Per New York State Department of Health Mandatory Immunization Program, Kaleida Policy CL.6, and standing physician order for all adult inpatients (over 18 years old) signed by Margaret Paroski, EVP CMP, administer vaccine(s) if patient meets criteria.

- All patients 6 to 64 years old with chronic health conditions and all patients age 65 or older admitted to Kaleida will be screened to determine eligibility for the pneumococcal immunization and all eligible patients will be offered the vaccine.

- All patients admitted to Kaleida age 6 months and older will be screened to determine eligibility for influenza immunization and all eligible patients will be offered the vaccine.

The immunization(s) will be held if the patient has a contraindication. Please select the appropriate contraindication(s) and sign below to have the immunizations held. Refer to the reverse side for indications and other criteria.

(✓) Check, circle and/or fill in as appropriate.

**IMMUNIZATIONS**

- **Pneumococcal Vaccine 0.5 mL intramuscular x 1 dose for prophylaxis**
  
  If contraindicated please (✓) check one of the acceptable contraindications below:
  
  - ☐ Allergy to pneumococcal vaccine
  - ☐ Received pneumococcal vaccine at age 6 to 64 years old—wait 5 years to revaccinate *(physician order states, must revaccinate if date unknown)*.
    
    Year of Vaccination: ____________
  
  - ☐ Received pneumococcal vaccine at age 65 or older *(physician order states, must revaccinate if date unknown)*.
    
    Year of Vaccination: ____________
  
  - ☐ Previous severe reaction to pneumococcal vaccine (urticaria, laryngeal edema, anaphylaxis)
  
  - ☐ Received bone marrow transplant within the last year
  
  - ☐ Received organ transplant during current hospitalization
  
  - ☐ Received chemotherapy or radiation therapy during current hospitalization or within the last 2 weeks
  
  - ☐ Received Shingles (Herpes Zoster) vaccine within the last 4 weeks, or 6 years old and received conjugate vaccine within the last 8 weeks
  
  - ☐ Pregnant
  
  - ☐ Patient refused vaccine

- **Influenza Vaccine 0.5 mL intramuscular x 1 dose for prophylaxis (September - March)**
  
  If contraindicated please (✓) check one of the acceptable contraindications below:
  
  - ☐ Allergy to influenza vaccine
  
  - ☐ Vaccinated this flu season *(physician order states, must revaccinate if date unknown)*.
    
    Month and Year of last immunization: ____________
  
  - ☐ History of allergic reaction to eggs, contact lens solution (Thimerosal—preservative in solution), or latex (anaphylactic reaction)
  
  - ☐ Previous severe reaction to influenza vaccine (urticaria, laryngeal edema, anaphylaxis)
  
  - ☐ Received bone marrow transplant in last 6 months
  
  - ☐ Contracted Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination
  
  - ☐ Received organ transplant during current hospitalization
  
  - ☐ Patient refused vaccine

☐ **TORB**

From: ____________

Date: ____________

Time: ____________

Signature: ____________

Orders noted by RN

Date: ____________

Time: ____________

Signature: ____________

☐ **Provider**

Date: ____________

Time: ____________

Print Name/Stamp: ____________

Signature: ____________

TORB = Telephone Orders Read Back

Place STAT barcode sticker within this box only on form copy being scanned
NEW YORK STATE DEPARTMENT OF HEALTH LAW SECTION 2805-8, CHAPTER 443:

- Every inpatient must be assessed for pneumococcal and influenza vaccine need
- Standing Physician Order for all inpatients, signed by Dr. Margaret Paroski, EVP CMO
- Appropriate vaccines must be administered
- Additional physician order is not required

<table>
<thead>
<tr>
<th>PNEUMOCOCCAL VACCINATION CRITERIA</th>
<th>INFLUENZA VACCINATION CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDICATIONS:</strong></td>
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</tr>
<tr>
<td>Age 65 or older</td>
<td>Age 6 months and older</td>
</tr>
<tr>
<td>Age 6 to 64 years old considered high risk with chronic conditions such as diabetes, chronic obstructive pulmonary disease, congestive heart failure, chronic renal failure, immunosupression, asplenia, human immunodeficiency virus</td>
<td>Hospitalized September through March</td>
</tr>
<tr>
<td>Age 19 to 64 with asthma</td>
<td></td>
</tr>
<tr>
<td>If previous vaccination unknown, and criteria met, revaccinate</td>
<td></td>
</tr>
<tr>
<td><strong>CONSENTS:</strong></td>
<td><strong>CONSENSES:</strong></td>
</tr>
<tr>
<td>Patient read Vaccine Information Statement (KH01159)</td>
<td>Patient read Vaccine Information Statement (KH01160)</td>
</tr>
<tr>
<td>Patient consented - patient/health care proxy signed Vaccine Information Statement. Form scanned to pharmacy for vaccine dispensing.</td>
<td>Patient consented - patient/health care proxy signed Vaccine Information Statement. Form scanned to pharmacy for vaccine dispensing.</td>
</tr>
<tr>
<td>Patient refused and reason stated</td>
<td>Patient refused and reason stated</td>
</tr>
<tr>
<td><strong>PEDIATRICS:</strong></td>
<td><strong>PEDIATRICS:</strong></td>
</tr>
<tr>
<td>Refer to the Pediatric Pneumococcal Vaccination Screening &amp; Orders (KH01183-PED1)</td>
<td>Refer to the Pediatric Influenza Vaccination Screening &amp; Orders (KH01183-PED2)</td>
</tr>
</tbody>
</table>