 **Non Funded Pneumococcal Vaccination Standing Order**

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| **Issue date:** |  | **Review date:** |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Non Funded Pneumococcal Vaccination |
| **Rationale** | To prevent pneumococcal disease in patients who are not eligible for funded Pneumococcal vaccine.  |
| **Scope (condition and patient group)** | The Immunisation Handbook states:PCV13 and 23PPV are recommended but not funded for the following individuals: • immune-competent adults (aged 18 years and older) at increased risk of pneumococcal disease or its complications because of chronic illness (eg, chronic heart, renal, liver or pulmonary disease, diabetes or alcoholism) • adults with cerebrospinal ﬂuid leak • immunocompromised adults at increased risk of pneumococcal disease (eg, those with nephrotic syndrome, multiple myeloma, lymphoma and Hodgkin’s disease) • individuals of any age who have had one episode of IPD • smokers. For those individuals who choose to purchase PCV13 and 23PPV vaccines, providers are to follow the age-appropriate schedules in the Immunisation Handbook. The recommendation is that PCV13 (Prevenar 13®) should be given as the first dose, followed by 23PPV (Pneumovax® 23). If individuals do not want to pay for PCV13, 23PPV can be given as the first dose, followed by a second dose  |
| **Red Flags** | * Refer to The Immunisation Handbook for those who are eligible for funded Pneumococcal vaccination
* If 23PPV has already been given (prior to any doses of PCV13) to adults aged 18 years and older, wait at least 1 year before administering PCV13.
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| **Assessment** | * Check whether a previous dose of pneumococcal vaccine been administered
* Check when the last dose was administered and type (PCV13 or PPV23)
* Check whether the person has any contraindications to the vaccine
* Advise patient that this vaccination schedule is non-funded
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| **Indication** | Immunity to pneumococcal disease is required |
| **Medicines** | PCV13 (trade name Prevenar 13®) and PPV23 (trade name Pneumovax® 23) |
| **Dosage instructions** | Inject 0.5mLs into the deltoid muscle |
| **Route of administration** | Intramuscular  |
| **Quantity to be given** | 1 x 0.5mL injection |
| **Contraindications** | Anyone with severe allergy (anaphylaxis) to a previous dose of this vaccine or a component of the vaccine. |
| **Precautions** | Severe/acute illness with a fever over 38oC.  |
| **Additional information** | * The vaccination course is to be given as per the current on-line version of the National Immunisation Schedule
* Small risk of anaphylaxis, therefore patient should wait for 20 minutes post injection.
* Verbal and written post vaccination (HE2505) information should be given
* The Authorised Vaccinator is responsible for all documentation related to the vaccination event.
* Pneumococcal vaccines can be administered at the same time as other vaccines, including the annual influenza vaccination.
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| **Follow-up** | Any adverse event that occurs in the course of administration of these vaccines must be reported to CARM  |
| **Countersigning and auditing** | Countersigning is required within ***10*** days by the prescriber |
| **Competency/training requirements** | All nurses working under this standing order must be current authorised vaccinators. |
| **Supporting documentation** | Southern Health Pathways at <https://southern.communityhealthpathways.org/>Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Immunisation Handbook at <https://www.health.govt.nz/publication/immunisation-handbook-2017>IMAC at [www.immune.org.nz](http://www.immune.org.nz)  |
| **Definition of terms used in standing order** | Prescriber – may be* a nurse practitioner

• a medical practitioner • a registered midwife • a designated prescriber (which includes a registered nurse fulfilling the designated prescriber criteria) Authorised Vaccinator – a registered nurses authorised to administer vaccines under section 44A of the Medicines Regulations (1984) |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Authorised Vaccinators working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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