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| **Influenza Vaccination** | | | |
| **Issue date:** |  | **Review date:** |  |
| **Rationale:**  To improve access for patients to seasonal influenza vaccination by setting out the criteria under which approved nurses are able to administer this medication | | | |
| **Organisation/clinic:**  This Standing Order applies to registered nurses employed at | | | |
| **Scope:**  (amend scope as applies- note: refer to local Medical officer statements re population health flu vaccine admin as most now give authority to authorised vaccinators -see Pinnacle website: flu page)  To enable registered nurses employed by who are authorised independent vaccinators to administer seasonal influenza vaccination outside the National Immunisation Schedule  To enable registered nurses employed by who are not authorised independent vaccinators to administer seasonal influenza vaccination | | | |
| **Medicine/s:**  BRAND : | | | |
| **Dosage instructions for each medicine:**  ml once only | | | |
| **Route of administration:**  Intramuscular or deep subcutaneous injection | | | |
| **Indication/Circumstances for activating the Standing Order:**  Patients requesting the seasonal influenza vaccination who do not fit within the National Immunisation Schedule (may not apply if your local DHB medical officer gives authorisation that includes population health flu vaccine for healthy individuals)  Patients requesting the seasonal influenza vaccination from a registered nurse who is not an authorised independent vaccinator | | | |

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| **Precautions and exclusions that apply to this Standing Order:**  Seek medical advice if the patient has any of the following:   * History of anaphylaxis to a previous dose or any constituent of the vaccine * Acute illness with fever or other systemic symptoms * Bleeding disorder * Allergy to eggs  |  | | --- | | *Patients highly sensitive to latex, with a history of severe hypersensitivity response should be seen by a medical practitioner prior to administrating this medication* | |
| **Persons authorised to administer the Standing Order:**  In the absence of a medical practitioner, registered nurses are authorised to administer the seasonal influenza vaccination by Standing Order provided the following criteria have been met.  Criteria   * Medication is administered only under the circumstances specified * The nurse is a registered nurse working at |
| **Competency/training requirements for the person(s) authorised to administer:**  Prior to administering the seasonal influenza vaccination under Standing Order, registered nursing staff are required to:   * Hold current registration with Nursing Council of New Zealand * Have read “Guidelines for the Development and Operation of Standing Orders” published by the Ministry of Health |
| **Documentation:**  Administration of the seasonal influenza vaccination under Standing Order must be documented in the patient’s medication chart by the administering staff.  Documentation must include:   * Date * Time of administration * Name of medicine * Dosage given * Reference to Standing Order * Name, designation and signature of administering staff (if documented on paper) * Enter Standing Order use in screening   The patient assessment, treatment, education and, if necessary, any monitoring and follow-up required must be documented in the clinical record |
| **Countersigning OR audit:**  The issuer will countersign the patient consent form within… days of administration. The issuer will review practices and competencies of the nurses named on this Standing Order annually  Use the standing order audit template on the Pinnacle website if you prefer to audit-see guidelines |
| **Definition of terms used in Standing Order: Nil** |
| **Additional information: For further information see the online handbook**  [**http://immunisation.book.health.govt.nz/**](http://immunisation.book.health.govt.nz/)  **This Standing Order is valid until:**   * The review date or * It is replaced with a new Standing Order or * It is withdrawn by the issuer   This Medicine Standing Order is not valid after the review date. The review date is one year after the date that the Order was signed by the issuer. |

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| ***Signature (Issuer):*** |  | ***Date:*** |  |

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| ***Signature (Issuer):*** |  | ***Date:*** |  |

**Persons operating under this Standing Order:**

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| ***Name & Title*** | ***Signature*** | ***Date*** |
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**Explanatory note:**

*Pinnacle no longer endorses specific standing orders as current. It is the authorised prescriber(s) responsibility to undertake this activity. Please use this template to create a standing order for your practice and update required sections as appropriate*

*For all Standing Orders, refer to the Ministry of Health Standing Orders Guidelines (2016)*

[*http://www.health.govt.nz/publication/standing-order-guidelines*](http://www.health.govt.nz/publication/standing-order-guidelines)