Standing Orders for Administering Pneumococcal Polysaccharide (PPSV23) Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all persons 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons 2 – 18 years of age in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
    - No or unknown history of prior receipt of PPSV23 and any of the following underlying conditions (see table below):
        - Chronic cardiovascular disease (particularly cyanotic congenital heart disease and cardiac failure)
        - Chronic pulmonary disease (asthma is excluded unless treated with high-dose corticosteroid therapy)
        - Diabetes mellitus
        - Chronic liver disease (cirrhosis), or alcoholism (patients 6 - 18 years of age only)
        - Candidate for or recipient of cochlear implant; cerebrospinal fluid leak
        - Sickle cell disease, hemoglobinopathies, anatomic or functional asplenia (splenectomy, splenic dysfunction)
        - Immunocompromising condition (e.g., congenital immunodeficiency, HIV infection, hematologic cancers, malignant neoplasms)
        - Immunosuppressive therapy (e.g., antineoplastic agents, antimetabolites, biologics, high-dose corticosteroids, radiation therapy)
        - Chronic renal failure or nephrotic syndrome; organ or bone marrow transplantation
        - Environments or settings with increased risk (e.g., long-term care facility)

2. Screen all patients for contraindications and precautions to PPSV23:
   Contraindications:
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV23 vaccine or to a vaccine component
    - For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

   Precautions:
    - Moderate or severe acute illness with or without fever
    - Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope

- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

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.

4. Provide vaccine as follows:
   - Follow dosing schedule as below. Administer 0.5mL of PPSV23 vaccine intramuscularly in the preferred site (anterolateral thigh for infants and toddlers or in the deltoid for children and adolescents). The alternate site (anterolateral thigh muscle or deltoid muscle) may be used if the preferred site is inadequate.

Needle Length and Injection Site of IM Injections for Children		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Toddlers (1-2 years)	1-1.25 inch	Anterolateral thigh*
	5/8† – 1 inch	Deltoid muscle of arm
Children (3-10 years)	5/8† inch- 1 inch	Deltoid muscle of arm*
	1-1.25 inches	Anterolateral thigh
Children (11-18 years)	5/8† – 1 inch	Deltoid muscle of arm*
	1-1.5 inches	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html.
†If skin is stretched tightly and subcutaneous tissues are not bunched
*Preferred site

Underlying Condition	**Primary PPSV23 Series**	**PPSV23 Booster**
• chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure) • chronic lung disease (asthma excluded unless treated with high-dose corticosteroids) • alcoholism, chronic liver disease • diabetes mellitus; cerebrospinal fluid leak; cochlear implant	1 dose ≥8 weeks after the last dose of PCV13	Not recommended
• sickle cell disease and other hemoglobinopathies • congenital or acquired asplenia, or splenic dysfunction • HIV infection • chronic renal failure, nephrotic syndrome • diseases commonly treated with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; solid organ transplantation) • congenital immunodeficiency (includes B- [humoral] or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])	1 dose ≥8 weeks after the last dose of PCV13	1 dose ≥5 years after the first dose of PPSV23

Adapted from Immunization Action Coalition: Item #P2016 (10/18)

Do not give PCV13 and PPSV23 at the same visit
Complete all doses of PCV13 before administering PPSV23

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. 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.

6. 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.

7. 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 (800-822-7967) or online at https://vaers.hhs.gov.

8. 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