
Standing Orders for Administering Kinrix Vaccine to Children

Purpose: To reduce morbidity and mortality from diphtheria, tetanus, pertussis, polio by vaccinating all children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

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

Procedure

1. Identify infants, children ages 4-6 years who need the fifth dose of DTaP and the fourth dose in the IPV series.
2. Screen all patients for contraindications and precautions to diphtheria, tetanus, pertussis or poliovirus vaccine (IPV):
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV-DTaP or to an IPV-DTaP vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/package-inserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - Encephalopathy within 7 days following a dose of any pertussis containing vaccine
 - b. **Precautions:**
 - moderate or severe acute illness with or without fever
 - collapse or shock like episode within 48 hours
 - persistent, inconsolable crying lasting 3 or more hours, occurring within 48 hours
 - Guillain-Barre syndrome that occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid
3. Provide all patients (or, in the case of a minor, 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. Provide routine vaccination with Kinrix at ages 4–6 years. Administer 0.5 mL intramuscularly in the deltoid muscle. Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass.
5. For children not received IPV-DTaP at the ages specified then use individual vaccines as Kinrix should only be used as the fourth dose in the IPV series and the fifth dose in the DTaP series.
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 given, 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 in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to Kinrix to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.