

# STANDING ORDERS

## FOR

### PNEUMOCOCCAL VACCINE

Addressograph

Date of Order	Hour of Order	Nurse's Signature	
			<div style="border: 1px solid black; padding: 5px;"> <p><b>ALLERGIES:</b></p> <p><b><u>STANDING ORDERS FOR PNEUMOCOCCAL VACCINE</u></b>            Can be given anytime during the year</p> <p>I. Criteria for Administration:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Age 65 years or older and never received pneumococcal vaccine or uncertain about vaccination history</li> <li><input type="checkbox"/> Age less than 65 years with physician order on chart</li> <li><input type="checkbox"/> Age 65 or older and previously immunized five (5) years ago or more and was under age 65 at the time of immunization</li> </ul> <p>II. Pneumococcal vaccine indicated, but not administered because of contraindication or Patient refusal (check all box(es) that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>History of Bone Marrow Transplant or Organ Transplant</b></li> <li><input type="checkbox"/> Previous severe reaction to pneumococcal vaccine</li> <li><input type="checkbox"/> Believes not at risk for disease      <input type="checkbox"/> Believes vaccine won't work</li> <li><input type="checkbox"/> Fear of adverse effects                      <input type="checkbox"/> Would receive elsewhere</li> <li><input type="checkbox"/> Other, document contraindication or specific reason given by patient and /or family: _____</li> </ul> <p>Patient Signature (for refusal): _____</p> <hr/> <p><input type="checkbox"/> Pneumococcal Polysaccharide Vaccine 0.5 ml IM administered on day of discharge</p> <div style="border: 1px dashed black; padding: 20px; text-align: center; margin: 10px 0;"> <p>Attach Pharmacy Label Here</p> </div> <p>RN Signature: _____ Date: _____</p> </div>

**DO NOT WRITE IN THIS AREA - - - DO NOT WRITE IN THIS AREA**

PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART  
UNIVERSITY MEDICAL CENTER