

<p><Hospital Name></p> <p>Inpatient Pneumococcal/Influenza Immunization Order Form</p>	<p>(Apply Patient Sticker)</p>
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Patient:	Assessed by:	Date:
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① Risk Assessment: Choose Vaccine(s) (Check all that apply)

Pneumococcal Vaccine¹ (offer year round)

Vaccine indicated (if any of the following):

Patient is:

- 65 years of age or older;
- Resident of nursing home or chronic care facility regardless of age; **OR**

Patient is age 19-64 and has any of the following **high-risk** conditions:

- Serious long-term health problem with chronic heart or lung disease (including asthma), diabetes mellitus, or kidney disease including nephrotic syndrome
- Compromised immunity such as: Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids, cancer drugs, or radiation therapy
- Alcoholism, cirrhosis, or chronic liver disease
- Sickle cell anemia or prior splenectomy
- Cerebrospinal fluid leaks; **OR**

Patient uncertain about prior vaccination status or history unreliable and meets the above criteria (vaccination recommended – discuss with physician)

None of the above (**STOP the Assessment**)

Influenza Vaccine² (September through March)

Vaccine indicated (if any of the following):

Patient is:

- 50 years of age or older
- Resident of nursing home or chronic care facility regardless of age; **OR**

Adult or child that has any of the following **high-risk** conditions:

- Serious long-term health problem with chronic heart or lung disease (including asthma), diabetes mellitus, kidney disease, or anemia and other blood disorders
- Compromised immunity such as: Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, generalized malignancy, HIV infection or AIDS, organ or bone marrow transplant, treatment with long-term corticosteroids, cancer drugs, or radiation therapy
- Children and adolescents (aged 6 months-18 years) who are receiving long-term aspirin therapy
- Women who will be past the 3rd month of pregnancy during the influenza season; **OR**

Patient uncertain about prior vaccination status or history unreliable and meets any of the above criteria (vaccination recommended – discuss with physician)

None of the above (**STOP the Assessment**)

② Vaccination Status or Contraindications (Check all that apply)

Pneumococcal vaccine not indicated (if any of the following):

- Previously immunized after age 65
- Previously immunized before age 65, but < 5 years ago
- Reported allergy to vaccine
- Physician order not to give vaccine this admission
- Patient refuses

Influenza vaccine not indicated (if any of the following):

- Previously immunized this flu season
- Ever had a serious allergic reaction to eggs
- Previous serious reaction to influenza vaccine
- History of Guillain-Barre syndrome (discuss with physician)
- Physician order not to give vaccine this admission
- Patient refuses

③ Vaccination Decision (Check all that apply – both may be given at same time)

Pneumococcal vaccine indicated – no contraindications identified (Year Round)

Administer vaccine 0.5 cc IM deltoid

Date _____ Time _____

Signature: _____

Influenza vaccine indicated – no contraindications identified (September through March)

Administer vaccine 0.5 cc IM deltoid

Date _____ Time _____

Signature: _____

¹ MMWR 1997;46(No. RR-8):1-24.

²MMWR 2002:51(No. RR-3):1-32.