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## Standing Orders for Administering Influenza Vaccine to Adults

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**Purpose:** To reduce morbidity and mortality from influenza by vaccinating all patients who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

**Policy:** Under these standing orders, eligible nurses may vaccinate patients who meet the criteria below.

**Procedure:**

1. Identify adults in need of influenza vaccination based on the following criteria:
  - a. Age 50 years or older
  - b. Age less than 50 years with any of the following conditions:
    - chronic disorder of the pulmonary or cardiovascular system, including asthma
    - chronic metabolic disease (e.g., diabetes mellitus), renal dysfunction, hemoglobinopathy, or immunosuppression (e.g., caused by medications, HIV) that has required regular medical follow-up or hospitalization during the preceding year
    - will be pregnant during the influenza season
  - c. Residence in a nursing home or other chronic-care facility that houses persons of any age who have chronic medical conditions
  - d. In an occupation or living situation that puts one in proximity to persons at high risk, including:
    - a health care worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
    - a household contact or out-of-home caretaker of a child 0–23 months of age
  - e. Wish to reduce the likelihood of becoming ill with influenza
2. Screen all patients for contraindications and precautions to influenza vaccine:
  - a. **Contraindications:** serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of vaccine components, go to [www.cdc.gov/nip/publications/pink/appendices/a/excipient.pdf](http://www.cdc.gov/nip/publications/pink/appendices/a/excipient.pdf) Do not give live attenuated influenza vaccine (LAIV) to pregnant women or immunosuppressed persons. Use of inactivated influenza vaccine is preferred over LAIV for close contacts of severely immunosuppressed persons during periods when the immunocompromised person requires a protective environment.
  - b. **Precautions:** moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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. Provide non-English speakers with a VIS in their native language if available; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis)
4. Administer 0.5 mL inactivated influenza vaccine IM (22–25g, 1–1½" needle) in the deltoid muscle. Alternatively, healthy persons 5–49 years of age without contraindications may be given 0.5 mL of LAIV; 0.25 mL is sprayed into each nostril while the patient is in an upright position.
5. Document each patient's vaccine administration information and follow up in the following places:
  - a. **Medical chart:** Record 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - b. **Personal immunization record card:** Record vaccination date and the name/location of the administering clinic.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.org](http://www.vaers.org) or (800) 822-7967. VAERS report forms are available at [www.vaers.org](http://www.vaers.org)

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded or until \_\_\_\_\_ (date).  
(name of practice or clinic)

Medical Director's signature: \_\_\_\_\_ Effective date: \_\_\_\_\_