

PATIENT ASSESSMENT/DOCUMENTATION FOR ADULT PNEUMOCOCCAL VACCINATION

(Pneumococcal Vaccine Standing Order Policy & Procedure. Medical Director signature can be found in administration.)

Patient Assessment

Patient Name: _____ Medical Record #: _____
Patient Assessed by: _____ Date: ____/____/____

Vaccine is indicated if one or more are answered "Yes":

- Is patient age 65 or older? **Yes or No**
- Is patient age 18-64 and considered high risk due to any of the conditions below (check conditions that apply)? **Yes or No**
- Chronic Cardiac Disease (e.g., congestive heart failure, cardiomyopathies)
 - Chronic Pulmonary Disease (e.g., emphysema or chronic obstructive pulmonary disease [not asthma alone])
 - Diabetes Mellitus, Alcoholism, Chronic Liver Disease (cirrhosis), or Cerebrospinal fluid leaks
 - Functional or Anatomic Asplenia** (e.g., sickle cell disease, splenectomy)
 - Immunosuppressive Conditions** (e.g., HIV infection, leukemia, congenital immunodeficiency, Hodgkin's disease, lymphoma, multiple myeloma, generalized malignancy)
 - Immunosuppressive Chemotherapy** (e.g., long-term steroids, certain cancer drugs, radiation therapy)
 - Organ or Bone Marrow Transplantation**
 - Chronic Renal Failure or Nephrotic Syndrome**
 - Candidate for or Recipient of Cochlear Implant
- Is patient a resident of a nursing home or a chronic facility? **Yes or No**

If "No" is answered for ALL questions above regarding risk assessment,
STOP ASSESSMENT HERE AND DO NOT GIVE VACCINE.

Revaccination

1. Has the patient previously received the pneumococcal vaccine? **Yes or No**
***If "No" or unknown, SKIP to Contraindications section.
2. Immunized before age 65? (Approx. date/year given: _____) **Yes or No**
3. Immunized five years ago or more? **Yes or No**
4. Is patient now >65 years of age? **Yes or No**

**Note: Patients at highest risk – revaccinate before age 65 (consult with provider).
- NO PATIENT EVER RECEIVES MORE THAN 2 PPVS IN THEIR LIFETIME -**

If "No" is answered for ANY of questions 2-4 above,
STOP ASSESSMENT HERE AND DO NOT GIVE VACCINE.
Otherwise, give a ONE-TIME revaccination.

Contraindications & Precautions

- Hypersensitivity to vaccine component? **Yes or No**
- First trimester pregnancy? (check with physician) **Yes or No**
- Patient with moderate to severe acute illness? **Yes or No**

*If "Yes," vaccinate immediately upon improvement – prior to discharge from hospital

If "Yes" is answered for ANY question regarding contraindications,
STOP ASSESSMENT HERE AND DO NOT GIVE VACCINE.

Vaccine Administration

If vaccine is indicated, and there are no contraindications, then:

VIS Yes No
Edition date on VIS _____

- Administer 0.5 ml Pneumococcal Vaccine IM or SQ
 - Observe patient for 15 minutes after injection for possible reaction
 - No adverse drug reaction (ADR) noted after 15 minutes
 - ADR noted – description and treatment: _____
- Date of vaccine administration: ____/____/____ Time of vaccine administration: _____
Site: _____ Route: _____
Manufacturer: _____ Lot #: _____
Vaccine administered by: _____

Pneumococcal vaccine indicated and without contraindications but not administered because:

- Patient believes vaccine will cause disease
- Believes not at risk for disease
- Other _____
- Believes vaccine won't work
- Fear of adverse effects
- *Notify physician if patient declines**
- Wants further advice
- Would rather receive elsewhere