



# Administration of Influenza Vaccination to Out-Patients of the Regional Nephrology Program – Medical Directive

Medical Advisory Committee Approved: 27JUN2017

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## Authorizing Prescriber(s)

Nephrologists of the Regional Nephrology Program

## Authorized to Whom

Registered nursing staff working in the Regional Nephrology Program

## Patient Description / Population

Patients 18 years of age or older in the Regional Nephrology Program who are under the care of a Nephrologist.

## Order and/or Procedure

Administer Influenza vaccine 0.5 mL IM one dose seasonally.

If an anaphylactic reaction occurs enact the "Treatment of Anaphylaxis within the Regional Nephrology Program – Medical Directive".

Any patients actively receiving chemotherapy are to be immunized the day prior to their chemotherapy treatment.

## Indications to the implementation of the Directive

Patients 18 years of age or older that have not received the seasonal vaccine.

## Contraindications to the implementation of the Directive

- Patients with a previous adverse reaction to the influenza vaccine.
- Moderate or severe acute illness with or without fever.
- Patients receiving immunosuppression therapy.
- Patients with a history of Guillain-Barre Syndrome with onset within 8 weeks of previous immunization.

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Document Sponsor/Owner Group: (Regional Nephrology Program, Date Approved: 02FEB2017)

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### **Consent**

Informed consent to be obtained from patient by registered nursing staff within the Regional Nephrology Program prior to administration of each seasonal influenza vaccination. Information will be provided to the patient when obtaining consent as per the Influenza Consent form.

### **Documentation requirements**

The signed order and patient consent form is to be placed in the physician orders section of the patient's health record. The date, time and the signature of the nurse implementing the Medical Directive must be recorded on the patient consent form. Administration will be documented on the eMAR, electronic immunization record and clinic sheet/progress notes of the patient record. The Lot number(s), manufacturer and expiry date(s) are to be included on the eMAR documentation.

### **Review/Evaluation Process**

Medical directive to be reviewed every 2 years.

Medical directive to be reviewed by registered nursing staff in the Regional Nephrology Program on a yearly basis.

### **References**

Lexicomp 2016 [http://online.lexi.com/lco/action/doc/retrieve/docid/patch\\_f/955338](http://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/955338)