STANDING ORDERS FOR
Administering Tdap/Td Vaccine to Children and Teens Age 7 Years and Older

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 **Assess Children in Need of Vaccination** against diphtheria, tetanus, and pertussis based on the following criteria:

- Lack of documentation of at least 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTaP), with at least one dose given after age 4 years and with the most recent dose given a minimum of 4 calendar months after the preceding dose
- Lack of documentation of at least 3 doses of diphtheria and tetanus toxoid-containing vaccine (e.g., DT, Tdap, Td)
- Lack of documentation of a pertussis-containing vaccine given at age 10 years or older
- Are currently pregnant (preferably between 27 and 36 weeks gestation) with no documentation of Tdap given during the current pregnancy, or
- Have completed a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine (DTaP, DT, Tdap, Td)with receipt of the last dose being 10 years ago or longer

2 **Screen for contraindications and precautions**

Contraindications

- Do not give Td or Tdap to a child or teen who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give Tdap to a child or teen who has experienced encephalopathy not attributable to another identifiable cause within 7 days following a previous dose of DTP, DTaP or Tdap.

Precautions

- Moderate or severe acute illness with or without fever
- History of an Arthus-type hypersensitivity reaction after a previous doses of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- History of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
- For Tdap only: progressive or unstable neurologic disorder (including infantile spasms), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized

3 **Provide Vaccine Information Statements**

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart

AGE OF CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Children (7 through 10 years)	22–25	5/8*–1"	Deltoid muscle of arm**
		1–1¼"	Anterolateral thigh muscle
Adolescents and Teens (11 through 18 years)	22–25	5/8*–1"	Deltoid muscle of arm**
		1–1½"	Anterolateral thigh muscle

*A 5/8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tightly, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

**Preferred site

5 Administer Td/Tdap vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:

Schedule for routine vaccination

RECOMMENDED AGE FOR ROUTINE DOSE	MINIMUM AGE FOR ADOLESCENT DOSE	RECOMMENDED INTERVAL TO NEXT DOSE	MINIMUM INTERVAL TO NEXT DOSE
11–12 years[1,2,3] (Tdap)	10 years[3,4] (Tdap)	10 years[5] (Td or Tdap)	5 years[5] (Td or Tdap)

Schedule for catch-up vaccination

NUMBER OF PRIOR DOCUMENTED DOSES[5]	MINIMUM INTERVAL BETWEEN DOSES OF TD[5] AND/OR TDAP[5] STARTING FROM THE MOST RECENT DOSE GIVEN		
	DOSE 1 TO DOSE 2	DOSE 2 TO DOSE 3	DOSE 3 TO DOSE 4
Unknown	4 weeks	6 months	
0	4 weeks	6 months	
1	4 weeks	4 weeks, if dose #1 is given at younger than age 12 months; 6 months if dose #1 is given at age 12 months or older	6 months, if dose 1 given at younger than age 12 months
2		4 weeks, if dose #1 is given at younger than age 12 months; 6 months if dose #1 is given at age 12 months or older	6 months, if dose 1 given at younger than age 12 months
3			6 months, if dose 1 given at younger than age 12 months

NOTES

1 Tdap should be administered at 11–12 years. It should also be given to all pregnant teens during each pregnancy, preferably during the early part of gestational weeks 27–36.

2 Children who received Tdap at age 7 through 9 years should receive the routine Tdap dose at age 11–12 years.

3 Children who received Tdap at age 10 years do not need to receive the routine Tdap dose at age 11–12 years.

4 The minimum age for Tdap in children with an incomplete history of DTaP is 7 years. It should be given as the first dose in the catch-up series.

5 Either Td or Tdap may be given for catch-up and booster doses

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6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Td or Tdap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://www.vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the Hart Medical Consulting (NAME OF PRACTICE OR CLINIC)
effective 01/01/2023 (DATE) until rescinded or until 12/31/2026 (DATE).
Medical Director BRYCE A. PIANCHICK (PRINT NAME) / [signature] (SIGNATURE) 15 Aug 2023 (DATE)

STANDING ORDERS FOR
Administering Td/Tdap Vaccine to Adults

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis infection by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against tetanus, diphtheria, and pertussis based on the following criteria:

- Lack of documentation of ever receiving a dose of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) as an adolescent or adult
- Currently pregnant (preferably between 27 and 36 weeks gestation) and no documentation of Tdap given during current pregnancy
- Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
- Completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose in the previous 10 years
- Recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years

2 Screen for Contraindications and Precautions

Contraindications

- Do not give Tdap or Td to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give Tdap to a person who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.

Precautions

- History of Guillain-Barré syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- History of an Arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Moderate or severe acute illness with or without fever
- For Tdap only: progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until the patient's treatment regimen has been established and the condition has stabilized

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

BIOLOGICAL SEX AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	⅝*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1*–1½"	Anterolateral thigh muscle

* Alternate needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin, as follows: a) a ⅝" needle for patients weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

5 Administer Td or Tdap Vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following criteria and schedule:

The routine schedule for Td or Tdap vaccination in adults with no history of receiving any diphtheria-, tetanus-, and/or pertussis-containing vaccine as children or adults, is to administer a 3-dose series at 0, 1, and 6–12 month intervals, including one dose of Tdap, preferably as the first dose, followed by a either Td or Tdap booster every 10 years.

HISTORY OF PREVIOUS DTP, DTaP, Td, or Tdap VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF Td and Tdap**
0 documented doses, or none known	Give Tdap as dose #1. Give dose #2 (Td or Tdap) at least 4 weeks later, and dose #3 (Td or Tdap) 6–12 months after dose #2.
1 previous dose (not Tdap)	Give Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td or Tdap) 6–12 months after dose #2.
1 previous dose (as Tdap)	Give Td or Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td or Tdap) 6–12 months after dose #2.
2 previous doses (none Tdap)	Give Tdap as dose #3 at least 6 months after dose #2.
2 previous doses (including 1 Tdap)	Give dose #3 (Td or Tdap) at least 6 months after dose #2.
3 or more previous doses (none Tdap)	Give Tdap as soon as possible. (You do not need to wait 10 years from previous dose.)
3 or more previous doses (including 1 dose of Tdap)	Give Td or Tdap booster every 10 years unless patient needs prophylaxis for wound management sooner or if patient is pregnant (see below).

**Either Td or Tdap may be given for catch-up and booster doses.

Tdap vaccination during pregnancy

Tdap should be administered during **each** pregnancy, preferably early during the window of 27 through 36 weeks' gestation, regardless of number of years since prior Td or Tdap vaccination (see "Standing Orders for Administering Tdap During Pregnancy" at www.immunize.org/catg.d/p3078b.pdf).

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6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccination with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report all Adverse Events to VAERS

Report all adverse events following the administration of tetanus-, diphtheria-, and pertussis-containing vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to http://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the Hart Medical Consulting (NAME OF PRACTICE OR CLINIC)
effective 1/1/2023 (DATE) until rescinded or until 12/31/2026 (DATE).
Medical Director BRUCE A PALCHUK (PRINT NAME) / [signature] (SIGNATURE) 15 Aug 2023 (DATE)

STANDING ORDERS FOR
Administering Tdap During Pregnancy

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all pregnant people who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for and vaccinate pregnant people who meet any of the criteria below.

Procedure

1 Assess pregnant people, including teens, for need of vaccination against tetanus, diphtheria, and pertussis based on any of the following criteria:

- Currently pregnant (preferably between 27 and 36 weeks gestation) and no documentation of receiving a dose of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) during current pregnancy
- Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids (Tdap/Td)

2 Screen for contraindications and precautions

Contraindications

- Do not give Tdap vaccine during pregnancy to any person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give Tdap during pregnancy to any person who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.

Precautions

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- History of an Arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Coma, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until the patient's treatment regimen has been established and the condition has stabilized

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS) available at www.immunize.org/vis. You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Less than 130 lbs	22–25	⅝"*–1"	Deltoid muscle of arm
130–152 lbs	22–25	1"	Deltoid muscle of arm
153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
200+ lbs	22–25	1½"	Deltoid muscle of arm
Any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90" angle to the skin as follows: a) a ⅝" needle for patients weighing less than 130

5 Administer Tdap Vaccine, 0.5 mL, IM, according to the table below:

HISTORY OF PREVIOUS DTP, DTaP, Td, or Tdap VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION Tdap (DURING CURRENT PREGNANCY) AND SUBSEQUENT Td or Tdap
0 documented doses, or none known	Give Tdap† as dose #1. Give dose #2 (Td or Tdap) at least 4 weeks later, and dose #3 (Td or Tdap) 6–12 months after dose #2.
1 previous dose (not Tdap)	Give Tdap† as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td or Tdap) 6–12 months after dose #2.
1 previous dose (as Tdap) given before current pregnancy	Give Tdap† as dose #2 and at least 4 weeks after dose #1. Give dose #3 (Td or Tdap) 6–12 months after dose #2.
2 previous doses (none Tdap)	Give Tdap† as dose #3.
2 previous doses (including 1 Tdap given before current pregnancy)	Give Tdap† as dose #3.
3 or more previous doses (none Tdap)	Give Tdap.†
3 or more previous doses (including 1 dose of Tdap given before current pregnancy)	Give Tdap.†

†Tdap should be administered early in the third trimester of each pregnancy, preferably in early part of gestational weeks 27–36.

6 Document Vaccination

Document each patient's vaccine administration information and any needed follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the IVS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccination with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

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7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Tdap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the Hart Medical Consulting (NAME OF PRACTICE OR CLINIC) effective 1/1/2023 (DATE) until rescinded or until 12/31/2026 (DATE).

Medical Director BRYCE A PLACHTICK (PRINT NAME) / [signature] (SIGNATURE) 15 Aug 2023 (DATE)