Completing the Pneumococcal/ Influenza Vaccine Assessment Form

An order for the Pneumococcal/ Influenza Vaccine Assessment automatically generates on admission to a non-ICU bed for patients 18 years of age and older. The process for patients admitted directly to an ICU is covered on page 8 of this document.

On admission, a task for the Pneumococcal/ Influenza Vaccine Assessment automatically displays on the Scheduled Patient Care Task List. This task is non-expiring and remains on the Task List until addressed. Completing the Pneumococcal/ Flu Vaccine Assessment form from the Task List will complete the task and the order.

Before beginning the assessment form, check the Immunizations tab in the Patient Information section for previous vaccinations. If previous vaccinations are recorded and documented accurately, this information can be used to answer questions on the form. If immunizations are given through MAR medication tasks, the immunization information will automatically populate the immunization tab.

No adult patient admitted to the hospital should ever be discharged without receiving the appropriate vaccination assessments and/or having the proper vaccination histories documented.
The nurse will receive a pop-up alert as a reminder to perform the assessment every time the patient’s chart is opened until the assessment is addressed. Several different alerts will appear depending on what has been completed in the assessment form. The general alert is shown below. This alert denotes an incomplete initial assessment.

To begin the Pneumococcal/Influenza Vaccine Assessment, open the form from the task on the Task List. It is important to access the form from the Task List. If the form is retrieved from the Ad Hoc Folder, it will not complete the task and the alert will continue to appear.

**General Vaccine Assessment Section**

The type and time frame of the assessment is defined from the two required questions in this section. If the time frame answer is “Yes,” the Influenza section automatically opens. If the time frame answer is “No,” the Influenza section is complete and requires no further documentation.

The Pneumonia section must be completed regardless of the answers in the General Vaccine Assessment section. Blue text provided next to many of the questions throughout the form helps clarify the process and guide the nurse in completing the assessments correctly.
Influenza Vaccine Assessment Section

If the Timeframe is October through March, the Influenza Vaccine Assessment section must be completed. The influenza vaccine is given yearly and may differ from year to year. Anyone 50 years of age or over is automatically a candidate for the influenza vaccination. Other factors must be considered for patients less than 50 years old in determining if the patient is a candidate for vaccination. A partial list of chronic conditions is provided in blue text. However, the list is not all inclusive and the nurse completing the form must exercise his/her clinical judgment in assessing the patient and completing the form. Any competent patient over 18 years of age who requests the vaccination may be vaccinated unless excluded by medical criteria.

Multiple factors may temporarily or permanently rule a patient out of being a vaccination candidate. The nurse must take the time to read the criteria carefully and answer the questions correctly. Two options address a patient who cannot be assessed due to medical condition. The difference between the two is whether or not an historian is available to provide information regarding vaccinations. If an historian is available, choose that option and record the historian’s personal information.

If the patient is unable to give consent, then a family member/guardian should be contacted to obtain consent if possible.
The patient (if able) or historian must sign a Vaccine Information Statement Form (VIS) as required by the Centers for Disease Control and Prevention (CDC). The VIS is not consent for the vaccine. It is acknowledgement that educational materials have been given to the patient/family. Signing the VIS is a CDC requirement and must be signed even if the patient or family is declining vaccination. The Vaccine Information Statement is available on Forms on Demand.

Document whether consent was given by the patient or historian. Consent is a verbal agreement to receive the vaccination. If the historian chooses to wait until a time when the patient may be able to provide consent, choose “Family member/guardian declines vaccine.” This completes the form. Later, if the patient is able to consent or the family/historian consents to give the vaccine, complete a new Pneumococcal/Influenza Vaccine Assessment form from the Ad Hoc folder.

If the patient or historian has declined the vaccine, please contact the unit based pharmacist. The pharmacists have requested the opportunity to do further education with patients/family members or historians who decline vaccination.

If a patient cannot be assessed due to medical condition and no historian is available, choose that option in the previous question and then choose the “Reassessment” option in the question below. Choosing “Reassessment,” requires the patient to be reassessed within the next 12 hours for the ability to consent or an historian present. This should only be done once.

A Reassessment Alert will appear when the reassessment option has been selected. A reassessment task also appears in the Task List.
If the Reassessment option was previously chosen, 12 hours have passed with no historian available, the patient cannot give consent, and there is no documentation of a previous vaccination, choose the “No documentation” option and give the vaccine. It is not detrimental to give a patient the vaccination if a dose has previously been received.

The Reassessment alerts will have different wording in them depending on the assessment information which caused the alert to occur. This information may assist you in the decision making process when reassessing the patient.

Pneumonia Vaccine Assessment Section

The content in the Pneumonia Vaccine Assessment section is different than the content of the Influenza Vaccination section, although the approach to completing the sections is similar. Unlike the Influenza Vaccine section which has an October through March timeframe, the Pneumonia Vaccine section is completed regardless of the time of year.

The Pneumonia vaccine is only given every 5 years for adult patients. The first question is a required question related to previous vaccinations. Subsequent required questions will open based on selected answers. If a patient has received the pneumonia vaccine in the last 5 years, ensure the vaccine information is documented on the Immunizations tab of the Patient Information section. If the immunization tab does not contain the historical information, enter the vaccine information before completing the assessment. If a patient is unsure if or when they received the vaccine, select “Unknown” and continue the assessment.

The second question is the first of two questions that help determine a patient’s eligibility to receive the pneumonia vaccination. All patients over 65 years of age, all smokers, and all asthmatics are automatically vaccination candidates. Patients with specific disease processes/conditions are also candidates. Remember to read the criteria carefully.
The third question concerns patients who may be candidates but have a temporary or permanent condition that is contraindicated for vaccination. Patients with an elevated temperature, certain transplant patients, patients in an ICU, and patients receiving high-dose chemotherapy are all contraindicated. Other contraindications are also listed. This question should be read and completed carefully. Specific responses are related to whether an historian is or is not available. An area is provided to record specific family member/historian information if they are assisting in completing this form.

The last two areas function exactly as in the Influenza Vaccine Assessment section previously outlined. VIS information and declining or consenting to a vaccination are recorded in these questions. Signing the VIS is a CDC requirement and must be signed even if the patient or family is declining vaccination.

If the patient or historian has declined the vaccine, please contact the unit-based pharmacist. The pharmacists have requested the opportunity to do further education with patients/family members or historians who decline vaccination.

The Pneumonia Reassessment option functions the same as the Influenza Reassessment option and should only be utilized once. If 12 hours have passed with no historian available, the patient cannot give consent, and there is no documentation of a previous vaccination, choose the “No documentation” option and give the vaccine. It is not detrimental to give a patient the vaccination if a dose has previously been received.
Administration of the Vaccinations

Once the assessments have been completed, if the patient is to receive one or both vaccinations, a reminder will appear every time the nurse opens the patient’s chart. After the immunizations have been given and the MAR task completed, the pop-up vaccine alerts will disappear.

When indicated, the vaccination(s) will appear on the MAR for administration. The pharmacy will verify and send the medication(s) for the patient. The vaccinations should be given and documented on the MAR just as any other medication.

Once the vaccinations are given and documented on the MAR, the immunization information will automatically populate the chart. However, there may be a slight time delay before the information appears under the Immunizations tab of Patient Information.
Patients Admitted Directly to ICUs

If a patient is admitted to an ICU, the Pneumococcal/Influenza Vaccine Assessment order is not included in the admission rule, and will not appear. The Assessment Rule will fire upon transfer and the receiving nurse will then begin getting the alerts. If the patient is to discharge directly from the ICU without ever going to the floor (i.e. Long-term care or Hospice), the ICU nurse should obtain the Pneumococcal/Influenza Assessment form from the Ad Hoc folder and complete the assessment form before discharge. No patient admitted to the hospital should ever be discharged without receiving both vaccination assessments and/or having the proper vaccination histories documented.

The vaccination assessment rule will only fire once per admission. The rule determines if the assessment has ever been ordered for the current admission and will not repeat itself. For example, if a patient is admitted to Med/Surg unit, is transferred to an ICU, and then transfers back to a Med/Surg unit, he/she will have received the assessments, re-assessments, etc on the first admission to the Med/Surg unit. They will not receive an additional assessment, etc. when they transfer back out of ICU.