

INFLUENZA VACCINE STANDING ORDER
FOR PEDIATRICS (6 months to 17 years old) 2020-2021

Please note: The standing orders can be carried out independently by a Registered Nurse using the appropriate on-call physician as the ordering physician (MD on call 858-499-2614).

1. Ask parent/legal guardian to complete the questions and sign the Vaccine Administration Form.
2. If a parent/legal guardian responds “YES” to Question 1, reference the flu vaccine grid and administer the age appropriate vaccine.
3. If parent/legal guardian responds “NO” to Question 1 and patient is younger than 9 years old administer dose and then give reminder form to schedule second dose after 30 days.
4. If parent/legal guardian responds “YES or NO or NOT SURE” to Question 1 and patient is older than 9 years old administer dose and patient will not need a second dose.
5. If parent/legal guardian responds “NOT SURE” to Question 1 and patient is younger than 9 years old administer dose and then send patient to pediatrics to review EHR for previous vaccination and schedule second dose after 30days if needed.
6. If a patient responds “YES” to Question 2 and has a mild illness without fever within last 24 hours, it is okay to administer the flu vaccine; however, **avoid using FluMist**. If patient has a temperature above 100.6°, oral or tympanic, **DO NOT ADMINISTER THE VACCINE**.
7. If patient answers “YES” to Question 3 refer to flu vaccine grid and administer appropriate vaccine.
8. If patient answers “YES” to question 4, **DO NOT ADMINISTER THE VACCINE**. Guillian Barre is a contraindication to receiving ANY flu vaccine.
9. If patient answers “NO” to question 5, reference the flu vaccine grid and administer age-appropriate vaccine.
10. If patients answers “YES” to question 5, **DO NOT** administer vaccine and refer patient to their Primary Care Physician.
11. If no contraindications exist, (“NO” answers to all the applicable questions), administer the influenza pre-filled vaccine 0.5 ml, I.M.
 - a) The child needs a second dose if they are under age 9 years, and this is their first flu vaccine OR their first dose was last season and they never received a second dose. Give patient reminder handout to receive second dose.
12. Document site, manufacturer, lot number and expiration date on the Vaccine Administration Form.
13. Parent/legal guardian to contact patient’s primary care physician should patient develop fever.
14. If patient develops immediate symptoms of anaphylaxis (Itching and/or hives; Sneezing, rhinorrhea, red eyes; anxiety, flushing, tachycardia, diaphoresis; wheezing, shortness of breath, dizziness, light headedness, decreased blood pressure; sudden hoarseness, difficulty swallowing, stridor, cough; nausea, vomiting, abdominal pain; loss of consciousness; pallor, cyanosis or clinical signs of shock). Immediately notify a provider if one is available.

If a provider is not available / not on-site the following protocol may be initiated by an RN:

1. For significant distress such as cyanosis, inability to speak, swelling of tongue or throat, or for loss of consciousness, initiate Code Blue procedure and call 9-9-1-1.

2. **Pediatric and Teenage Patients:** Check vital signs (BP, HR, RR and oxygen saturation) immediately before and continuously monitor every five (5) minutes after giving appropriate dosage of Epinephrine via EpiPen Auto-Injector (pt's greater than 30kg), EpiPen Jr. Auto-Injector (pt's 15-30kg) or 1:1000 concentration of Epinephrine vial (pt's less than 15kg) intramuscularly into thigh.

- i. Age and weight guidelines for Epinephrine dosages are provided in Table 1 below. May repeat the Epinephrine dose as needed every 5-15 minutes X 2.

15. Document any local or systemic reactions for placement in patient's chart – either on the Administration Form itself or entered into EHR.



Date August 28, 2020

Steven A. Green, M.D.
Chief Medical Officer

Table 1. Pediatric and teen Epinephrine dosage:

EPINEPHRINE

0.01ml/kg per dose (may be repeated every 5-15 minutes up to 3 doses)

Age	Brow/eye Color	Weight (lbs)	Weight (kg)	IM Dose 1:1000 1mg/ml	Volume
Infants	Pink	Under 18 lbs	Under 8 kg	0.05 mg	0.1 ml
Children	Red/Purple/ Yellow	18 - 31 lbs	8 - 14 kg	0.1 mg	0.1 ml
Children	White	32 - 40 lbs	15 - 18 kg	0.15 mg	0.2 ml
Children	Blue	41 - 51 lbs	19 - 23 kg	0.2 mg	0.2 ml
Children	Orange	52 - 64 lbs	24 - 29 kg	0.25 mg	0.25 ml
Adolescents	Green	65 - 79 lbs	30 - 36 kg	0.3 mg	0.3 ml
Adults	NA	≥ 80 lbs		0.3 mg	0.3 ml

Some values have been rounded up.

Adapted from County of San Diego 2012-2013 Emergency Medical Services Treatment Protocol & Policies Manual

SHARP Rees-Stealy
Medical Centers
INFLUENZA VACCINE STANDING ORDER
FOR ADULTS 2020-2021

Please note: The standing orders can be carried out independently by a Registered Nurse using the appropriate on-call physician as the ordering physician (MD on call 858-499-2614).

1. Ask patient to complete the questions and sign the Vaccine Administration Form.
2. Any patient over 65 years old should receive the high dose “Fluad” unless Allergic to Neomycin. If **Fluad is not available vaccination should not be delayed and patients should receive any standard, age-appropriate vaccine available at the time.**
3. If patient answers YES to Question 1 determine whether patient received dose in the same season. If same season **DO NOT ADMINISTER THE VACCINE.**
4. If a patient responds “YES” to Question 2 and has a mild illness without fever within last 24 hours, it is okay to administer the flu vaccine. Refer to the flu vaccine grid and avoid using a live virus form of the vaccine. If patient has a temperature above 100.6°, oral or tympanic, **DO NOT ADMINISTER THE VACCINE.**
5. If patient answers “YES” to questions 3, refer to flu vaccine grid and administer appropriate dose.
6. If patient answers “YES” to question 4, **DO NOT ADMINISTER THE VACCINE.** Guillian Barre is a contraindication to receiving the flu vaccine.
7. If patient answers “NO” to question 5, reference the flu vaccine grid and administer age-appropriate vaccine.
8. If patients answers “YES” to question 5, **DO NOT** administer vaccine and refer patient to their Primary Care Physician.
9. If no contraindications exist, (“NO” answers to all applicable questions), administer the influenza vaccine.
10. Document site, manufacturer, lot number and expiration date on the Vaccine Administration Form.
11. Direct patient to wait 15 minutes in their car with the engine turned off. Observe for adverse local reactions (bleeding, swelling or redness) and advise patient to apply ice on injection site if area becomes painful. Patient may self-administer Tylenol if a low-grade fever develops.
 1. If patient develops immediate symptoms of anaphylaxis (Itching and/or hives; Sneezing, rhinorrhea, red eyes; anxiety, flushing, tachycardia, diaphoresis; wheezing, shortness of breath, dizziness, light headedness, decreased blood pressure; sudden hoarseness, difficulty swallowing, stridor, cough; nausea, vomiting, abdominal pain; loss of consciousness; pallor, cyanosis or clinical signs of shock). **Immediately notify a provider if one is available.**

If a provider is not available / not on-site the following protocol may be initiated by an RN:

- a. For significant distress such as cyanosis, inability to speak, swelling of tongue or throat, or for loss of consciousness, initiate Code Blue procedure and call 9-9-1-1.
 - b. Check vital signs (BP, HR, RR and oxygen saturation) immediately before, and continuously monitor every five (5) minutes after, giving Epinephrine via **EpiPen Auto-Injector 0.3 mg intramuscularly into the thigh.** May repeat the Epinephrine dose, as needed, every 5-15 minutes.
12. Document any local or systemic reactions for placement in patient’s chart – either on the Vaccine Administration Form itself or entered into EHR.



Date August 28, 2020

Steven A. Green, M.D.
Chief Medical Officer

INFLUENZA INTRANASAL VACCINE STANDING ORDER
FOR FLU MIST (2 years to 49 years old) 2020-2021

Please note: The standing orders can be carried out independently by a Registered Nurse using the appropriate on-call physician as the ordering physician (MD on call 858-499-2614).

1. Ask parent/legal guardian to complete the questions and sign the Vaccine Administration Form.
2. If parent/legal guardian responds “YES” to Question 1, **patient is under 9 years old**
 - a. If 1st vaccine was administered last season okay to give vaccine now and will count as the 2nd dose.
 - b. If 1st vaccine was given in current season less than 30 days ago, **DO NOT ADMINISTER THE VACCINE**, give second **dose form** for parent/guardian to take to their pediatrician’s office.
 - c. If 1st vaccine was given in current season more than 30 days ago, refer to flu vaccine grid and administer age appropriate dose. Children who require two doses of flu vaccine do not need to receive the same flu vaccine both time; live or inactivated vaccine can be used for either dose.
3. If parent/legal guardian responds “NO” to Question 1 and patient is younger than 9 years old administer dose and then give reminder form to schedule second dose after 30days.
4. If parent/legal guardian responds “NOT SURE” to Question 1 and patient is under 9 years old administer dose and then send patient to pediatrics to review EHR for previous vaccination and schedule second dose after 30days if needed.
5. If a parent/legal guardian responds, “YES” to Question 2, 3 & 4 **DO NOT ADMINISTER THE VACCINE.**
6. If a patient responds “YES” to Question 2 and has a mild illness without fever within last 24 hours, **avoid using FluMist** (regular injection of Influenza would be okay). If patient has a temperature above 100.6°, oral or tympanic, **DO NOT ADMINISTER THE VACCINE.**
7. If no contraindications exist, (“NO” answers to all the applicable questions), administer the influenza pre-filled vaccine inhalant 0.5 ml, Intranasally.
 - a. The child needs a second dose if they are under 9 years of age, and this is their first flu vaccine OR their first dose was last season and they never received a second dose. Give patient reminder handout to receive second dose.
8. Document site, manufacturer, lot number and expiration date on the Vaccine Administration Form.
9. Parent/legal guardian to contact patient’s primary care physician should patient develop fever.
2. If patient develops immediate symptoms of anaphylaxis (Itching and/or hives; Sneezing, rhinorrhea, red eyes; anxiety, flushing, tachycardia, diaphoresis; wheezing, shortness of breath, dizziness, light headedness, decreased blood pressure; sudden hoarseness, difficulty swallowing, stridor, cough; nausea, vomiting, abdominal pain; loss of consciousness; pallor, cyanosis or clinical signs of shock). **Immediately notify a provider if one is available.**

If a provider is not available / not on-site the following protocol may be initiated by an RN:

1. For significant distress such as cyanosis, inability to speak, swelling of tongue or throat, or for loss of consciousness, initiate Code Blue procedure and call 9-9-1-1.
2. **Pediatric and Teenage Patients:** Check vital signs (BP, HR, RR and oxygen saturation) immediately before and continuously monitor every five (5) minutes after giving appropriate dosage of Epinephrine via EpiPen Auto-Injector (pt's greater than 30kg), EpiPen Jr. Auto-Injector (pt's 15-30kg) or 1:1000 concentration of Epinephrine vial (pt's less than 15kg) intramuscularly into thigh.

Age and weight guidelines for Epinephrine dosages are provided in Table 1 below. May repeat the Epinephrine dose as needed every 5-15 minutes X 2.

- Document any local or systemic reactions for placement in patient's chart – either on the Administration Form itself or entered into EHR.



Steven A. Green, M.D.
Chief Medical Officer

Date August 28, 2020

Table 1. Pediatric and teen Epinephrine dosage:

EPINEPHRINE

0.01ml/kg per dose (may be repeated every 5-15 minutes up to 3 doses)

Age	Broselow Color	Weight (lbs)	Weight (kg)	IM Dose 1:1000 1mg/ml	Volume
Infants	Pink	Under 10 lbs	Under 8 kg	0.05 mg	0.1 ml
Children	Red/Purple/ Yellow	10 - 31 lbs	8 - 14 kg	0.1 mg	0.1 ml
Children	White	32 - 40 lbs	15 - 18 kg	0.15 mg	0.2 ml
Children	Blue	41 - 51 lbs	19 - 23 kg	0.2 mg	0.2 ml
Children	Orange	52 - 64 lbs	24 - 29 kg	0.25 mg	0.25 ml
Adolescents	Green	65 - 79 lbs	30 - 36 kg	0.3 mg	0.3 ml
Adults	NA	≥ 80 lbs		0.3 mg	0.3 ml

Some values have been rounded up.

Adapted from County of San Diego 2012-2013 Emergency Medical Services Treatment Protocol & Policies Manual

INFLUENZA VACCINE STANDING ORDER
FOR LICENSED VOCATIONAL NURSES (LVNs)
2020 – 2021


INFLUENZA VACCINE:

Please note: Standing order to be utilized at Sharp Rees-Stealy.

1. Ask patient (if 18 or older), parent, or legal guardian to complete the questions on the vaccine administration form and sign.
2. If the patient, parent or legal guardian responds **YES** to any questions on the administration form, **DO NOT** administer the vaccine and refer the patient to a Registered Nurse for administration.
3. If the patient, parent or legal guardian responds **NO to ALL** questions on the administration form (meaning no contraindications exist), proceed with administration of the vaccine per order below:

Age 6-35 months	Administer 0.5 mL IM of age appropriate, preservative-free influenza vaccine as indicated on the 2020-2021 SRS Vaccine Administration Grid
Age 3 years (36 months) and older	Administer 0.5 mL IM of influenza vaccine as indicated on the 2020-2021 SRS Vaccine Administration Grid
Age 2 years (24 months) to 49 years old	Administer 0.2 mL of age appropriate prefilled Flu Mist Intranasal Sprayer as indicated on the 2020-2021 SRS Vaccine Administration Grid

4. Document site, manufacturer, lot number and expiration date on the vaccine administration form.
5. *IF PATIENT DEVELOPS ANY SIGNS OF AN ADVERSE REACTION, (SUCH AS REDNESS, HIVES, SHORTNESS OF BREATH, DIFFICULTY SWALLOWING, DIZZINESS OR FAINTING) NOTIFY RN AND ONSITE PHYSICIAN IMMEDIATELY.*



Steven A. Green, M.D
Chief Medical Officer

August 28, 2020

Date