

STANDING ORDER

Annual influenza immunization for all high-risk persons and other individuals who wish to reduce the likelihood of becoming ill with influenza is recommended by the Centers for Disease Control and Prevention and the Minnesota Coalition for Adult Immunization. A standing order to immunize high-risk patients, or patients not at high risk but requesting influenza immunization, and who are hospitalized or receiving services is provided below.

To Be Completed by Nurse/Pharmacist

RISK CATEGORY:

Patient is "High Risk" due to:

- Age 50 or older
- History of heart disease, lung disease, diabetes, or other chronic medical condition

Patient is not "High Risk"

COMPLETE IF PATIENT AT "HIGH RISK" or not high-risk but requests influenza immunization:

Influenza Vaccine not indicated for this patient due to:

- Previous immunization this influenza season
- Serious allergies to eggs
- Previous severe reaction to influenza vaccine
- Acute febrile illness
- Refusal of vaccine by patient because he/she:
 - Believes not at risk for disease
 - Believes immunization doesn't work
 - Fear of adverse effects
 - Wants further advice (e.g. physician, family)
 - Would rather receive elsewhere
 - Other reason: _____

Not indicated for other reason (explain) _____

Influenza Vaccine Indicated. Give Influenza Vaccine Information Statement and Influenza Vaccine 0.5 ml.IM if 13 years or older. (If patient is 12 years or younger, contact attending MD for order and refer to Pediatric Dosing Guidelines.)

Information Collected by _____ Date _____

INFLUENZA IMMUNIZATION ORDERS