __ _____________________________________
Physician/RN/LPN Signature Date Time

Vaccine History updated in the chart? □ Y □ N

_______________________________________________
RN/LPN Signature Date Time

Rev. 20160518