
Standing Orders for Administering Pediarix Vaccine to Children

Purpose: To reduce morbidity and mortality from diphtheria, tetanus, pertussis, hepatitis B, and polio 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 (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 ages 6 weeks to 7 years of age who have not completed DTaP, Tetanus, Pertussis, Polio, or Hepatitis B vaccination series.
2. Screen all patients for contraindications and precautions to components of Pediarix:
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of Pediarix or to a 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.
Progressive neurologic disorders
 - 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 occurs within 6 weeks of receipt of a prior vaccine containing tetanus toxoid
 - While the vial stopper is latex-free, the tip cap and rubber plunger of the needleless prefilled syringes contain dry natural latex. This may cause an allergic reaction in a child with a severe latex allergy.
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 Pediarix at ages 2 months, 4 months, 6 months if birth dose of Hepatitis B was given, or Pediarix may be given at 2 and 6 months with the 2nd doses of DTaP and IPV given at 4 months as single vaccines Administer 0.5 mL intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; 1 through 2 yrs: 1–1.3"; 3 yrs and older: 1–1.5".
5. For children who are 7 months of age or a child more than 1 month behind schedule follow catch up schedule for doses 1,2,3 of DTaP or Polio, and doses 1,2,3,4 (if birth dose given) of hepatitis b vaccine, or catch up protocols for DTaP /Td/Tdap, or IPV, or Hepatitis B for any remaining doses (i.e., doses 4 and 5).
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 Pediarix 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.