

Adult Pneumococcal and Influenza Vaccine Screening Assessment/Order Form

1. CHECK ALL APPROPRIATE ORDERS
2. DATE AND TIME ALL ORDERS

Pneumococcal Polysaccharide Vaccine

Inclusion Criteria

- ☐ Patients 65 years and older
- ☐ Patient with any one of the following chronic diseases
 - ☐ Chronic Heart Disease, Peripheral Vascular Disease, Cerebral Vascular Disease
 - ☐ Chronic Lung Disease (excluding asthma) or Pneumonia
 - ☐ Diabetes
 - ☐ Chronic Liver Disease
 - ☐ Chronic Kidney Disease
- ☐ Asplenic (anatomic or functional - sickle cell patients)
- ☐ Immunocompromised patients (HIV, leukemia, lymphoma, steroid use, etc)
- ☐ Admitted with a diagnosis of community-acquired pneumonia

Exclusion Criteria ☐ None

- ☐ Patient has already received the pneumococcal vaccine after the age of 65
- ☐ Patient vaccinated less than 5 years ago.
- ☐ Patient has received two pneumococcal vaccine doses
- ☐ Patient had a serious allergic reaction to pneumococcal vaccine in the past
- ☐ Patient refuses

Influenza Vaccine (October 1 – April 1 only)

Inclusion Criteria

- ☐ Patients 50 years and older
- ☐ Patients with any one of the following chronic diseases
 - ☐ Chronic Heart Disease, Peripheral Vascular Disease, Cerebral Vascular Disease
 - ☐ Chronic Lung Disease (including asthma) or Pneumonia
 - ☐ Diabetes
 - ☐ Chronic Kidney Disease
 - ☐ Neuromuscular condition where respiratory function can be compromised (e.g. cognitive dysfunction, spinal cord injury)
- ☐ Immunocompromised patients (HIV, leukemia, lymphoma, steroid use, etc)
- ☐ Nursing home patients
- ☐ Pregnant women in their 2nd/3rd trimester
- ☐ Health-care workers

Exclusion Criteria ☐ None

- ☐ Patient has already received the influenza vaccine this season
- ☐ Patient with serious egg allergy
- ☐ Patient with serious allergic reaction to prior influenza vaccination
- ☐ History of Guillain-Barre Syndrome
- ☐ Patient refuses

Screening and Assessment have been completed and the following vaccines indicated at this time for this patient.

Orders:

- ☐ Pneumococcal polysaccharide vaccine (Pneumovax ®) 0.5ml IM x 1
- ☐ Influenza vaccine 0.5ml IM x 1 (Oct. 1 – April 1 only)
- ☐ RN to provide VIS (Vaccine Information Statement) information to the patient prior to administration and document lot # of vaccine and expiration date on MAR.

Pharmacist signature: _____ Pager: _____ Date/Time: _____

Pharmacist (print name): _____

RN signature: _____ Date/Time: _____