**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

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Patient or Healthcare Proxy Refused to Sign

______________________________________

Physician/RN/LPN Signature Date Time

Administer 0.5 cc Tdap/Td Vaccine IM Deltoid Muscle

□ Patient or Healthcare Proxy Refused to Sign

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Physician/RN/LPN Signature Date Time

□ Patient previously vaccinated.

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Physician/RN/LPN Signature Date Time

Vaccine History updated in the chart? □ Y □ N

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RN/LPN Signature Date Time

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