

ST. FRANCIS MEDICAL CENTER VACCINE ADMINISTRATION POLICY

Tdap/Td VACCINE

TRENTON, NJ

Standing Orders for Administering Tdap/Td Vaccine to Adults

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis infection by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below

Procedure

1. Assess Adults for Need of Vaccination against tetanus, diphtheria, and pertussis based on the following criteria:

- Lack of documentation of ever receiving a dose of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) as an adolescent or adult
- Currently pregnant and no documentation of Tdap given during current pregnancy
- Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids (Tdap/Td)
- Completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose in the previous 10 years
- Recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years

2. Screen for Contraindications and Precautions

Contraindications

- Do not give Tdap or Td to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give Tdap to a person who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.

Precautions

- History of Guillain-Barre syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- History of an arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Moderate or severe acute illness with or without fever
- For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until the patient's treatment regimen has been established and the condition has stabilized

With permission, this standing order has been adapted for use by SFMC Internal Medicine Clinic from a vaccine standing order template produced by Immunization Action Coalition. Technical content has been reviewed by the Centers for Disease Control and Prevention.

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3. Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4. Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

CENDER AND WEIGHT OF PATIENT	NEEDLE CAUCE	NEEDLE LENCHTH	INJECTION SITE
Female or male less than 130 lbs	22-25	$\frac{5}{8}$ "*-1"	Deltoid muscle of arm
Female or male 130-152 lbs	22-25	1"	Deltoid muscle of arm
Female 153-200 lbs	22-25	1-1½"	Deltoid muscle of arm
Male 153-260 lbs	22-25	1-1½"	Deltoid muscle of arm
Female 200+ lbs	22-25	1½"	Deltoid muscle of arm
Male 260+ lbs	22-25	1½"	Deltoid muscle of arm

* A $\frac{5}{8}$ " needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

5. Administer Tdap or Td Vaccine, 0.5 ml, via the intramuscular (IM) route, according to the following criteria and schedule:

The routine schedule for Tdap/Td vaccination is to administer a 3-dose series at 0, 1, and 6 month intervals, including one dose of Tdap, preferably as the first dose, followed by a Td booster every 10 years

HISTORY OF PREVIOUS Td/Tdap VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF Tdap AND Td
0 documented doses, or none known	Give 0.5 ml Tdap as dose #1. Give dose #2 (Td) at least 4 weeks later, and dose #3 (Td) 6-12 months after dose #2.
1 previous dose, Td	Give 0.5 ml Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) in 6 months.
1 previous dose, Tdap	Give 0.5 ml Td, as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) in 6 months.
2 previous doses, both Td	Give 0.5 ml Tdap as dose #3 at least 6 months after dose #2.
2 previous doses, 1 Td and 1 Tdap	Give 0.5 ml Td at least 6 months after dose #2.
3 or more previous doses, Td only	Give 0.5 ml Tdap as soon as possible, but at least 4 weeks after last Td. (You do not need to wait 10 years from previous dose.)
3 or more previous doses, including 1 dose of Tdap	Give 0.5 ml Td booster every 10 years unless patient needs prophylaxis for wound management sooner.

Tdap vaccination for pregnant women

Pregnant women should receive Tdap during **each** pregnancy, preferably during 27 through 36 weeks' gestation, regardless of number of years since prior Td or Tdap vaccination.

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6. Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7. Be Prepared to Manage Medical Emergencies

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. For Immunization Action Coalition's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8. Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the SFMC Internal Medicine Clinic until rescinded.

Medical Director's Signature: _____

Date Signed: _____

Effective Date: _____