

STANDING DELEGATION ORDERS

Standing delegation orders are defined as written instructions, orders, rules, regulations, or procedures prepared by a *physician* and designed for a client population with specific diseases, disorders, health problems, or sets of symptoms. These orders are drafted by the local or state public health department in accordance with the most current Center for Disease Control and Prevention (CDC) immunization guidelines. Training for personnel authorized to perform the orders will be provided by the designated representative of the local/state public health department OR by the Clinic manager prior to the start of the vaccination or dispensing clinic.

The training will consist of:

- Indications
- Contraindications and precautions
- Vaccine/Antibiotic dosing and administration
- Side effects
- Talking points with patients
- Emergency procedures

A sample of a Standard Delegation Order has been provided for your review.

In a disease outbreak where Standard Delegation Orders are issued, the orders will be provided by the local/state health department *prior* to the opening of the POD.

Sample Standing Delegation Orders

Sample Standing Delegation Orders for Administering Influenza Vaccine For Pandemic Influenza

[INSERT NAME OF PUBLIC HEALTH ORGANIZATION]

STANDING DELEGATION ORDERS FOR ADMINISTERING THE INFLUENZA VACCINE DURING MASS VACCINATION CLINICS FOR PANDEMIC INFLUENZA

These standing delegation orders are provided for guidance to registered nurses, vocational nurses, and other licensed personnel providing influenza immunization under the medical supervision of the [insert regional director or local health authority] during a public health emergency. All staff authorized to use these orders will sign the cover sheet before administering the influenza immunization. It is the intent of all parties involved that the procedures done through them be in conformity with the Texas Medical Practice Act and the Texas Nurse Practice Act and the rules promulgated under them.

Standing delegation orders are defined as written instructions, orders, rules, regulations, or procedures prepared by a physician and designed for a patient population with specific diseases, disorders, health problems or sets of symptoms. These orders are drafted by [insert regional public health staff or local public health staff] in accordance with the most current Center for Disease Control and Prevention (CDC) and TDH Immunization guidelines. Training for personnel authorized to perform the orders will be provided by the [insert name or position of individual to provide training] prior to the start of the vaccination clinic and will consist of:

- Indications
- Contraindications and precautions
- Vaccine dosing and administration
- Side effects
- Talking points with patients
- Emergency procedures

Signed:

_____ Date: _____

Signature block of Regional Director or local health authority

Sample Standing Delegation Orders for Administering Influenza Vaccine For Pandemic Influenza**Subject: Administration of Influenza Immunization to Adults, Adolescents and Children During Pandemic Influenza**

Standing Delegation Order: Registered and vocational nurses and other licensed professionals able to provide vaccinations under their licensing boards will administer the influenza immunization using the procedures outlined in this document and the most up-to-date recommendations developed by the Advisory Committee on Immunization Practices. These documents are published by the CDC and may be accessed through the CDC Web site: www.cdc.gov. A copy of the vaccine package insert will be provided as an adjunct to this SDO.

Procedures:

- 1.0 All personnel administering the influenza vaccine must be familiar with the following documents:
 - 1.1 Influenza Vaccine Information Statement published by CDC and provided by vaccination clinic
 - 1.2 All written TDH policies and /or procedures related to administration of vaccines. These policies include but may not be limited to:
 - 1.2.1 Obtaining informed consent for vaccines
 - 1.2.2 Obtaining consent for immunization registry
 - 1.2.3 Recording immunizations given
 - 1.2.4 Reporting adverse reactions
 - 1.2.5 Record retention
 - 1.3 Standing delegation orders for emergencies signed by the authorizing physician.
- 2.0 Personnel administering the influenza vaccine must also be familiar with the package insert that accompanies the influenza vaccine.
- 3.0 The following requirements must be met before any immunizations are given:
 - 3.1 The authorizing physician or a designated alternate will be accessible to vaccine administering personnel at least by telephone during implementation of the delegated medical functions.
 - 3.2 A 911 Emergency Response team with physician support at the site the patient is transported to must be available during times immunizations are given. The name and phone number of the emergency backup must be posted where all clinic personnel can see it, and by each telephone in the clinic.
 - 3.3 There must be two staff on-site who hold a current course completion card for Basic Cardiac Life Support for Health Care Providers (adult, child, and infant), or equivalent.

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- 3.4 No immunizations may be given unless all designated emergency supplies are on hand and available for immediate use.

- 4.0 The following **Special Considerations/Precautions** must be followed:
 - 4.1 Inactivated influenza vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine without first consulting a physician.
 - 4.2 Persons with acute febrile illness usually should not be vaccinated until their symptoms have abated. However, minor illnesses with or without fever do not contraindicate the use of influenza vaccine, particularly among children with mild upper respiratory tract infection or allergic rhinitis.
 - 4.3 Because of the increased risk for influenza-related complications, women who will be beyond the first trimester of pregnancy (>14 weeks gestation) during the influenza season should be vaccinated. Certain providers prefer to administer influenza vaccine during the second trimester to avoid a coincidental association with spontaneous abortion, which is common in the first trimester, and because exposures to vaccines traditionally have been avoided during the first trimester. Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the influenza season, regardless of the stage of pregnancy. A study of influenza vaccination of >2,000 pregnant women demonstrated no adverse fetal effects associated with influenza vaccine. However, additional data are needed to confirm the safety of vaccination during pregnancy.

- 5.0 The following procedures must be followed:
 - 5.1 The decision to give or not give immunizations **MUST** be made by the nurse or physician. Support staff will not decide if a medical condition, such as a cold, warrants not giving the shot. They may “screen” the patients, using approved questions, and record or report to the nurse any abnormal findings.
 - 5.2 Immunizations will be given by route and site specified by manufacturer.
 - 5.3 All immunizations given will be recorded using TDH policies and records.

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EMERGENCY PROCEDURES**ANAPHYLACTIC REACTION**

1.0 Recognition of:

- 1.1 Sudden onset of itching, redness, with or without hives, within several minutes after injecting a vaccine. The symptoms may be localized or generalized.
- 1.2 Angioedema (swelling of the lips, face, throat).
- 1.3 Bronchospasm, shock.

2.0 Emergency treatment:

- 2.1 If itching and swelling are confined to the extremity where the immunization was given, observe patient closely for 30 minutes, watching for generalized symptoms. If none occur, go to 2.7.
- 2.2 If symptoms are generalized, activate the emergency response system (911 EMS) and call the covering physician for orders. This should be done by another person, while the nurse/paramedic treats and observes the patient.
- 2.3 Administer epinephrine according to dose in Table 1, subcutaneously or intramuscularly. Site of administration can be anterior thigh or deltoid muscle.
- 2.4 Administer diphenhydramine by IM injection according to the dose in the Table 2. Do not administer oral diphenhydramine or anything else by mouth if the patient is not fully alert or if the patient has respiratory distress.
- 2.5 Monitor the patient until EMS arrives. Perform CPR and maintain airway if necessary.
 - 2.5.1 Keep the patient in supine position unless there are breathing difficulties. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness.
 - 2.5.2 Apply an elastic tourniquet above the immunization injection site (if possible).
 - 2.5.3 Monitor vital signs frequently.
- 2.6 If EMS has not arrived and symptoms are still present, repeat the dose of epinephrine every 15 minutes.

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- 2.7 Patient must be referred for medical evaluation, even if symptoms resolve completely. Symptoms may recur after epinephrine and diphenhydramine wear off, as much as 24 hours later.

DOSAGE TABLE

Epinephrine (Adrenalin) 1:1000 aqueous solution 1 mg/cc SC. Use tuberculin syringe.	
Pediatric .01 cc/kg	Subcutaneous Injection (SC)
0 thru 2 years	20 lbs. 0.1cc
3 thru 5 years	40 lbs. 0.2cc
6 thru 9 years	60 lbs. 0.25cc or 4 minims
10 thru 12 years	80 lbs. 0.3cc
12 thru Adult	Over 80 lbs. 0.3cc Max. 0.5cc

NOTE: Most accurate dosage is based on weight, at 0.01mL/kg body weight, with a maximum dose of 0.5cc. Injections should be SQ or IM.

Benadryl (Diphenhydramine) 50 mg/cc IM. Use tuberculin syringe up to 5 years.	
Pediatric 1 mg/kg.	Intramuscular Injection (IM)
0 thru 2 years	20 lbs. 0.2cc
3 thru 5 years	40 lbs. 0.35cc or 6 minims
6 thru 9 years	60 lbs. 0.5cc
10 thru 12 years	80 lbs. 0.7cc
12 thru Adult	Over 80 lbs. 1.0cc Max 50 mg.

NOTE: Dose is to be administered IM.

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FAINTING

1.0 Recognition of:

Fainting is brief, self-limiting episode of unconsciousness caused by dilation of blood vessels and consequent momentary lack of circulation to the brain. This type of vasodilation is often brought on by fear or anxiety. Standing increases the risk of loss of consciousness.

2.0 Emergency Treatment:

2.1 To prevent fainting-

2.1.1 Patients receiving immunizations should be seated or lying down.

2.1.2 Seated persons who feel dizzy should lie down or bend over with their head between their knees.

2.2 Any patient who falls should be assessed for injury. Patients without suspected neck injury should be kept supine with their feet slightly elevated.

2.3 Give nothing by mouth to any unconscious patient.

2.4 As dizziness subsides or as consciousness is regained, monitor the patient's vital signs and allow them to stand or walk only with support.

2.5 Observe the patients in the clinic for 30 minutes.

2.6 Activate the emergency response system (911 EMS) as needed.

SEIZURES

1.0 Recognition of:

1.1 Almost all seizures subside spontaneously. The primary goal in managing seizure patients is to prevent the patient from injuring themselves.

1.2 Seizures are characterized by loss of consciousness and rigidity and uncontrolled flexion and extension movements.

2.0 Emergency Treatment:

2.1 If possible, protect the patient from falling. Move furniture away from the patient so they will not be injured on it during the seizure.

2.2 Activate the emergency response system (911 EMS)

2.3 Do Not restrain the patient. Do Not place anything in the patient's mouth. Do Not give the patient anything by mouth until they have completely regained consciousness and are fully alert.

