

# STANDING ORDERS FOR Administering *Haemophilus influenzae* Type B Vaccine to Adults

## Purpose

To reduce morbidity and mortality from *Haemophilus influenzae* type B disease by vaccinating all adults 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 adults who meet any of the criteria below.

## Procedure

### 1 Assess adults in need of vaccination against Hib disease based on the following criteria:

- Diagnosis of anatomic or functional asplenia (e.g., sickle cell disease) and no prior documented history of Hib vaccination
- Planning an elective splenectomy and no prior documented history of Hib vaccination
- Recipient of hematopoietic stem cell transplant

### 2 Screen for contraindications and precautions

#### Contraindication

Do not give Hib vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of Hib vaccine or to any of its components. For a list of vaccine components, refer to the manufacturers' package insert ([www.immunize.org/fda](http://www.immunize.org/fda)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

#### Precaution

Moderate or severe acute illness with or without fever

### 3 Provide Vaccine Information Statements

Provide all adult 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](http://www.immunize.org/vis). (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

### 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	5/8"*-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

\* Alternative 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 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight

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**5 Administer Hib vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:**

MEDICAL CONDITION	HIB VACCINE GUIDANCE
Elective splenectomy	If unvaccinated, give 1 dose at least 14 days before splenectomy
Functional or anatomic asplenia	If unvaccinated, give 1 dose.
Recipients of hematopoietic stem cell transplant	Administer 3 doses in at least 4 week intervals 6–12 months after transplant, regardless of Hib vaccine history.

**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); plan to 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 Adult Patients in a Community Setting,” go to [www.immunize.org/catg.d/p3082.pdf](http://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](http://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 Hib 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 _____		
		NAME OF PRACTICE OR CLINIC
effective _____	until rescinded or until _____	.
DATE	DATE	
Medical Director _____	/ _____	_____
PRINT NAME	SIGNATURE	DATE