

COMMITTEE ON INTEDISCIPLINARY PRACTICE
STANDARDIZED PROCEDURE - REGISTERED NURSE

TITLE: Influenza Vaccination Screening and Administration

1. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Registered Nurses, Pharmacists, Physician Assistants, Physicians and administrators and other affiliated staff and must conform to the Nurse Practice Act, Business and Professions Code Section 2725.
- B. A copy of the signed procedures will be kept in an operational manual located in the Nurse Manager Office of each unit covered by this protocol and on file in the Medical Staff Office.

2. Functions to be performed

The Registered Nurse based upon the nursing process determines the need for a standardized procedure. The RN provides health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the RN to seek physician consultation.

3. Circumstances under Which RN May Perform Function

- A. Setting
The Registered Nurse may perform the following standardized procedure functions in the ZSFG 4A Skilled Nursing Facility, Units H22/25, H24/26, H32/38, H34/36, H42/44, H48, H52, H54/56, H58, H62/64, H66/68, H76/78, PACU, 7B, 7C, 7L and Psychiatric Emergency Service consistent with their experience and training.
- B. Scope of Supervision Required:
 - 1. The RN is responsible and accountable to the Nurse Manager of the unit and to the Medical Provider for the patient's primary team.
 - 2. Overlapping functions are to be performed in areas which allow for a consulting physician to be available, at all times, to the RN, by phone or in person, including but not limited to the clinical area.

3. Physician consultation is to be specified in the protocols and under the following circumstances:
 - Questions regarding interpretation of a contraindication
 - Patient questions unable to be addressed by nursing expertise
4. List of Protocols that will be used in the practice area
 - Protocol #1 Influenza Vaccination Screening and Administration
5. Requirements for the Registered Nurse
 - A. Experience and Education
 1. Active California Registered Nurse license.
 2. Current Basic Life Support certification from an approved American Heart Association provider.
 - B. Special Training
 1. None
 - C. Evaluation of the Registered Nurse competence in performance of standardized procedures.
 1. Initial:

At the conclusion of the standardized procedure training the Nurse Manager or designee will assess the RN's ability to perform the procedure:

 - a. Clinical Practice
 - Length of proctoring period will be consistent with the RNs orientation period in their specific unit
 - A minimum of 1 observation will be conducted
 - Evaluator will be the RN preceptor, Charge RN or Nurse Manager
 2. Annual:

Nurse Manager or designee will evaluate the RN's competence through an annual performance appraisal and skills competency review along with feedback from colleagues, physicians, direct observation or chart review may be used. The standardized procedures will be a required Unit Based Competency for annual review.
 3. Follow-up:

Areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Nurse Manager, or designee at appropriate intervals until acceptable skill level is achieved. This may include chart reviews.
6. Development and Approval of Standardized Procedures

- A. Method of Development
Standardized procedures are developed collaboratively by the registered nurses, nurse managers, physicians and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. Approval
All standardized procedures must be approved by the Committee on Interdisciplinary Practice, Credentials Committee, Medical Executive Committee and the Joint Conference Committee prior to use.
- C. Review Schedule
The standardized procedure will be reviewed every three years or as practice changes, by the registered nurses, nurse managers and medical directors.
- D. Revisions
All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.

Protocol #1

TITLE: Influenza Vaccination Screening and Administration

A. DEFINITION

During the annual flu season, the RN completes influenza screening, provides education and administers the vaccine.

1. Location to be performed: ZSFG 4A Skilled Nursing Facility, Units H22/25, H24/26, H32/38, H34/36, H42/44, H48, H52, H54/56, H58, H62/64, H66/68, H76/78, PACU, 7B, 7C, 7L and Psychiatric Emergency Service
2. Performance of procedure:
 - a. Adult Indications: Annually during Flu season any patient older than 6 months of age seen at ZSFG will be offered the inactivated influenza vaccine unless there are documented contraindication(s) and/or a documented immunization for that year.
 - b. Pediatric patient Indications (≥ 6 months old and < 9 years old) initial vaccination requires two doses at least four weeks apart.
 - c. Adult Contraindications (≥ 18 years old)
 - Previous administration of Influenza vaccine during existing Flu season
 - Previous adverse reaction to vaccination or component
 - Fever ≥ 38 degrees Celsius in the last 48 hours
 - History of Guillain Barre Syndrome
 - c. Pediatric Contraindications (≥ 9 years old and < 18 years old)
 - Previous administration of Influenza vaccine during current Flu season
 - Previous adverse reaction to vaccination or component
 - History of Guillain Barre Syndrome
 - d. Pediatric Contraindications (≥ 6 months old and < 9 years old)
 - Previous adverse reaction to vaccination or component
 - History of Guillain Barre Syndrome
 - Previous administration of Influenza vaccine during current Flu season for patients that have already been vaccinated with 2 doses during a prior season

- Less than 4 weeks since first influenza vaccination in patients who have not been vaccinated with a series of 2 doses during a prior season

B. DATA BASE

1. Subjective Data (Adult ≥ 18 years)

- a. Patient/decision maker declaration of previous administration of Influenza vaccine during existing Flu season.
- b. Patient/decision maker declaration of prior reaction to vaccination or component.
- c. Patient/decision maker declaration of history of Guillain Barre Syndrome

Subjective Data (Pediatric patients ≥ 9 years old and < 18 years old)

- a. Patient/decision maker declaration of previous administration of Influenza vaccine during existing Flu season
- b. Patient/decision maker declaration of prior reaction to vaccination or component
- c. Patient/decision maker declaration of history of Guillain Barre Syndrome

Subjective Data (Pediatric patients ≥ 6 months old and < 9 years old)

- a. Patient/decision maker declaration of prior reaction to vaccination or component
- b. Patient/decision maker declaration of history of Guillain Barre Syndrome
- c. Patient/decision maker declaration of prior administration during existing Flu season for a patient that was already vaccinated with a series of 2 doses 4 weeks apart during a prior season
- d. Patient/decision maker declaration of less than 4 weeks since first influenza vaccination in a patient who has not been vaccinated with a series of 2 doses during a prior season

2. Objective Data (Adult ≥ 18 years)

- a. Fever ≥ 38 degrees Celsius in the last 48 hours
- b. Documentation in the medical record of a prior administration of the Influenza vaccine during existing Flu season, prior reaction the vaccination or component, or history of Guillain Barre Syndrome

Objective Data (Pediatrics ≥ 9 years old and < 18 years old)

- a. Documentation in the medical record of a prior administration of the Influenza vaccine during existing Flu season, prior reaction the vaccination or component, or history of Guillain Barre Syndrome

Objective Data (≥ 6 months old and < 9 years old)

- a. Documentation in the medical record of a prior reaction to the vaccination or component or history of Guillain Barre Syndrome
- b. Documentation of prior administration during existing Flu season for a patient that was already vaccinated with a series of 2 doses 4 weeks apart during a prior season
- c. Documentation of less than 4 weeks since first influenza vaccination in a patient who has not been vaccinated with a series of 2 doses during a prior season

C. Determination of Administration

Screening of patient considering subjective and objective data to determine administration qualifications

D. PLAN

1. Screen Patient for Influenza Vaccination on admission to hospital during declared Flu season
 - a. Review chart for documented objective contraindications
 - b. If no temperature taken within 48 hours, take the patient's temperature
 - c. Talk to patient/decision maker for subjective contraindications
 - d. For patients that qualify, offer vaccination and document accepts or declines vaccination in the screen.
 - e. For patients that are not responsive, unable to engage, the screen may occur later during admission
 - f. When a patient qualifies for a vaccination with pending or active transfusion orders (Blood, Platelets, of FFP), delay administration of vaccine to avoid confusion with a possible transfusion reaction.
2. Patient conditions requiring Physician Consultation
 - a. Questions regarding interpretation of a contraindication
 - b. Patient questions unable to be addressed by nursing expertise
3. Education

Commented [JK1]: T. King commented taking a temperature of everyone given the vaccine (like inpatients and clinic patients.) If they also give the vaccine to drop-in patients that don't get a temperature taken, they may want to change it.

Commented [JK2R1]: Authors note all those vaccinated for this SP require a temp check. This SP applies only to inpatient locations at ZSFG which wouldn't have drop ins

Prior to vaccination, patients/decision maker will be provided education via Vaccine Information Sheets (VIS).

4. Administration of Vaccination
 - a. RN to enter age appropriate order for Influenza Vaccination using the mode “per protocol no co-sign required” for patients that qualify and accept vaccination and do not require further physician consultation.
 - i. Inactivated Influenza vaccine (IIV) is given IM for infants starting at 6 months of age (minimum age) through adulthood. There is no upper age limit. IIV is the preferred inpatient formulation for influenza vaccination.
 - b. Timing of administration will occur prior to discharge.
 - c. RNs are not authorized to place orders for Live Attenuated Influenza Vaccine.
5. Follow-up
As appropriate for procedure performed.

Commented [JK3]: Addition here per CIDP meeting discussion

E. RECORD KEEPING

Vaccination lot number, expiration date, and location of injection will be documented in the medical record

F. Summary of Prerequisites, Proctoring and Competency Documentation

Prerequisite: <ol style="list-style-type: none">a. Completion of a training module on flu vaccinationb. For RN staff in orientation: completion of 1 IM injectionc. Review of Protocold. Review of Administrative Policy: Order Entry
Proctoring Period: <ol style="list-style-type: none">a. For RNs in orientation: observe placement of order in EHR for “ordered per protocol, no signature required”b. Specific number of chart reviews needed:1 (one) concurrent or retrospective record review with “ordered per protocol, no signature required” orderc. Nurse Manager or RN designee will provide supervision
Annual Competency Documentation: <ol style="list-style-type: none">a. a. Completes annual Flu education modulea. <u>Annual performance appraisal</u>b.b. <u>Minimum number of chart reviews needed annually: 1 (one).</u>c. e. Nurse Manager or their designee will be the evaluator

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Commented [JK4]: remove this statement. Per Kara Myers chart review for annual comp not necessary due to annual education training that is consistent with other RN SPs that do not require any chart reviews

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Any additional comments: