

**CONSIDERATIONS:**

1. The Centers for Disease Control and Prevention (CDC) states that, in general, the pneumococcal vaccine is indicated for all patients:
  - a. Ages 2 to 64 with most chronic illnesses; only once when diagnosed or identified
  - b. 65 years old or older:
    - i. Once, if never previously vaccinated
    - ii. One more time, if the previous vaccination occurred more than 5 years in the past
  - c. Those whose immunization status cannot be determined, but who should have been immunized
2. OASIS-C includes two questions related to the pneumococcal vaccine (M1051 and M1056), asking if the patient has had a pneumococcal vaccine from the agency. Ensuring all patients who should be immunized are vaccinated is an indicator of a quality healthcare organization.
3. Contraindications, precautions and further information about the pneumococcal vaccine are listed on the Pneumococcal Vaccine Information Statement (VIS) available at:  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.html>.
4. Two vaccines are available against pneumococcal disease:
  - a. PCV13 immunizes against 13 strains of pneumococcal bacteria
  - b. PPSV23 immunizes against 23 strains of pneumococcal bacteria
5. Pneumococcal vaccine can be administered either intramuscularly or subcutaneously.
  - a. Check orders for the type of vaccine, dose and route before administering.
  - b. The manufacturer's instructions are available at:  
[http://www.immunize.org/packageinserts/pi\\_ppsv.asp](http://www.immunize.org/packageinserts/pi_ppsv.asp)
6. Patients can receive the influenza and pneumococcal vaccines at the same visit:
  - a. Vaccines cannot be combined in same syringe
  - b. Vaccines should be given at different sites
  - c. Usually, the influenza is administered in right deltoid and pneumonia in the left deltoid
7. Vaccine must be maintained at refrigerator temperature, 35 °F - 46 °F (2 °C - 8 °C), while being transported or it can deteriorate compromising vaccine effectiveness.
  - a. A small "refrigerator bag," such as an insulated lunch-type bag, can be designated for vaccine transport
  - b. Place an "ice pack" in the container

- c. To protect vaccine from freezing due to direct ice pack exposure, wrap crumpled paper or other insulating material around the vial
  - d. Keep container in passenger area of the car, and not in trunk
  - e. Make the visit as soon as possible after obtaining vaccine
8. Federal law requires that you provide the patient with the Centers for Disease Control and Prevention (CDC) Pneumococcal Vaccine Information Sheet (VIS) available at  
<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

**EQUIPMENT:**

CDC Pneumococcal Vaccination Information Statement  
Agency Immunization Consent Form  
Gloves  
Single dose vial vaccine  
Syringe, 1 mL  
Needle, 1 - 1.5 inch, 23 - 25 G for IM, 5/8 inch needle for subcutaneous injection  
Alcohol preps  
Self-adhesive bandages  
2 x 2 gauze, optional  
Red Biohazard Sharp Container  
Anaphylaxis kit (1 ampule epinephrine 1:1000, 1 mL syringe with 1 ½" needle, 1 alcohol pad)

**PROCEDURE:**

1. Check the administering order of the pneumococcal vaccine.
2. Obtain needed supplies from the office, including single dose of vaccine. Assure you are following your agency's obtaining/signing policy for the vaccine.
3. Prepare vaccine for transport:
  - a. Place an ice pack in an insulated transport bag
  - b. Wrap vial in crumpled paper
  - c. Place wrapped vial in bag
  - d. Close the bag
4. Make visit as soon as possible after obtaining the vaccine.
5. Review immunizations forms with patient/guardian:
  - a. CDC Vaccination Information Statement (VIS)
  - b. Agency's Consent Form for Immunization
  - c. Obtain patient's/guardian's signature
6. Adhere to Standard Precautions. Perform hand hygiene. Don gloves.
7. Prepare site, usually left deltoid muscle if being given intramuscularly.
8. Administer medication.
9. Drop needle/syringe in sharps container immediately.
10. Apply bandage.
11. Remove gloves. Perform hand hygiene.

12. Stay in the patient's home for at least 20 to 30 minutes in case of anaphylactic reaction, performing other care, teaching and documentation tasks.
13. If anaphylaxis occurs, administer epinephrine 1:1000, 0.3 mL intramuscularly. Call 911.

**AFTER CARE:**

1. Communicate any adverse reaction to primary care provider.
2. Remind patient to review VIS form and to call agency if patient has any questions or concerns about the vaccination.
3. Document the administration of vaccination on the Consent Form and in patient's medical record:
  - a. Name of med, dose, route, site and side given
  - b. Vaccine lot number and expiration date
4. Also document in patient's medical record:
  - a. VIS given and reviewed
  - b. Any other patient/teaching given
  - c. Vaccine on the patient's Medication Record, clearing marking the date given.
5. Communicate any adverse reaction to physician.
6. Report any adverse reactions to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967.

**REFERENCE:**

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- *Vaccination information statements.* Retrieved from <http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>
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<http://www.cdc.gov/flu/professionals/vaccination/>  
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