

**Duquesne University
Mylan School of Pharmacy
Center for Pharmacy Care**

Standing Orders

***Immunization Protocol · Authority to Immunize · Authority to Initiate Immunization
2014-2015-amended***

Suzanne Higginbotham, with Pharmacy License #RP_____ PA Authority to Administer Injectables #RPI_____

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(etc. for each pharmacist)

Acting as agents for the undersigned physician, according to and in compliance with Article 27.401 of the State of Pennsylvania Pharmacy Practice Act, may independently determine if a patient should receive one or more of the vaccines listed below. This standing order shall serve as the prescription order for these vaccines, as well as the standing order for epinephrine and other emergency measures as described below.

To protect people from preventable infectious diseases that cause needless death and disease, the pharmacist may administer the following immunizations to adult patients over the age of 18, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention and other competent authorities. The pharmacist may administer the influenza vaccine intramuscular or intranasal to individuals over the age of 9, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices of the U.S. Centers for Disease Control and Prevention and other competent authorities. When the pharmacist administers a vaccine to those individuals older than 9 and less than 18, the pharmacist will gain parental consent prior to administration of the vaccine.

Name of Immunization	Route of Administration	Site of Administration
Pneumococcal vaccine (PPSV23)	IM/SQ	Deltoid of upper arm or anterolateral aspect of upper arm
Pneumococcal vaccine (PCV-13)	IM	Deltoid of upper arm
Inactivated Influenza vaccine, IIV	IM	Deltoid of upper arm
Inactivated influenza vaccine, high dose	IM	Deltoid of upper arm
Inactivated influenza vaccine, intradermal	Intradermal	Deltoid of upper arm
Live Influenza vaccine	Intranasal	Nostril
Hepatitis B	IM	Deltoid of upper arm
Hepatitis A	IM	Deltoid of upper arm

Td	IM	Deltoid of upper arm
Tetanus-diphtheria-pertussis (Tdap)	IM	Deltoid of upper arm
Diphtheria-tetanus-pertussis (DTaP)	IM	Deltoid of upper arm
Meningococcal vaccine (MPSV)	IM	Deltoid of upper arm
Meningococcal vaccine (MCV)	IM	Deltoid of upper arm
Polio (IPV)	IM	Deltoid of upper arm
Typhoid	IM	Deltoid of upper arm
Japanese Encephalitis	IM	Deltoid of upper arm
Human papillomavirus (HPV)	IM	Deltoid of upper arm
MMR	SQ	SQ tissue of upper arm
Zostavax	SQ	SQ tissue of upper arm
Varicella	SQ	SQ tissue of upper arm
Yellow Fever	SQ	SQ tissue of upper arm
Rabies	IM	Deltoid of upper arm

In the course of immunizing, the pharmacist will adhere to Universal Precautions and OSHA blood borne pathogen procedures. Various excerpts of these regulations are attached. The pharmacist will maintain current certification in cardiopulmonary resuscitation or basic cardiac life support issued by the American Heart Association, American Red Cross, or a similar health authority or professional body approved by the Pennsylvania State Board of Pharmacy. Immunizations will be provided at the Duquesne University Mylan School of Pharmacy Wellness and Disease Management Center or at other locations in the State of Pennsylvania as coordinated by the Wellness and Disease Management Center of the Duquesne University School of Pharmacy.

Perpetual records of all immunizations administered will be maintained for a period of two years from the date of administration of the immunization. Before immunization, vaccine candidates will be screened regarding previous adverse events caused by vaccines, the receipt of blood or antibody products, pregnancy, and underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine offered and will be provided with a Vaccine Information Statement (VIS) as required by law.

The patient will be monitored following the immunization(s) for a suitable period of time, a minimum of 30 minutes. In the course of treating adverse events and/or anaphylaxis following immunization, this pharmacist is authorized to administer epinephrine (at a dose of approximately 0.01 mg/kg body weight; maximum of 0.5 mg per dose), an adult EpiPen®, or diphenhydramine orally (up to 100 mg) by appropriate routes pending arrival of emergency medical services. If such an event occurs, the patient's primary care physician will be notified within 24 hours of the reaction as well as the undersigned authorizing physician. In addition, a Vaccine Adverse Event Reporting System (VAERS) form will be completed and submitted to the CDC, to the undersigned licensed practitioner, and to the patient's primary care provider, if known.

Upon accidental needlestick, the pharmacist will comply with the Post Exposure Control Plan Policy of the Duquesne University Pharmacy Wellness and Disease Management Center. The pharmacist will file a Sharps Injury Log report, which includes the name of the injured person, date, type and brand of device involved, where the injury occurred, explanation of the incident, and signature of the Clinical Laboratory Director of the Duquesne University School of Pharmacy Clinical Laboratory.

When administration of an immunization has occurred under an order, the pharmacist shall notify the ordering prescriber electronically or in writing within 48 hours of administration. If administration occurs under a written protocol, the pharmacist will transmit the administration records electronically to the participating authorizing physician or notify the physician in writing within 48 hours of administration. See attached reporting form that will be transmitted electronically and kept on file with the physician.

As the authorizing physician, I will review, on a quarterly basis, the activities of the pharmacist(s) administering vaccines under this protocol, and do hereby authorize these pharmacists to administer medications listed in this protocol.

The authorization shall be valid for one year from the date indicated below, unless revoked in writing.

Date: August 19, 2015 ---- August 31, 2016

Physician's Name: _____

Physician's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical License Number: _____

Telephone Number for Consultations: _____