

Protocol for Influenza and Pneumococcal Outreach: dates when in effect

This agreement may be canceled by either party upon written notification.

As the prescriber I reserve the right to intercede and/or override a collaborative practice decision made by the pharmacist whenever deemed necessary or appropriate. I shall review the work, records, and practice of health care delivered pursuant to this Agreement as I deem necessary.

In accordance with IDAPA 27.01.01.165, I am allowing licensed pharmacists listed herein to administer influenza and pneumococcal vaccine and anaphylaxis treatment agents, including epinephrine, for the emergency treatment of anaphylaxis, as set forth in the protocol below and only in the course of their employment with _____.

1) Influenza vaccine

Influenza vaccine should be given to:

- All persons > 50 years of age, 0.5 ml IM X 1
- Persons 18 - 49 years of age may be given influenza vaccine (0.5 ml IM X 1) if they meet any of the following criteria:
 - Have a chronic medical condition, such as: heart disease, pulmonary disorders including asthma, diabetes, kidney disease, hemoglobinopathies, compromised immune systems (HIV or immunosuppressive therapy) or any condition that would compromise respiratory function or the handling of respiratory secretions;
 - Are a household member or health care worker (including home health attendants) who provides care to persons at high-risk.
 - A healthy patient provided that there is sufficient vaccine stock not to leave any of the above stated patients unvaccinated.

All persons will be screened for contraindications to influenza vaccine which include:

- Serious allergic reaction to a vaccine component (specific concern re: eggs) or history of a serious allergic reaction to a prior dose.
- Moderate or severe acute illness (vaccine should be deferred until the person is well). The person should be vaccinated if they have a minor illness such as diarrhea or upper respiratory tract illness (including otitis media) with or without fever or are on current antimicrobial therapy.

Pneumococcal polysaccharide vaccine (PPV)

PPV should be given to:

- All persons > 65 years of age, X 0.5 ml (may be given IM or SC) X 1
- Persons 18 - 64 years of age with chronic illness (0.5 ml given IM or SC X 1) such as heart disease, pulmonary disorders, diabetes, alcoholism, cirrhosis, cerebrospinal fluid leak, anatomic or functional asplenia, and compromised immune systems (HIV or immunosuppressive therapy).
- Are a household member or health care worker (including home health attendants) who provides care to persons at high-risk.

All persons will be screened for contraindications to PPV, which include:

- Serious previous allergic reaction
- Moderate or severe acute illness (vaccine should be deferred until the person is well). The person should be vaccinated if they have a minor illness such as diarrhea or upper respiratory tract illness (including otitis media) with or without fever or are on current antimicrobial therapy.

Revaccination is only indicated for persons aged 65 years and older who received the first dose of PPV > 5 years ago and were less than 65 years at the time of the first dose.

The licensed pharmacist shall:

- Ensure that the potential vaccinee is assessed for contraindications to immunization.
- Confirm that each recipient of the vaccine has received a copy of the appropriate Vaccine Information Statement and has been informed of potential side effects and adverse reactions, before administering the immunization.
- Verify that informed consent by the recipient has been obtained for the immunization before the immunization is administered.
- Report adverse reactions if notified of such reaction, as directed.
- Provide to each recipient a signed certificate of immunization with the recipient's name, date of immunization, address of immunization, administering Pharmacist, immunization agent, manufacturer and lot number; and advise the recipient to communicate the information to the recipient's primary health care provider if one exists.
- Ensure that a record of all persons immunized including the recipient's name, date, address of immunization, administering Pharmacist, immunization agent, manufacturer, and lot number is maintained.

In the event that a patient who received an influenza and/or pneumococcal vaccine develops signs or symptoms consistent with anaphylaxis, the Pharmacist is to administer one adult dose of EPI-PEN IM (or epinephrine 0.3 mg SC which shall be available with the necessary needles and syringes at the immunization site [USP 1:1000, 0.3 ml]) and call 911.

The licensed pharmacist shall ensure that a record of all persons to whom they have administered an anaphylaxis treatment agent, including the recipient's name, date, address of administration, administering Pharmacist, anaphylaxis treatment agent, manufacturer, and lot number is kept.

The licensed pharmacist shall report to the local emergency medical system or other provider of equivalent follow-up care information regarding the administration of the anaphylaxis treatment agent, including when it was administered, the dosage, strength, and route of administration. The Pharmacist shall also report such information to the patient's primary care provider if one exists, unless the patient is unable to communicate the identity of his or her primary care provider.

Registered student pharmacists can assist in administering immunizations (give the injection, assist in record keeping, and when appropriate, administer anaphylactic agents) as long as the licensed pharmacist assesses the recipient, and is responsible for the on-site direction of the registered student pharmacist in administering the immunizations.

Prescriber
Signature: _____ Date: _____

Idaho Medical License #: _____

<i>Licensed Pharmacist/s (those covered by the agreement)</i>			
<u>Name</u>	<u>Signature</u>	<u>ID License #</u>	<u>Date</u>
_____	_____	_____	_____