



Pneumococcal Immunization

Standing Order:

All patients 65 or older or under 65 with chronic conditions* will receive, prior to discharge, Pneumococcal vaccine Pneumovax 0.5ml I.M.

* for details on immunization of those with "chronic conditions" see P&P

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> * Immune Deficiency | <input type="checkbox"/> Diabetes 1 | <input type="checkbox"/> COPD | <input type="checkbox"/> Immunosuppressive Therapy |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Multiple Myeloma | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Splenectomy |
| <input type="checkbox"/> Chronic ETOH | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Organ Transplant | <input type="checkbox"/> Chronic Bronchitis |
| <input type="checkbox"/> Hodgkin's Disease | <input type="checkbox"/> Chronic Renal Disease | <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Asthma |

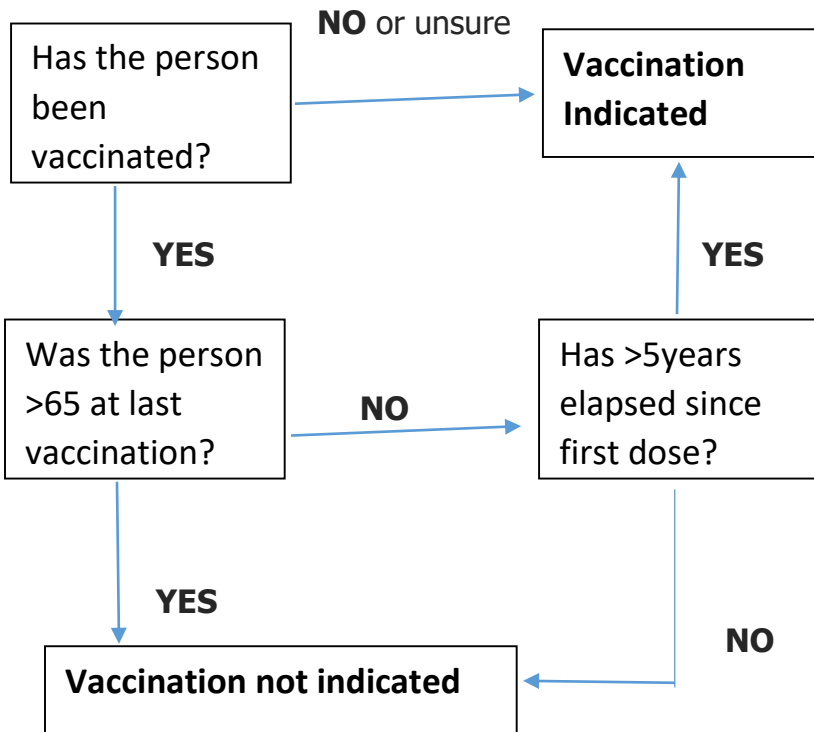
Pneumococcal vaccine not give:

- Not indicated per algorithm
- Contraindicated because:
 - Previous severe reaction to pneumococcal vaccine
 - Hives
 - Difficulty Breathing
 - Shock
 - Other: _____
 - Physician order not to give vaccine
 - Active Fever
 - Condition

Patient refused:

- Believes not at risk
- Believes vaccine won't work
- Fear of adverse effects
- Would like further advice and information
- Other: _____

ALGORITHM FOR VACCINATING PERSONS



Pneumococcal vaccine
Dose: 0.5 ml IM

Date: _____

Site: _____

Lot #: _____ Exp. Date: _____

VIS given to patient

Date of VIS: _____

Nurse Signature: _____ **Date:** _____

MEDICATION FORM

