

VACCINE PROTOCOL

Standing Prescription Order to Administer Immunizations and Emergency Medications

The following pharmacist(s), according to and in compliance with Article 58-17a-102 (43)(b) and Article 58-17a-502 (9) of the Utah State Pharmacy Practice Act, may administer the medications listed below and for a fee.

Each below-mentioned pharmacist has completed training as prescribed in article R156-17a-620 of the Pharmacy Practice Act Rules.

To protect people from preventable infectious diseases, each pharmacist may administer the following immunizations to eligible adolescents (13-17) and adult patients, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and other competent authorities.

Influenza Vaccine	Hepatitis A Vaccine	Tetanus-Diphtheria Toxoids (Adult, Td)
Pneumococcal Vaccine	Varicella Vaccine	
Hepatitis B Vaccine	Measles-Mumps-Rubella	

Striking through the name of any of the above Vaccines will indicate deletion from this protocol. Additions must be submitted in writing to the Utah Division of Occupational and Professional Licensing (DOPL) for their approval.

The pharmacy shall post in a prominent place an emergency plan to be implemented in case of an adverse event. Such plan shall include the phone number of the local EMS, phone number of the undersigned licensed practitioner, and the role of the pharmacist and other participants. In the course of treating adverse events following immunization, the 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 dose of 50-100mg per dose) by appropriate routes pending availability of emergency medical services. The pharmacist may provide cardiopulmonary resuscitation as needed. For adverse events the pharmacist shall complete and submit the Vaccine Adverse Event Reporting System (VAERS) form to the CDC, the undersigned licensed practitioner, and the patient's primary care practitioner, if known.

In the course of immunizing, the pharmacist must maintain perpetual records of all immunizations administered including patient name; primary care practitioner (if known); vaccination date; name, address, title of pharmacist administering; name of vaccine; manufacturer; lot number. Before immunization, all vaccine candidates will be questioned regarding previous adverse events after immunization, food or drug allergies, current health conditions, immunosuppression, recent receipt of blood or antibody products, pregnancy, and underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine(s) offered.

As the authorizing licensed practitioner, I will periodically review (not less than annually) the activities of the pharmacist(s) administering vaccines under this protocol and deem authorization valid one year from the date indicated below, unless otherwise revoked or extended in writing

Pharmacist: _____	License Number _____
Pharmacist: _____	License Number _____
Pharmacist: _____	License Number _____
Pharmacist: _____	License Number _____

Licensed Practitioner Name: _____

Licensed Practitioner Signature: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Practitioner License # _____ **State:** _____