

# IREDELL MEMORIAL HOSPITAL

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## INFLUENZA - PNEUMOCOCCAL VACCINATION PROTOCOL

### POLICY:

Patients will be screened for influenza vaccination status upon admission. Influenza vaccination screening will be performed during flu season (September 30 – March 31) only. Per medical staff-approved protocol, if the patient meets medical staff-approved criteria and has no contraindications to vaccination, the influenza vaccine will be administered.

Patients will **not** be screened for pneumococcal vaccine status. Providers are responsible for determining the patient's need for pneumococcal vaccine and for ordering the appropriate vaccine.

### PROCEDURE:

1. Upon admission, the RN will review the patient's immunization history in the electronic medical record to determine if the patient has previously received the influenza vaccine at Iredell Memorial Hospital. If the patient has not been previously vaccinated at IMH, or the vaccination falls out of the appropriate timeframe – indicating a potential need for re-vaccination, the nurse will ask the patient/family about influenza vaccination status. The results of the influenza screening will be documented on the "Influenza Screening and Immunization Order Form".
2. Any patient who has not been vaccinated for flu within an acceptable timeframe, or who is unsure of their vaccination status, will be given a copy of the appropriate Vaccine Information Statement (VIS). The nurse will document that the VIS was provided to the patient on the screening form.
3. If the patient meets the age criteria for the influenza vaccine, 18 or older, the patient will be asked if they are willing to take the vaccine. If the patient refuses the vaccine, this refusal should be documented on the screening form and the screening process should be stopped.
4. If the patient agrees to take the vaccine, the nurse should then screen the patient for contraindications to the vaccine:
  - a. If a contraindication is identified, it should be noted on the screening form, and the screening process should be stopped.
  - b. If no contraindications are identified, this should be noted on the screening form, and the patient should be notified that the vaccine will be administered.
5. If the patient is a candidate for the influenza vaccine, the "Influenza Screening and

Immunization Order Form” should be scanned/faxed to Pharmacy.

6. After the order is sent to pharmacy, the Unit Secretary should place the screening/order form in the Physician Order section of the medical record.
7. The **medical-surgical/telemetry patients** who meet the criteria will receive their vaccine the day following admission unless they are febrile (temperature of 101°F or greater within the previous 8 hours).
8. **Critical Care/Progressive Care patients** who meet the criteria will receive their vaccine once an order is written to transfer the patient to a lower level of care (medical/surgical or telemetry) provided the patient has not had a temperature of 101°F or greater within the previous 8 hours.  
If the critical care/progressive care patient is febrile and unable to receive their vaccination prior to transfer, the vaccine will be administered by the medical/surgical or telemetry nurse. The critical care/progressive care patient discharged directly from the critical care area will have the vaccine administered at the time of discharge.
9. If the physician writes an order to **not** administer the vaccine, the Charge Nurse should document this order under the “Contraindications/Vaccine Order” section of the screening/order form, put an “X” through the “Documentation of Vaccination” section, and return the form to the Physician Order Section of the medical record. The physician order should also be scanned to pharmacy.
10. Once the order has been scanned to the pharmacy, the pharmacy will enter the order in the computer and the order for vaccination will appear as a scheduled medication to be administered at 1000 the day following admission. A special instruction will state the following:

Administer on the day following admission unless Critical Care/Progressive Care Patient or febrile (temperature of 101 or greater within the previous 8 hours). If Critical Care/Progressive Care patient, administer the vaccine at the time of transfer if afebrile within previous 8 hours or upon direct discharge from the unit.

**NOTE:** If the medication is delayed due to fever or critical care status, **DO NOT OMIT** the order for vaccine administration in the hand-held. Simply **defer/delay** until criteria is met (afebrile & transferred / discharged from critical care)

11. At the time of scheduled administration, the nurse should review the patient’s temperatures for the previous 8 hours to ensure the temperature has not been 101°F or above. If the patient has been afebrile, and is currently on a medical / surgical or telemetry unit, the nurse will retrieve the vaccine from the medication dispensing cabinet and administer the appropriate vaccine to the patient.
12. Following administration of the vaccine, the nurse will document date, time and site of

administration. The Vaccine Lot # will also be recorded, as well as how the patient tolerated the procedure.

13. A vaccination record (kept in the medication dispensing cabinet with the vaccine) will be completed and provided to the patient. The nurse will document that the vaccination record was provided on the screening/order form, and sign his/her name at the bottom of the form.