



Pneumococcal Vaccination Assessment and Order (aged 19-64 years)

Objective: Each patient aged 19 to 64 years must be assessed for pneumococcal vaccination (PCV) against Streptococcus Pneumoniae (pneumococcus) infection.

Nurse to Complete:

- 1) Do you have any immune-compromising conditions placing you at risk for invasive pneumococcal disease:

a. cigarette use	Y / N	i. chronic liver disease	Y / N	q. hematologic cancer	Y / N
b. congestive heart failure	Y / N	j. liver cirrhosis	Y / N	r. metastatic cancer	Y / N
c. cardiac disease	Y / N	k. cochlear implant	Y / N	s. chronic steroid use	Y / N
d. chronic lung disease	Y / N	l. CSF leak	Y / N	t. radiation therapy	Y / N
e. emphysema	Y / N	m. splenectomy	Y / N	u. chronic renal failure	Y / N
f. asthma	Y / N	n. sickle cell disease	Y / N	v. organ transplantation	Y / N
g. diabetes	Y / N	o. HIV infection	Y / N		
h. alcoholism	Y / N	p. immunodeficiency	Y / N		
- 2) Are you sick today? (Vaccinate if only a simple cold or mild diarrheal illness.) Y N Unsure
- 3) Do you have allergies to neomycin, eggs, or latex? Y N Unsure
If answer to question #3 is "Yes", then refer to physician.
- 4) Have you had a serious reaction or anaphylactic reaction to PCV or any of its parts? Y N Unsure
If answer to question #4 is "No" or "Unsure", then vaccinate.
- 5) Have you received any post-exposure prophylaxis to hepatitis B, rabies or tetanus within the last 3 months? Y N Unsure
If answer to question #5 is "Yes", then vaccinate if beyond 3 months.
- 6) Are you pregnant? Y N Unsure
PVC is recommended in pregnancy if risk factors for pneumococcal infection are present (see question #1).
- 7) Would you like to receive the pneumococcal vaccine today? Y N Unsure
- 8) Have you received the pneumococcal vaccine in the past 5 years? Y N Unsure
If "Yes" AND risk factors for pneumococcal infection are present as indicated above, then give pneumococcal vaccine 5 years after previous pneumococcal vaccine dose. If last dose of pneumococcal vaccine was administered over the age of 65 years, then no further doses of that vaccine are required. If "No" or "Unsure", then vaccinate if risk factors for pneumococcal infection are present as indicated above.

Patient or Healthcare Proxy Refused to Sign

Patient or Healthcare Proxy Signature Date

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

Physician/RN/LPN Signature Date Time

Vaccine History updated in the chart? Y N

RN/LPN Signature Date Time

