



## Influenza Vaccination Assessment and Order

Objective: Each adult patient aged 18 years or older must be assessed for inactivated influenza vaccination (IIV) in order to prevent illness and death from influenza. Note that all adults are recommended to receive influenza vaccination each year. Those who do not recall whether they received IIV during the current flu season should be vaccinated.

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, influenza vaccine, or latex?  Y  N  Unsure  
If answer to question #2 is "Yes", then refer to physician.
- 3) Have you ever had a severe paralyzing illness (Guillain-Barre Syndrome) within six weeks of influenza or tetanus vaccination?  Y  N  Unsure  
If answer to question #3 is "Yes", then NO INFLUENZA or Tdap.
- 4) 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 #4 is "Yes", then vaccinate if beyond 3 months.
- 5) Are you pregnant?  Y  N  Unsure  
If answer to question #5 is "Yes" then give influenza vaccine for protection against flu—October 1st to March 31st. Vaccinate against influenza also if pregnancy anticipated during flu season  
If answer to question #5 is "No" or "Unsure", then vaccinate.
- 6) Would you like to receive the influenza 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