

MARTIN LUTHER KING, JR. OUTPATIENT CENTER

POLICY AND PROCEDURE

DIVISION: CLINICAL	NUMBER: 2.307
SUBJECT: INFLUENZA VACCINE ADMINISTRATION PROTOCOL	
SECTION: PROVISION OF SERVICES	PAGE: 1 OF: 6
REVIEWED BY: POLICY AND PROCEDURE COMMITTEE	EFFECTIVE DATE: 10/15/15
TO BE PERFORMED BY: NURSING STAFF	REVIEWED DATE: 8/25/17 REVISED DATE: 7/21/16

PURPOSE:

1. To provide influenza vaccine to all eligible adult patients through nursing driven Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs

1.0 Functions to be performed:

The specified functions will be performed in all outpatient venues where services are offered by the:
Registered Nurse (RN)
Licensed Vocational Nurse (LVN)
Certified Medical Assistant (CMA)

2.0 Specific circumstances:

Staff will review and implement this Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs annually between August and April (or whenever the current season's vaccine is available) during chart scrub or clinic huddle, upon patient arrival or when care gaps are identified by an approved electronic DHS system.

3.0 Procedure and Requirements:

- 3.1 Confirm patient identity.
- 3.2 Perform initial intake:
 - 3.2.1 Provide "Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination" (ver. 8/15) and confirm information on completed form with patient/guardian. Do not use protocol and notify provider if the patient answers "yes" to any of the questions.
 - 3.2.2 Provide indicated vaccine information statement (VIS) and answer any questions. If patient/guardian declines vaccine, specify vaccine refused in the "Vaccine Not Administered" section and notify provider.

- 3.3 Confirm immunization history:
 - 3.3.1 Review patient immunization history in ORCHID “Immunizations Schedule”.
 - 3.3.2 Review allergy history in ORCHID. If there is any history of severe allergic reaction, do not use protocol and notify provider.
- 3.4 Start with Step 1: Eligibility. Confirm eligibility for influenza immunization- It is recommended that all adult patients receive influenza vaccine each influenza season (time since last influenza immunization may be less than 12 months but not within the same influenza season).
 - 3.4.1 Refer patients with severe egg allergy to provider for evaluation for FluBlok through the Template Non-Formulary (TNF) form.
 - 3.4.2 Refer patients who are acutely immunocompromised from chemotherapy or radiation therapy (received marrow suppressive therapy within the past 6 weeks) to provider.
- 3.5 Go to Step 2: Vaccine Order/Standardized Procedure
 - 3.5.1 Select applicable box:
 - 3.5.1.1 If patient has received the vaccine this season, select “Patient has received an influenza vaccine this season, vaccine not indicated.”
 - 3.5.1.2 If patient has a history of severe allergic reaction, select “History of severe allergic reaction to previous influenza vaccination (e.g. anaphylaxis, Guillain-Barre Syndrome within 6 weeks of vaccination) – Do not order vaccine by protocol, notify provider.”
 - 3.5.1.3 If patient has a severe egg allergy, select “History of severe egg allergy – Do not order vaccine by protocol, notify provider for evaluation for FluBlok.” If the patient is acutely immunocompromised, select, “Patient is acutely immunocompromised – Do not order vaccine by protocol, notify provider.” (Providers may order FluBlok for patients 18 years of age and older who have severe egg allergy and fill out a Template Non-Formulary (TNF) form).
 - 3.5.1.4 If the temperature is 38.5°C (101.3°F) or higher for 12 hours or less, patient is pre-operative, within 24 hours of operative procedure, or is actively receiving chemotherapy or radiation, select “Temperature is 38.5°C (101.3°F) or higher for 12 hours or less, patient is pre-operative, within 24 hours of operative procedure, or is actively receiving chemotherapy or radiation - Do not order vaccine by protocol, notify provider”.
 - 3.5.1.5 If the patient is acutely immunocompromised, select “Patient is acutely immunocompromised – Do not order vaccine by protocol, notify provider.”
 - 3.5.1.6 If you will administer an influenza vaccine, select “Administer influenza vaccine-select one” and select a vaccine.
 - 3.5.1.6.1 “Standard Inactivated Influenza Vaccine (IIV) 0.5 mL IM” or “Inactivated Thimerosal-free Influenza Vaccine (IIV) 0.5 mL IM to pregnant woman, or for thimerosal {MERTHIOLATE} allergy” (Inactivated Thimerosal-free Influenza Vaccine may also be used if standard Inactivated Influenza Vaccine is not available).
 - 3.5.1.6.2 Either may be given concurrently with pneumococcal vaccine.
- 3.6 Document that you ordered the vaccine: Print your name, sign with title, and date and time.
- 3.7 If vaccine is given, complete Step 3: Administration Record: Check box: Entered into ORCHID.

3.8 Specific Requirements:

- 3.8.1 If administering with pneumococcal vaccine do not administer both vaccines in the same site.
- 3.8.2 If patient experiences an adverse reaction to administered vaccine(s), notify provider immediately and document reaction in ORCHID, Vaccine Adverse Event Reporting System (VAERS) and Safety Intelligence (SI).
- 3.9 If administering the vaccine, indicate vaccine administered and all related information (site, manufacturer, lot #, and expiration date).
 - 3.9.1 Indicate the vaccine information statement (VIS) version date and that it has been given, explained and questions answered.
 - 3.9.2 Document that you administered the vaccine: Print your name, sign with title, and date and time.
- 3.10 If vaccine is indicated but not administered, select reason(s) in the "Vaccine Not Administered" section, complete any information required, notify provider if indicated and select any application box(es) for information that is provided to the patient/guardian.
 - 3.10.1 Document that you did not administer the vaccine: Print name, sign with title, and date and time.
- 3.11 Inform the patient/guardian of any scheduled follow-up visits for additional vaccinations.
- 3.12 Complete or place HIM label in box for patient information.
- 3.13 Update the patient's yellow immunization card.

4.0 Experience & Training:

- Current and valid license to practice as a Registered Nurse or Licensed Vocational Nurse or a current and valid Medical Assistant Certificate.
- Adult Influenza Immunization Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs training and skills validation.

5.0 Initial and Continuing Evaluation of Competence:

Training, practice and skill validation will be provided, with remediation if necessary. Licensed Nurses and CMAs who successfully complete the training will be authorized to use the Standardized Procedures and Protocols. Updates and training will be provided annually.

6.0 Written Record of Authorized Personnel to Perform Standardized Procedure:

- 6.1 The Nurse Manager will maintain a record of the RN, LVN, and CMAs authorized to perform these Standardized Procedures and Protocols.
- 6.2 Each area supervisor will keep a record at the facility in the employee's area file.

7.0 Scope of Supervision:

The Supervising Clinic Nurse (SCN)/Nurse Manager (NM) are responsible for continued observation/monitoring and validation of staff performance. The CMA Clinical performance is under the supervision of the Medical Doctor or designee. The RN, LVN, CMA will always consult with the Provider in any area of question, prior to taking action to initiate the Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's.

8.0 Immediate Communication with Patient's Provider:

If the patient presents with any acute complaints, the RN, LVN, CMA will immediately notify the Provider. If the LVN and/or CMA are first to identify the patient's acute complaint, he/she will immediately notify the RN or Provider.

9.0 Limitations on Settings:

This Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs is for implementation in all outpatient venues where services are offered.

10.0 Patient Record Keeping Requirements:

The RN, LVN, or CMA authorized to implement the Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs will document in the patient's medical record. Documentation will include:

- The description or category that the clinical staff utilized to implement the Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs
- Which orders were placed
- Instructions given to the patient
- Any follow-up appointment scheduled

11.0 Method of Periodic Review of the Standardized Procedure for RNs and Standardized Protocol for LVNs and CMAs:

The Standardized Procedure for RN's and Standardized Protocol for LVN's and CMA's will be reviewed as indicated but not less than every two years.

NOTED AND APPROVED:

Yolanda Vera, CEO

Date

Ellen Rothman, MD CMO

Date

Lessie Barber, RN Nursing Director

Date

Signature(s) on File.

#Recommendations taken from Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization

STEP 1: ELIGIBILITY

INFLUENZA VACCINE CRITERIA – It is recommended that all adult patients receive influenza vaccine each influenza season

Refer patients to provider who:

- Have severe egg allergy for evaluation for FluBlok through the Template Non-Formulary (TNF) form
- Are acutely immunocompromised from chemotherapy or radiation therapy (received marrow suppressive therapy within the past 6 weeks)

STEP 2: VACCINE ORDER/STANDARDIZED PROCEDURE/STANDARDIZED PROTOCOL

- Patient has received an influenza vaccine this season, vaccine not indicated
- History of severe allergic reaction to previous influenza vaccination (e.g. anaphylaxis, Guillain-Barre syndrome within 6 weeks of vaccination) - Do not order vaccine by protocol, notify provider
- History of severe egg allergy - Do not order vaccine by protocol, notify provider for evaluation for FluBlok
(Providers may order FluBlok for patients 18 years of age and older who have severe egg allergy and fill out a Template Non-Formulary (TNF) form)
- Temperature is 38.5°C (101.3°F) or higher for 12 hours or less, patient is pre-operative, within 24 hours of operative procedure, or is actively receiving chemotherapy or radiation - Do not order vaccine by protocol, notify provider
- Patient is acutely immunocompromised - Do not order vaccine by protocol, notify provider
- ADMINISTER INFLUENZA VACCINE - Select one**
 - Standard inactivated influenza vaccine (IIV) 0.5 mL IM **OR**
 - Inactivated thimerosal-free influenza vaccine (IIV) 0.5 mL IM (pregnant women, or for thimerosal [MERTHIOLATE] allergy)
(May use thimerosal-free influenza vaccine if standard inactivated influenza vaccine not available)

RN/PharmD/LVN/MD Print Name: _____ Signature: _____ Date: _____ Time: _____

STEP 3: ADMINISTRATION RECORD: Entered into ORCHID

May give concurrently with pneumococcal vaccine in different sites. If patient experiences an adverse reaction to administered vaccine(s), notify provider immediately and document reaction in ORCHID and VAERS..

- INACTIVATED INFLUENZA VACCINE (IIV)**
- INACTIVATED THIMEROSAL-FREE INFLUENZA VACCINE (IIV)**
- R L deltoid
- Manufacturer: Sanofi Pasteur GlaxoSmithKline _____ Lot # _____ Exp. Date: _____
- Vaccine information statement (version date: _____) has been given, explained and questions answered

RN/PharmD/LVN/CMA Print Name: _____ Signature: _____ Date: _____ Time: _____

Practices, United States, 2015–16 Influenza Season published in MMWR / August 7, 2015 / 64(30);818-825

VACCINE NOT ADMINISTERED:

- Patient/guardian refused _____ vaccine(s), provider notified
- Influenza vaccine not available
- Influenza vaccine not recommended
- Influenza vaccine deferred due to: _____
- Recommended actions not performed, patient referred to provider

RN/PharmD/LVN/CMA Signature: _____ Date: _____ Time: _____

