
Standing Orders for Administering Tdap/Td to Children 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.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet the criteria below.

Procedure

1. Identify children and teens age 7 years and older in need of vaccination against diphtheria, tetanus, and pertussis based on the following criteria:
 - a. lack of documentation of at least 4 doses of diphtheria, tetanus, and pertussis vaccine, with at least one of the doses given after age 4 years and with the most recent dose given a minimum of 4 calendar months after the preceding dose,
 - b. lack of documentation of at least 3 doses of diphtheria and tetanus vaccine (i.e., DT, Td),
 - c. lack of history of pertussis-containing vaccine given at age 10 years or older,
 - d. currently pregnant and no documentation of Tdap given during the current pregnancy, or
 - e. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
2. Screen all patients for contraindications and precautions to Td or Tdap:
 - a. Contraindications:
 - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf
 - For Tdap only, a history of encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause
 - b. Precautions:
 - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
 - history of an arthus-type hypersensitivity reaction following a previous dose of tetanus or diphtheria toxoid-containing vaccine; 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 a treatment regimen has been established and the condition has stabilized
3. 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). 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate.
5. Schedule vaccination as follows:
 - a. For children and teens age 7 years and older who meet the criteria described in 1 above, administer one dose at the earliest opportunity and then complete the remaining doses (as needed) by observing minimum intervals of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses. A dose of Tdap should be substituted for one of the doses of Td, preferably the first.
 - b. For children and teens age 11 through 18 years without a history of pertussis-containing vaccine given at age 7 years or older, administer Tdap routinely at age 11 through 12 years or as catch-up at 13 through 18 years; no minimum interval since previous Td needs to be observed.
 - c. For pregnant adolescents, administer Tdap during each pregnancy (preferably during 27 through 36 weeks’ gestation), regardless of number of years since prior Td or Tdap vaccination.
 - d. Administer further boosters as Td every 10 years.
6. Document each patient’s vaccine administration information and follow up in the following places:
 - a. **Medical chart:** 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. 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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

