

Adult Patient Pneumococcal Polysaccharide and Influenza Screening and Vaccination Protocol--Suggestions/Considerations and Rationale

Suggestions/Considerations	Rationale/Discussion
<p>1) A nursing-driven standing order protocol is recommended for inpatient and outpatient vaccination.</p>	<ul style="list-style-type: none"> • Standing order protocols are recommended by numerous professional organizations such as the Advisory Committee on Immunization Practices (ACIP), the Infectious Diseases Society of America (IDSA), and the American Thoracic Society (ATS). • The safety of these vaccines is well documented. Nurses administer medications on a daily basis that have much greater potential for adverse reactions. • Nurses can easily and quickly screen for high-risk status and vaccination history and activate the standing order protocol as part of their initial nursing assessment. • Having the protocol nursing-driven rather than pharmacy-driven makes the <i>best utilization</i> of both nurses and pharmacists.
<p>2) Need to identify the population to be screened and vaccinated:</p> <ul style="list-style-type: none"> • All adults age 18 and over? • Adults age 50 and over? • Adults age 65 and over? • Inpatient only? • Inpatient and ED/outpatient? • What about high-risk children? 	<ul style="list-style-type: none"> • CMS and JCAHO are <i>measuring</i> screening/immunization on a <i>sub-group</i> of the high-risk population: immunocompetent pneumonia patients 65 and over for PPV and 50 and over for influenza. Addressing only these individuals will result in other high-risk patients not being vaccinated. • Many individuals are seen in the ED that do not receive routine medical care from a primary care provider. An ED visit could be the only opportunity to provide immunization. • Professional recommendations from the CDC, IDSA, ATS, and other organizations recommend vaccination of high-risk inpatients that would benefit from these vaccines. • Hospital-based vaccination has become the standard of care. There is greater liability for failing to vaccinate than there is for inpatient influenza and pneumococcal vaccination.
<p>3) Screen patients upon admission or transfer to a floor nursing unit.</p>	<ul style="list-style-type: none"> • Patients who are ill enough to be admitted to an intensive care unit would probably not be the best candidates for vaccination at that time. By waiting until transfer to the floor nursing unit, they will have time to stabilize and transition into the recovery stage of their illness. NOTE: VACCINATING A PATIENT DURING AN ACUTE ILLNESS IS AN EFFICACY CONCERN, NOT A SAFETY CONCERN. IT IS IMPORTANT TO KEEP IN MIND THAT A SLIGHTLY REDUCED EFFICACY IS BETTER THAN ZERO EFFICACY WHEN THE VACCINE IS NEVER GIVEN AT ALL. • Having the majority of patients screened on a floor nursing unit provides higher consistency of where and when patients will be screened, reducing the chances of patients being missed. • The few patients who are discharged directly from an intensive care unit should be vaccinated prior to discharge if indicated.
<p>4) Evaluate whether or not vaccination is indicated <i>prior to</i> evaluating for contraindications.</p>	<ul style="list-style-type: none"> • This allows the nurse to educate the patient regarding conditions that place them in a high-risk group. • This critical patient education is more likely to be missed when evaluating for contraindications first.

<p>5) Provide Vaccine Information Statement (VIS) to the patient. Document education in patient education portion of the inpatient chart.</p>	<ul style="list-style-type: none"> • Gives accurate, concise, and easy-to-read information to the patient. If given during screening, it facilitates discussion regarding risk status, contraindications, benefits, and possible side effects of vaccines. • Each VIS is current according to CDC standards. They are also available in multiple languages and can be downloaded and reproduced from www.immunize.org/vis. • Federal law now requires that the appropriate VIS is given to the patient and documented in the patient record for influenza vaccine. It is recommended to give the appropriate VIS to the patient for other vaccines such as PPV. By using it during the screening process, you will meet the requirements of the law.
<p>6) Screen all identified patients during the admission nursing assessment.</p>	<ul style="list-style-type: none"> • Can be easily and quickly accomplished while obtaining other nursing assessment information. • Allows time for the physician to be aware of the patient’s vaccination status prior to the patient receiving needed vaccinations.
<p>6a) <i>Screen for influenza and pneumococcal vaccine 365 days a year.</i> Nurse sends info on high-risk patients who are candidates for influenza vaccination to Pharmacy, regardless of whether in or out of “flu season.”</p>	<ul style="list-style-type: none"> • This simplifies the process, allowing nurses to do the <i>same thing every day of the year</i>. They do not need to remember to screen or not screen according to a season or month. • It reduces the risk of the nurse forgetting to screen the patient. • It increases the opportunity to educate high-risk patients about their need to receive an annual influenza vaccine. Hopefully, this will increase the chance of the patient seeking and obtaining influenza vaccination during other flu seasons. • Allows surplus vaccine to still be given to <i>high-risk patients</i> to reduce their risk of acquiring influenza even during “non-flu season.” Since influenza is present 365 days a year, there is still risk for this (outbreaks have occurred as late as May in New York), and <i>there is no harm</i> in giving the vaccine past the month of March <i>as long as it has not expired</i>. (<i>Most influenza vaccine expires on June 30 every year.</i>) • Reduces the need to return surplus doses to the vaccine supplier.
<p>6b) If Pharmacy has exhausted their supply of influenza vaccine or all doses have expired, they can send documentation to be placed in the patient record explaining this. They can also request that the patient be re-educated on their high-risk status and the importance of obtaining the next season’s influenza vaccine from their primary care provider or any available source.</p>	<ul style="list-style-type: none"> • Provides reinforcement to the patient of his/her high-risk status and the need to obtain influenza vaccine at the beginning of the next flu season and <i>every year thereafter</i>. • Use chart stickers to identify patients with an indication for influenza vaccine when vaccine is not available.
<p>7) Request Pharmacy Department consultation for those high-risk patients who refuse vaccination.</p>	<ul style="list-style-type: none"> • Pharmacy can provide more detailed answers to patients concerns regarding vaccine side effects and possible adverse reactions, hopefully obtaining patient acceptance for receiving the vaccine(s) prior to discharge. • Increase the number of high-risk patients actually receiving vaccines. • Increase pharmacy involvement in patient education.
<p>8) Internally track the number and type of patient refusals.</p>	<ul style="list-style-type: none"> • Many patients refuse vaccines for the wrong reasons. As nurses become more knowledgeable regarding these vaccines, they will be able to better educate the patient and minimize the number of patient refusals.

<p>9) Administer the vaccines on the 2nd or 3rd hospital day. Another option is to administer the vaccine on the day following the screening at a specified time, such as 9 pm.</p> <p>(Note: These days could be modified, however the goal should be to give the vaccine at least one day before patients are normally discharged home from the hospital.)</p>	<ul style="list-style-type: none"> • Allows time for antibiotics to begin working and/or for the patient to move from the acute stage of their illness into the recovery stage. • Avoids giving the vaccine during the rush of discharge. • The nurse can enter the date the vaccine is to be given on the screening/order form. • Allows Pharmacy to enter the vaccine(s) in the one-time dose section of the Medication Administration Record and to automatically send the vaccine to the floor on the specified day. • Eliminates the need to “remember” to notify pharmacy to send the vaccine(s) to the floor. • Notifies physicians that the patient will receive the vaccine at the identified day/time.
<p>10) Provide patient with an adult immunization card and instruct on importance of keeping it with drivers license, other identification cards, or in a safe location where it can be retrieved when needed.</p>	<ul style="list-style-type: none"> • Many patients need to be educated on the importance of communicating their vaccination status to future health care providers.
<p>11) If possible, notify the patient’s primary care provider of any vaccines given prior to discharge.</p>	<ul style="list-style-type: none"> • Complete the communication loop with other health care providers. • New York State law states that acceptable practices for adult influenza vaccination include such examples as having a patient fill out a postcard that the nurse or agency can send to the primary care provider or having a patient sign a consent form on the certificate of immunization agreeing to provide the primary care provider with a copy of the certificate listing the immunization provided.
<p>12) For patients living in nursing homes or other long-term care facilities, ensure that communication of vaccination status is relayed to the receiving nurse in addition to other pertinent medical data.</p>	<ul style="list-style-type: none"> • Complete the communication loop with other health care providers.
<p>13) Ensure that patient vaccination information is entered into a hospital database or maintained in such a way that it will be available should the patient be readmitted at a later time.</p>	<ul style="list-style-type: none"> • Reduce the need to revaccinate if the patient is later admitted back to the same hospital.
<p>14) Encourage local surgeons to screen and vaccinate patients who will be admitted for elective surgery, <i>prior to coming to the hospital.</i></p>	<ul style="list-style-type: none"> • Even though there are no documented reasons <i>not</i> to vaccinate following surgery, this may provide an alternative for surgeons who still do not want their patients vaccinated prior to discharge.

This material was originally prepared by FMQAI, the Medicare Quality Improvement Organization for Florida, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. It was adapted by the New York City Department of Health and Mental Hygiene. Updated 8/15/2006.