Standing Order for Administering Td (TENIVAC®) to Children and Adolescents

**Purpose:** To reduce morbidity and mortality from tetanus and diphtheria disease by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

**Procedure**

1. Identify children (7 years of age and older) in need of vaccination against tetanus and diphtheria based on the following criteria:
   - lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
   - completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years
   - recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
   - **Note:** ACIP recommends a one-time dose of Tdap in place of a routine Td booster, which is routinely given at the 11-12 years of age. All other booster doses of tetanus and diphtheria toxoids should be completed with a Td vaccine at 10-year intervals. ACIP also recommends Tdap vaccine with every pregnancy (between 27-36 weeks gestation), which is currently considered off-label and not covered under this standing order.

2. Screen all patients for contraindications and precautions to Td vaccine:
   - **Contraindications:**
     - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of Td/Tdap vaccine or to a Td/Tdap vaccine component. For information on vaccine components, refer to the manufacturers’ package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf
   - **Precautions:**
     - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
     - history of an arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
     - moderate or severe acute illness with or without fever
     - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient’s medical record, the publication date of the VIS and the date it was given to the patient.
(parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).

4. Administer 0.5mL Td intramuscularly (22–25 gauge, 1–1½" needle) in the deltoid muscle or, alternatively, the anterolateral thigh also can be used. Choose needle length appropriate to the patient’s age and body mass.

**Note:** For primary immunization, (those patients with no previous documentation of receiving a tetanus- and diphtheria-containing vaccine), ACIP recommends using the Tdap vaccine as the first dose followed by a Td vaccine. The preferred schedule is a single dose of Tdap, followed by a dose of Td 2 months after Tdap and another dose of Td 6 months later. However, Tdap can substitute for any one of the doses of Td in the 3-dose primary series.

5. Provide subsequent doses of Td to adolescents as follows:
   - to complete the primary 3-dose schedule: observe a minimum interval of 2 months between the first and second doses, and 6 months between the second and third doses.
   - to boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given (see appropriate standing order for Tdap)
   - **Note:** there is no need to observe a minimum interval between Td and the subsequent Tdap; if Tdap was already administered, boost with Td routinely every 10 years.
   - administer further booster doses of Td every 10 years
   - **Note:** A Tdap booster dose is a one-time substitution dose in the Td schedule, once a patient has received a Tdap vaccine, all subsequent doses of tetanus-containing vaccines should be Td; there are no data to support repeat administration of Tdap (with the exception of pregnant patients as described above).

6. **Documentation**
   - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

8. **Adverse Events** occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at [https://vaers.hhs.gov](https://vaers.hhs.gov).

9. This policy and procedure shall remain in effect for all patients of the ________________ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

---

Medical Director’s Signature

Date

Version January 2018