

STANDING ORDERS
Immunization Protocol
Authority to Immunize
Authority to initiate Immunization

**STANDING PRESCRIPTION ORDER TO ADMINISTER IMMUNIZATIONS
AND WORKING AGREEMENT WITH THE MEDICINE SHOPPE PHARMACY**

_____ Texas Pharmacist License Number _____, her relief pharmacists and pharmacist student interns who have undergone immunization training, acting as delegated agents for Dr. _____, according to and in compliance with the State Pharmacy Practice Act, may administer the vaccinations listed below on the premises of the pharmacy or in the community and for a fee.

To protect people from preventable infectious diseases that cause needless death and disease, this pharmacist may administer the following immunizations to eligible infants, children, adolescents, and adult patients, according to the indications and contraindications recommended in the current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control & Prevention (CDC) and other competent authorities:

- Influenza vaccine (IM, Nasal)
- Pneumococcal vaccine
- Tetanus-diphtheria toxoids (adult Td)
- Tdap
- Human Papillomavirus
- Herpes Zoster Vaccine
- Varicella
- Meningococcal

Other vaccines may be added to or deleted from this list by written supplementary instruction from the undersigned.

In the course of treating adverse events following immunization, this pharmacist is authorized to administer epinephrine (at a dose of approximately 0.01mg/kg body weight; maximum of 0.5mg per dose) and diphenhydramine (at a dose of approximately 1mg/kg; maximum of 50 or 100mg per dose) by appropriate routes pending arrival of emergency medical services. The pharmacist will maintain current certification in cardiopulmonary resuscitation.

In the case of a person feeling faint or dizzy, patient care will include resting for 15 minutes (sit or lie down), give juice or tang, and monitor.

In the course of immunizing, this pharmacist must maintain a record of all immunizations administered. Immunization records will be maintained under the guidelines set in the Rules of the Texas Board of Pharmacy. Before immunization, all vaccine candidates will be questioned regarding previous adverse events after immunization, food or drug allergies, current health, immunosuppression, recent receipt of blood or antibody products, pregnancy, date of last menses, and underlying diseases. Any teenager not knowing their last date of menses will be required to take a pregnancy test before any vaccines are administered. All vaccine candidates will be informed of the specific benefits and risks of the vaccine offered. All vaccines will be observed for a suitable period of time after immunization for adverse events. A Vaccine Information Sheet will be provided for all vaccines provided for the Department of Health.

All vaccines will be given a written shot record and notification of immunization will be sent to their primary care physician if this service is requested.

The pharmacist will endeavor not to disrupt existing patient-physician relationships. The pharmacist will refer patients needing medical consultation to a physician. The pharmacist will make special efforts to identify susceptible people who have not been previously offered immunizations.

As the authorizing agent, I will review, at my discretion, the activities and record keeping of the pharmacist administering vaccines under this protocol.

The authorization shall be valid until two years from the date indicated, unless revoked in writing sooner or unless extended in writing.

SIGNATURE OF PHYSICIAN AUTHORIZING STANDING ORDER:

Physician Name _____ Date _____

Physician Signature _____

Address _____

City _____ State _____ Zip _____

Medical license # _____ DEA# _____

Date

Physician Signature

_____ Initials:

Note: In the case of a power outage at the pharmacy, Dr. _____

allows for storage of the vaccine supply at his location presuming that the power is working appropriately.