

**Pneumonia/Influenza Vaccination
Form**

Original Date	04/2006	Revision Date	02/2010	Withdrawn Date	
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Pre-Printed Standing Orders
Pneumonia Vaccine
Use Year Round

Screen:

Has the patient received a pneumococcal vaccine within the past 5 years or a total of two pneumococcal immunizations? (if patient or guardian is not sure, check "No").

Yes No (**If yes, STOP**)

Does the patient or legal guardian want the pneumococcal vaccine?

Yes No (**If yes, CONTINUE**)

Is the patient age 65 or older?

Yes No

Is the patient 2 – 64 or older with high-risk conditions including: chronic cardiovascular, pulmonary (NOT asthma), liver, kidney disease; diabetes mellitus, alcoholism, HIV, immunosuppressive therapy; generalized malignancy, lymphoma leukemia, Hodgkin's multiple myeloma; native Alaskan or American Indian; asplenic, cerebrospinal leak or cochlear implant?

Yes No

If either answer is "Yes", continue. If either answer is "No", the patient may not be a candidate for the pneumococcal vaccine at this time. **STOP**

Contradictions:

Is the patient in the 1st trimester of pregnancy?

Yes No

Has the patient received chemotherapy within the past 2 weeks **OR** is the patient scheduled to received chemotherapy within the next 2 weeks?

Yes No

If all questions in this set are "No", order the vaccine. If any questions in this set are answered "Yes", the patient is not a candidate at this time. **STOP**

Nurse's Signature

Order:

Administer Pneumococcal Vaccine 0.5 mL IM.

Pre-Printed Standing Orders
Influenza Vaccine

Use October through March

Screen:

Has the patient received a flu vaccine this flu season?

Yes No (**If no, continue. If yes, STOP.**)

Does the patient or legal guardian want a flu shot administered?

Yes No

If "Yes" Continue, If "No", STOP.

Contradictions:

Is the patient in the 1st trimester of pregnancy?

Yes No

Has the patient ever had an anaphylactic reaction to eggs or previous flu shot?

Yes No

Has the patient ever had Guillian-Barre' Syndrome?

Yes No

Does the patient have an acute fever or moderate to severe respiratory infection?

Yes No

Does the patient have an acute exacerbation of neurological disease (e.g. encephalopathy, acute exacerbation of multiple sclerosis)?

Yes No

If all questions in this set are "No", order the vaccine. If any questions in this set are answered "Yes", the patient is not a candidate at this time. **STOP**

Nurse's Signature

Order:

Administer Influenza Vaccine 0.5 mL IM

PATIENT STICKER