



Pneumococcal Vaccination Assessment and Order (aged 65 and older)

Objective: Each patient aged 65 years or older must be assessed for pneumococcal vaccination (PCV) against Streptococcus Pneumoniae (pneumococcus) infection.

Nurse to Complete:

- 1) Have you received the pneumococcal vaccine in the past 5 years? Y N Unsure

If answer to question #1 is "Yes" 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 answer to question #1 is "No" or "Unsure", then vaccinate.

- 2) Have you had a serious reaction or anaphylactic reaction to PCV or any of its parts? Y N Unsure

If answer to question #2 is "No" or "Unsure", then vaccinate.

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

- 4) Do you have allergies to neomycin, eggs, or latex? Y N Unsure

If answer to question #4 is "Yes", then refer to physician.

- 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) Would you like to receive the pneumococcal vaccine today? Y N Unsure

Patient or Healthcare Proxy Signature Date

Patient or Healthcare Proxy Refused to Sign

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