
Standing Orders for Administering Td/Tdap to Children Ages 7 Years and Older

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and (if indicated) pertussis by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet the criteria below.

Procedure

1. Identify children and teens ages 7 years and older in need of vaccination against diphtheria, tetanus, and (if indicated) pertussis based on the following criteria:
 - a. lack of documentation of at least 3 doses of diphtheria, tetanus, and (if indicated) pertussis vaccine
 - b. lack of history of pertussis-containing vaccine given since age 10 years
 - c. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
2. Screen all patients for contraindications and precautions to Td or Tdap:
 - a. **Contraindications:**
 - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years; give Td instead
 - b. **Precautions:**
 - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
 - for Tdap only, a progressive neurologic disorder
 - history of an Arthus reaction following a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine
 - moderate or severe acute illness with or without fever

Note: Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester.
3. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, 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; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Schedule vaccination as follows:
 - a. For children and teens ages 7 years and older who have not received a primary series of at least 3 doses of tetanus and diphtheria toxoid-containing vaccines, give one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between the first and second doses, and 6 months between the second and third doses. Children ages 7–9 years should receive Td only. A one-time dose of Tdap may be substituted for any dose of Td if child is age 10 years or older.
 - b. Provide a routine booster of Tdap at age 11–12 years if at least 5 years have elapsed since previous dose of Td.
 - c. If an adolescent 11–18 years received Td instead of Tdap as a booster, give Tdap with an interval of 5 years since prior Td. If immediate protection against pertussis is needed (e.g., pertussis outbreak), an interval as short as 2 years or less can be observed. Give further boosters as Td every 10 years.
 - d. In pregnancy, when indicated, give Td or Tdap in 2nd or 3rd trimester. If not administered during pregnancy, give Tdap in immediate postpartum period.
6. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date). (name of practice or clinic)

Medical Director's signature: _____ Effective date: _____