



Tdap/Td Vaccination Assessment and Order

Objective: Each adult patient aged 18 years or older must be assessed for Tdap/Td vaccination.

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, any component of this vaccine, or latex? Y N Unsure
If answer to question #2 is "Yes", then refer to physician.
- 3) Have you had a seizure or brain or other nervous system problem with 1 week of pertussis vaccination (DTap or Tdap)? (If "Yes", NO Tdap) Y N Unsure
- 4) Have you ever had a severe paralyzing illness (Guillain-Barre Syndrome) within 6 weeks of influenza or tetanus vaccination? (If "Yes", NO influenza or Tdap) Y N Unsure
- 5) Have you experienced a severe injection site reactions (pain and swelling) within 4-12 hours of tetanus vaccination? (10 year vaccination interval required.) Y N Unsure
- 6) Have you received any post-exposure prophylaxis to hepatitis B, rabies or tetanus within the last 3 months? (Vaccinate if beyond 3 months.) Y N Unsure
- 7) Are you pregnant? Y N Unsure
Administer Tdap during each pregnancy preferably during 27 to 32 weeks gestation. If Tdap not administered during pregnancy then administer immediately post-partum.
If answer to question #7 is "No" or "Unsure", then vaccinate.
- 8) Have you ever received a Tdap vaccination? Y N Unsure
Persons aged 11 years and older who have not received Tdap vaccine or for whom status is unknown should receive a dose of Tdap followed by the Td booster every 10 years.
- 9) Have you received all or part of the tetanus-diphtheria-pertussis series of shots? Y N Unsure
Adults with an unknown or incomplete history of completing 3-dose primary vaccination series should receive dose #1 of Tdap, followed by dose #2 of Td 4 to 8 weeks later, and dose #3 of Td 6–12 months after dose #2.
- 10) Would you like to receive the Tdap/Td 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