STANDING ORDERS FOR
Administering Inactivated Poliovirus Vaccine to Infants and Children

Purpose

To reduce morbidity and mortality from poliomyelitis by vaccinating all infants and children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess Children in Need of Vaccination against poliomyelitis based on the following criteria:

- Age 2 months through 17 years who have not completed an inactivated poliomyelitis vaccine (IPV) series
- IPV is not routinely recommended for U.S. residents age 18 years or older

2 Screen for contraindications and precautions

Contraindications

- Do not give IPV to an infant or child who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever
- Pregnancy

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

IPV may be administered either intramuscularly or subcutaneously.

If vaccine is to be administered by the **intramuscular route**, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF INFANT/CHILD	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Younger than 12 months	22–25	1"	Anterolateral thigh muscle
12 through 35 months	22–25	1–1¼"	Anterolateral thigh muscle*
		⅝**–1"	Deltoid muscle of arm
3 through 10 years	22–25	⅝**–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
11 through 17 years	22–25	⅝**–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

* Preferred site.

** A ⅝" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

CONTINUED ON THE NEXT PAGE ▶

If vaccine is to be administered by the **subcutaneous route**, use the needle gauge, needle length, and injection site according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	⅝"	Fatty tissue over triceps or fatty tissue over anterolateral thigh muscle

5 Administer IPV vaccine, 0.5 mL, via the intramuscular (IM) route or subcutaneous (Subcut) route, according to the following tables:

Schedule for routine vaccination

VACCINE AND DOSE NUMBER	RECOMMENDED AGE FOR THIS DOSE	MINIMUM AGE FOR THIS DOSE	RECOMMENDED INTERVAL TO NEXT DOSE	MINIMUM INTERVAL TO NEXT DOSE[1]
IPV #1	2 months	6 weeks	8 weeks	4 weeks
IPV #2	4 months	10 weeks	8 weeks–14 months	4 weeks
IPV #3	6–18 months	14 weeks	6–12 months	6 months
IPV #4[2,3]	4–6 years	4 years		

NOTE: For individuals who failed to complete the schedule as stated above, do not start over. Simply follow the schedule in section #5.

Schedule for catch-up vaccination

NUMBER OF PRIOR DOCUMENTED DOSES	MINIMUM INTERVAL[1] BETWEEN DOSES OF IPV STARTING FROM THE MOST RECENT DOSE GIVEN		
	DOSE 1 TO DOSE 2	DOSE 2 TO DOSE 3	DOSE 3 TO DOSE 4[2,3]
Unknown	4 weeks	4 weeks	6 months
0	4 weeks	4 weeks	6 months
1	4 weeks	4 weeks	6 months
2		4 weeks	6 months
3			6 months

NOTES

1 In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.

2 If a child received 4 or more doses before their 4th birthday (e.g., in a combination vaccine), an additional dose is still necessary after the 4th birthday and at least 6 months after the previous dose.

3 If a child or teen has received a 3rd dose at age 4 years or older, a 4th dose is not necessary as long as there is a 6-month interval between doses 2 and 3.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); plan to discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

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7 Be Prepared to Manage Medical Emergencies

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. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of IPV to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://www.vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE) .

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)