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| IMMUNIZATION OF RESIDENTS -- PNEUMOMOCCAL VACCINE | | | | NO. | |
| Purpose:  To provide specific guidelines regarding the immunization of residents against pneumonia.  STATEMENT OF POLICY:  It is the policy of the facility to provide pneumococcal vaccination to our residents to aid in the prevention of pneumonia and complications that may occur. Residents will be assessed for any medical contraindication, informed consent will be obtained from the resident or responsible party and a physician’s order will be recorded in the medical record.  **Procedure:**   1. **Procedure for assessment of Resident immunization status and presence of contraindications**. 2. Upon admission to the facility, the facility will assess the resident for contraindications to the pneumococcal vaccine which are: 3. Previous vaccination’ 4. Pregnancy, lactation 5. Caution must be used with residents with Hodgkin’s disease, or who are on immunosuppressive therapy. 6. The above information may be obtained from the resident, responsible party, and/or attending physician. 7. **Procedure for obtaining an informed consent from the Resident/Responsible Party.** 8. The Director of Nursing/designee will review the contraindications for the pneumococcal vaccine with the resident/responsible party. 9. The resident/responsible party will then be required to sign the “Pneumococcal Immunization Informed Consent”. (see attachment # 1) 10. IF the resident/responsible party refuses the pneumococcal vaccination, this refusal will be noted on the consent form. 11. This consent will be signed yearly. 12. **Procedure for administering the Pneumococcal Vaccination.** 13. New residents must be assessed for pneumococcal vaccination status upon admission. 14. Residents without proof of previous pneumococcal vaccination should receive immunization, unless medically contraindicated. 15. The resident’s attending physician must provide a written order for the vaccination, and the order must be recorded in the resident’s medical record. 16. Documentation of the pneumococcal vaccination must be recorded in the medical record per facility policy. 17. Residents who are immunized for pneumococcal pneumonia will receive Prevnar 13, PPSV23, or both according to the following schedule.   ATTACHMENT:  Pneumococcal Immunization Informed Consent | | | | | |
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| IMMUNIZATION OF RESIDENTS -- PNEUMOMOCCAL VACCINE | | | | NO. | |
| PNEUMOCOCCAL VACCINE SCHEDULE  PNEUMOCOCCAL VACCINE - NAIVE ADULTS > OR = 65  Administer Prevnar 13 followed 6 to 12 months later by PPSV23  ADULTS PREVIOUSLY VACCINATED WITH PPSV23 AT AGE 65 OR OLDER  Administer Prevnar 13 at least 1 year after the most recent dose of PPSV23  ADULTS PREVIOUSLY VACCINATED WITH PPSV23 BEFORE AGE 65 WHO ARE NOW AGE 65 OR OLDER  Administer Prevnar 13 at least 1 year after the most recent dose of PPSV23 followed 6-12 months later by PPSV23 (no sooner than 5 years after the most recent dose of PPSV23)  ATTACHMENTS:  Pneumococcal Immunization Informed Consent  Indications for the Administration of PCV13 & PPSV23 | | | | | |
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