

Standing Orders for Administering DTaP-IPV (KINRIX®) to Children

Purpose: To reduce morbidity and mortality from diphtheria, tetanus, pertussis and polio disease by vaccinating all children who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate pediatric patients who meet the criteria below.

Procedure

1. Identify children ages 4-6 years who have not completed the 5th dose of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the 4th dose of the inactivated poliovirus vaccine (IPV) vaccination series.

Note: Per ACIP recommendations, if dose #4 of DTaP was given after the 4th birthday, a 5th dose of DTaP (and thus KINRIX) is NOT needed.

2. Screen all patients for contraindications and precautions to DTaP-IPV:

Contraindications:

- history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of DTaP and/or IPV or to a DTaP or IPV vaccine component (including neomycin and polymixin B). For a list of vaccine components, refer to the [manufacturers' package insert](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>
- history of encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of pertussis-containing vaccine
- progressive neurologic disorders (including infantile spasms, uncontrolled epilepsy or progressive encephalopathy)

Precautions:

- moderate or severe acute illness with or without fever
- history of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine (including MCV4); defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine
- history of developing Guillain-Barre syndrome within 6 weeks of receipt of a prior vaccine containing tetanus toxoid
- the tip caps of the prefilled syringes may contain natural rubber latex, which may cause allergic reactions in latex-sensitive individuals
- progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
- fever of 105° F or higher not attributable to another cause within 48 hours of a previous dose of DTaP
- collapse or shock-like state (i.e., hypotensive hyporesponsive episode) within 48 hours of a previous dose of DTaP
- seizure within 3 days of a previous dose of DTaP
- persistent, inconsolable crying lasting more than 3 hours that occurred within 48 hours of a dose of DTaP
- For questions or concerns, consider consulting the DHA Immunization Healthcare Branch

at 877-438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Provide a single vaccination with DTaP-IPV (KINRIX) at 4-6 years of age. Administer 0.5 mL intramuscularly in the deltoid muscle. Choose needle length appropriate to the child's age and body mass. Use a 22–25 gauge and 5/8-1 inch needle.
5. Documentation
 - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.
6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
7. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at <https://vaers.hhs.gov>.
8. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

Medical Director's Signature

Date