

**PHYSICIAN STANDING ORDER  
 INPATIENT PNEUMOCOCCAL & INFLUENZA VACCINE**  
 CNU-804 (11-12)S PAGE 1 OF 2



PO0026

The CDC Vaccination Information Statements (VIS) for Pneumococcal and Influenza vaccine have been given to the Patient/Sponsor/Guardian prior to vaccine administration (INF 7-26-11 PN 4-16-10). VIS available in all languages: [www.immunize.org/vis](http://www.immunize.org/vis)

<b>PNEUMOCOCCAL Vaccine SCREEN YEAR ROUND</b>	<b>INFLUENZA Vaccine: SEASONAL SCREEN: Sept. 15th – March 31st</b>
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**STEP 1 Identify Vaccination Status**

Previously vaccinated  Previously vaccinated this Flu season

**STEP 2 Identify Candidate; Continue screening if not previously vaccinated**

<input type="checkbox"/> Adults 19 years of age & older <input type="checkbox"/> Anyone 5 yrs → ≤ 19 yrs. with a chronic high risk condition: <b>Diabetes, Kidney Disease, Liver Disease, CHF, COPD, HIV, Sickle Cell Disease or Asplenia</b>	<input type="checkbox"/> All hospitalized persons except infants less than 6 months
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None of the above checked: **STOP SCREENING**  None of the above checked: **STOP SCREENING**

**If any in Step 2 Checked, CONTINUE to STEP 3**

**STEP 3 SCREEN: Identify Contraindications; Check all that apply**

**If prior vaccination history unknown & if not contraindicated → must offer vaccination or declination**

<p><b>Do not vaccinate</b> if any of the following:</p> <input type="checkbox"/> Reported allergy to vaccine <input type="checkbox"/> Pregnant woman <input type="checkbox"/> Bone marrow transplant within 12 months <input type="checkbox"/> Chemotherapy or radiation within 2 weeks prior to admission or received during hospital stay <input type="checkbox"/> Patient declines: Patient/Sponsor/Guardian to <b>sign Declination form on reverse side</b> <input type="checkbox"/> Patient/Sponsor/Guardian refuses to sign the Declination form	<p><b>Do not vaccinate</b> if any of the following:</p> <input type="checkbox"/> Previous serious reaction to influenza vaccine <input type="checkbox"/> Anaphylactic reaction to eggs or latex <input type="checkbox"/> History of Guillain-Barre syndrome within 6 weeks of previous influenza vaccine <input type="checkbox"/> Bone marrow transplant within past 6 months <input type="checkbox"/> Patient declines: Patient/Sponsor/Guardian to <b>sign Declination form on reverse side</b> <input type="checkbox"/> Patient/Sponsor/Guardian refuses to sign the Declination form
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**STOP SCREENING if any in STEP 3 checked**

**If no contraindications, CONTINUE to STEP 4**

**STEP 4 VACCINATE: If Vaccination indicated, both may be given at same time, in opposite arms**

<input type="checkbox"/> <b>Pneumococcal Vaccine</b> Administer Pneumococcal vaccine 0.5 mL IM/SQ in deltoid once	<input type="checkbox"/> <b>Influenza Vaccine (6-35 months of age)</b> Administer Influenza vaccine 0.25 mL IM in deltoid once  <input type="checkbox"/> <b>Influenza Vaccine (≥ 3 years of age)</b> Administer Influenza vaccine 0.5 mL IM in deltoid once
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**STEP 5 Vaccination Card**

Vaccination card provided to patient

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**PNEUMOCOCCAL VACCINE DECLINATION**

**I have read the information sheet and at this time I decline the Pneumococcal Vaccine.**

\_\_\_\_\_  
Signature of Patient                      Witness to Signature                      Date                      Time \_\_\_\_\_ AM / PM

Patient is unable to sign because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor/Guardian                      Witness to Signature                      Date                      Time \_\_\_\_\_ AM / PM

**INFLUENZA VACCINE DECLINATION**

**I have read the information sheet and at this time I decline the Influenza Vaccine.**

\_\_\_\_\_  
Signature of Patient                      Witness to Signature                      Date                      Time \_\_\_\_\_ AM / PM

Patient is unable to sign because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor/Guardian                      Witness to Signature                      Date                      Time \_\_\_\_\_ AM / PM