

STANDING ORDERS

FOR

INFLUENZA VACCINE

Addressograph

Date of Order	Hour of Order	Nurse's Signature	
			<div style="background-color: #cccccc; padding: 2px;">ALLERGIES:</div> <div style="border: 1px solid black; padding: 5px;"> <p>STANDING ORDERS FOR INFLUENZA VACCINE Effective Annually: For patients discharged October 1 through March 31</p> <p>I. Criteria for Administration:</p> <p><input type="checkbox"/> Age 50 years or older and never received influenza vaccine during current flu season OR uncertain about vaccine history</p> <p><input type="checkbox"/> Age less than 50 with physician order on chart</p> <p>II. Influenza vaccine indicated, but not administered because of contraindication or Patient refusal (check all box(es) that apply):</p> <p><input type="checkbox"/> History of Bone Marrow Transplant or Organ Transplant</p> <p><input type="checkbox"/> Previously vaccinated during current flu season, prior to admission</p> <p><input type="checkbox"/> Allergic to eggs or thimerosal (preservative in contact lens solution)</p> <p><input type="checkbox"/> Previous severe reaction to influenza vaccine</p> <p><input type="checkbox"/> Patient Refused</p> <p>Patient Signature (for refusal): _____</p> </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p><input type="checkbox"/> Influenza Vaccine 0.5 ml IM administered on day of discharge</p> <div style="border: 1px dotted black; padding: 20px; text-align: center; margin: 10px 0;"> <p>Attach Pharmacy Label Here</p> </div> </div> <p>RN Signature: _____ Date: _____</p>
<p>PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART UNIVERSITY MEDICAL CENTER</p>			