Using Standing Orders Increases Immunization Rates!

Standing orders authorize nurses and pharmacists to administer vaccines to all persons meeting certain criteria, thus eliminating the need for individual physician’s orders for each patient.

They are the most consistently effective means for increasing vaccination rates and can be used in inpatient and outpatient facilities, long-term care facilities, managed-care organizations, assisted living facilities, correctional facilities, pharmacies, workplaces, and home health care agencies to vaccinate patient, client, resident, and employee populations.

The Advisory Committee on Immunization Practices (ACIP) recommends standing orders for all vaccines.

Standing Orders Program Components

Successful standing orders programs include the following:

- Protocols to identify eligible patients
- Procedures to provide information on the risks and benefits of vaccines
- Proper record of refusals or contraindications
- Approved vaccine delivery protocol
- Quality assurance and documentation procedures

Standing orders should also specify that vaccines be administered by health care professionals trained to:

- Screen patients for contraindications to vaccination
- Administer vaccines
- Monitor clients for adverse events in accordance with state and local regulations

Vaccine Information Statements (VIS) are useful resources for risk/benefit counseling and are recommended and/or required under the National Childhood Vaccine Injury Act. All involved health care personnel should be trained to report adverse outcomes to the Vaccine Adverse Events Reporting System (VAERS) and medication errors (not involving an adverse outcome) to the Institute for Safe Medication Practices (ISMP).

Standing Orders Available from the Immunization Action Coalition

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Child/Teen</th>
<th>Adult</th>
<th>Vaccine</th>
<th>Child/Teen</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, acellular pertussis vaccine (DTaP)</td>
<td>X</td>
<td></td>
<td>Meningococcal vaccines (MCV4 &amp; MPSV4)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><em>Haemophilus influenza</em> type B (Hib)</td>
<td>X</td>
<td>X</td>
<td>Pneumococcal Conjugate (PCV13)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hepatitis A (hep A)</td>
<td>X</td>
<td>X</td>
<td>Pneumococcal Polysaccharide (PPSV23)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (hep B)</td>
<td>X</td>
<td>X</td>
<td>Rotavirus vaccine (RV1 &amp; RV5)- infants</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>X</td>
<td>X</td>
<td>Seasonal Influenza (IIV &amp; LAIV)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Inactivated Polio (IPV)</td>
<td>X</td>
<td></td>
<td>Td/Tdap</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>X</td>
<td>X</td>
<td>Varicella (Var)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Medical Management of Vaccine Reactions/Emergencies</td>
<td>X</td>
<td>X</td>
<td>Zoster vaccine</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Copies of standing orders may be obtained from the Immunization Action Coalition at [www.immunize.org](http://www.immunize.org). Adapted from: “Use of Standing Orders Programs to Increase Adult Vaccination Rates, Recommendations of the Advisory Committee on Immunization Practices”, MMWR March 24, 2000/49(RR01); 15-26.