

STANDING ORDER FOR THE ADMINISTRATION OF THE INFLUENZA (FLU) VACCINE

POLICY:

Under this standing order medical assistants and RNs with proper training may provide influenza vaccinations to patients who fit the criteria below.

PURPOSE:

Influenza or flu can be a serious disease that leads to hospitalization and even death, especially for the elderly, young children, and those with chronic conditions. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. The "flu season" in the United States can begin as early as October and last as late as May.

The flu vaccine comes in two different forms: the Trivalent Inactivated Influenza vaccine (TIV), which is given by injection, and the Live-attenuated influenza vaccine (LAIV), which is given by nasal spray. An annual seasonal flu vaccine is the best way to reduce the chances that one will get seasonal flu or reduce complications from the flu, and lessen the chance to spread it to others. When more people get vaccinated against the flu, less flu can spread through that community.

PROCEDURE:

1. Identify adults in need of influenza vaccination based on the following criteria:
 - a. All adults, and children > 6 months should receive the flu vaccine unless there is a shortage.
 - b. If there is a flu vaccine shortage, prioritize these groups of people:
 - i. Chronic lung disease, including asthma
 - ii. Chronic heart or kidney disease
 - iii. Diabetes or other metabolic diseases
 - iv. Immunosuppression (HIV, or medications)
 - v. Hematologic disorders
 - vi. Diseases impacting breathing or creating risk of aspiration (seizure disorder, neuromuscular disorders, spinal cord injury, severe cognitive disorders)
 - vii. Pregnant women (need preservative-free flu vaccine)
 - viii. People who live in a nursing home or other chronic-care facilities
 - ix. People in close contact with high risk populations, including
 - A healthcare worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
 - Caretakers of or people living with a child age 0-6 years or of an adult age 50 years or older
2. Screen for contraindications to influenza vaccine:
 - a. Allergic reaction to egg products
 - b. Previous severe allergic reaction after a influenza vaccine
 - c. A moderate-to-severe illness with a fever (wait till fever subsides)
 - d. A history of Guillain-Barré Syndrome (a severe paralytic illness, also called GBS)

e. Do NOT give LAIV (live vaccine nasal spray) to these groups:

- Pregnant women
- Older than 50 years
- Younger than 2yrs
- Chronic lung disease, including asthma
- Chronic heart disease
- Chronic kidney disease
- Diabetes or other metabolic diseases
- Immunosuppression (HIV, or medications)
- Hematologic disorders
- Diseases impacting breathing or creating risk of aspiration (seizure disorder, neuromuscular disorders, spinal cord injury, severe cognitive disorders)
- Live in a nursing home or other chronic-care facilities

f. Do NOT give LAIV until 48hrs after stopping antiviral therapy (like Tamiflu)

g. Do NOT give LAIV if the patient has received any live virus vaccines in the last 28 days; it is okay to give 2 or more live vaccines on the SAME day.

3. Record the reason(s) for non-receipt of the vaccine. If patients don't have contraindications but refuse vaccination, provide education and coaching. Document refusal in patient record.

4. Provide all patients with a copy of the 2011 Vaccine Information Statement (VIS) for TIV or LAIV. If available, provide non-English speaking patients with a copy of the VIS in their native language, found at www.immunize.org/vis.

5. Administer Vaccines:

- a. For TIV injection, administer 0.5 ml injectable TIV IM (22-25g, 1-1 1/2" needle) in the deltoid muscle. Mix well before withdrawing and administering every dose of vaccine.
- b. For LAIV nasal spray, CHECK CONTRAINDICATIONS. Then administer 0.2mL of intranasal LAIV to healthy 2-50 year olds; 0.1 ml is sprayed into each nostril while the patient is in an upright position. Patients should breathe normally during administration. Do not allow patients to administer the vaccine themselves.

6. Children between 6 months and 8 yrs receiving flu vaccine for the **first time**, need two shots 4 weeks apart.

7. Document immunizations in patient immunization record. Information includes: name of the vaccine, date vaccine was administered, the manufacturer, lot number, dosage, VIS version date, and name of the person administering the vaccine. Documentation protocol may vary per clinic.

8. Be prepared for a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Medical Director

Marco Antonio, MD

Printed Name


Signature

Effective date

9/27/16

Date reviewed

9/27/16

Date revised

STANDING ORDERS FOR Administering Influenza Vaccine to Adults

Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

NOTE: Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2016–17 influenza season. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.

Procedure

1 Assess Adults for Need of Vaccination against influenza

- All adults are recommended to receive influenza vaccination each year.
- People who do not recall whether they received influenza vaccine this year should be vaccinated.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Contraindications only for use of live attenuated influenza vaccine (LAIV; FluMist; nasal spray)

Do not give live attenuated influenza vaccine (LAIV4; nasal spray) to a person who:

- is pregnant
- has immunosuppression (including that caused by medications or HIV)
- is age 50 years or older
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or will possibly receive them within 14 days after vaccination
- provides care for a severely immunosuppressed person who requires a protective environment

Precautions for use of all influenza vaccines

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination

Precautions for use of LAIV only

- Asthma
- Other chronic medical conditions (e.g., other chronic lung diseases, chronic cardiovascular disease [excluding isolated hypertension], chronic renal or hepatic disease, hematologic disease, neurologic disease, and metabolic disorders, including diabetes mellitus)

NOTE REGARDING PATIENTS WITH EGGS ALLERGY: People with egg allergy of any severity can receive any licensed and recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives

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6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the		<u>SERVE THE PEOPLE</u>	
		NAME OF PRACTICE OR CLINIC	
until rescinded or until	<u>8/31/16</u>		
	DATE		
Medical Director's signature	<u>LA</u>	Signature date	<u>9/27/16</u>
		Effective date	<u>9/27/16</u>

and recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, the selected vaccine should be administered in a medical setting (e.g., health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Infants age 6 through 11 months	22–25	1"	Anterolateral thigh muscle
Age 1 through 2 years	22–25	1–1¼"	Anterolateral thigh muscle
		5/8"–1"	Deltoid muscle of arm
Age 3 years and older	22–25	5/8"–1"	Deltoid muscle of arm
		1–1¼"	Anterolateral thigh muscle

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

For vaccine that is to be administered intranasally or intradermally, prepare the vaccine according to directions in the package insert.

5 Administer Influenza Vaccine according to the age of patient and desired route of vaccination described below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS*
Inactivated influenza vaccine (IIV) Fluzone only	6–35 months	0.25 mL	Intramuscular (IM)	Administer vaccine in anterolateral thigh muscle.
Inactivated influenza vaccine (IIV)	3 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-intradermal	18 through 64 years	0.1 mL	Intradermal (ID)	Insert needle of the microinjection system at a 90 degree angle in the deltoid area.
Cell culture-based IIV (ccIIV)	4 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	Healthy, age 2 years and older	0.2 mL (0.1 mL into each nostril)	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

NOTE: For children age 6 months through 8 years who are receiving influenza vaccine for the first time or who have had a total of only one influenza vaccine dose in all previous years, administer two doses separated by at least 4 weeks.

* For complete instructions on how to administer influenza vaccine, see "How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines" at www.immunize.org/catg.d/p2024.pdf.

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6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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). If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC's "Medical Management of Vaccine Reactions in Children and Teens," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

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Medical Director's signature	<u>[Signature]</u>	Signature date	<u>9/27/16</u>
		Effective date	<u>9/27/16</u>

Serve The People Community Health Center

STANDING ORDERS PATIENTS WITH COMPLAINTS OF WEAKNESS AND DIZZINESS

POLICY:

Under this standing order, Medical Assistants and Registered Nurses employed or contracted by Serve The People Community Health Center who have completed orientation and have been appropriately trained may support the care of patients with symptoms of weakness and dizziness under the supervision of clinicians, as outlined below.

PURPOSE:

Having this standard order in Place will allow Medical Assistants and RNs to have information ready and available for the clinician to be able to make a diagnosis in a more efficient manner.

Procedure:

This protocol applies to all patients coming to the clinic complaining of:

- Dizziness (R42)
- Weakness (R53.1)


Medical assistants and RNs will perform:

1. A random glucose test (RBS) by using our Glucose 201 glucometer
2. A hemoglobin test (Hgb) by using our HemoPoint H2

Specimen Collection:

Using standard precautions perform a finger stick and wipe the first drop away; use the 2nd drop of blood for the glucose testing, and the 3rd drop for the hemoglobin test using appropriate cuvettes for each test.

Document results in EMR and alert provider test were performed and the results have been recorded.

Medical Director MARCO ARECHO, MD Signature 

Printed Name

Effective date 5/15/17 Date reviewed _____ Date revised _____

Serve The People Community Health Center
STANDING ORDERS FOR PATIENTS WITH COMPLAINTS OF DIABETES SYMPTOMS

POLICY:

Under this standing order, Medical Assistants and Registered Nurses employed or contracted by Serve The People Community Health Center who have completed orientation and have been appropriately trained may support the care of patients with symptoms of diabetes (Polyuria, Polyphagia or Polydipsia) or if patient has been told has diabetes but has not been receiving treatment, under the supervision of clinicians, as outlined below.

PURPOSE:

Having this standard order in Place will allow Medical Assistants and RNs to have information ready and available for the clinician to be able to make a diagnosis in a more efficient manner.

Procedure:

This protocol applies to all patients coming to the clinic complaining of:

- Polyuria (frequent urination) (R35.8 or R35.0)
- Polyphagia (hunger) (R63.2)
- Polydipsia (Extreme thirst) (R63.1)

Medical assistants and RNs will perform:

1. Hemoglobin A1C (in-house)
2. Urinalysis (in house urine dip)

Specimen Collection:

1. Using standard precautions perform a finger stick and wipe the first drop away; use the 2nd drop of blood for the A1C testing according to protocol.
2. Urinalysis shall be performing according to STP protocol.

Document results in EMR and alert provider test were performed and the results have been recorded.

Medical Director

MARCO ANONO, MD

Signature



Printed Name

Effective date

5/15/17

Date reviewed

Date revised

Serve The People Community Health Center
STANDING ORDERS Patients with Urinary complaints

POLICY:

Under this standing order, Medical Assistants and Registered Nurses employed or contracted by Serve The People Community Health Center who have completed orientation and have been appropriately trained may support the care of patients with symptoms of urinary complaints under the supervision of clinicians, as outlined below.

PURPOSE:

Having this standard order in Place will allow Medical Assistants and RNs to have information ready and available for the clinician to be able to make a diagnosis in a more efficient manner.

Procedure:

This protocol applies to all patients coming to the clinic complaining of:

- Dysuria (burning upon urination) (R30.0)
- Frequency (urinating frequently) (R35.0)
- Back pain (M54.9)
- Abdominal pain (R10.9)

Medical assistant and RNs will use Siemens Multistix 10SG test strips will be uses for the testing of urinary tract functions.

Specimen Collection:

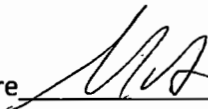
- 1 Use standard precautions
- 2 Collect urine in a clean, dry container
- 3 Test urine immediately. Refrigerate if testing cannot be performed within one hour of voiding and let it return to room temperature before testing.
- 4 Urine with prolonged exposure to room temperature and light may yield altered results for bilirubin, urobilinogen, PH, glucose and nitrites.

Document results in EMR and alert provider Urinalysis has been performed and recorded.

Medical Director

MARCO ANGELO, MD

Signature



Printed Name

Effective date

5/15/17

Date reviewed

Date revised

Serve The People Community Health Center

STANDING ORDER FOR Blood Pressure Measurement

POLICY:

Under this standing order, Medical Assistants and Registered Nurses employed or contracted by Serve The People Community Health Center who have completed orientation and have been appropriately trained may support the care of patients with hypertension under the supervision of clinicians, as outlined below.

PURPOSE:

Less than half of those diagnosed with high blood pressure have it under control. Patients with uncontrolled blood pressure are at greater risk of having heart attacks, stroke, heart failure, and kidney disease. Lowering blood pressure is the leading clinical preventive service that saves the most lives. Using recommended medications, monitoring disease goals regularly, quitting smoking and other lifestyle modifications can improve blood pressure control.

Having this Standing order in place, will allow MA's and RN's take action and have a second BP reading for the clinician to make a decision on treatment needed.

PROCEDURE:

- 1 This protocol applies to **all patients here for provider visits.**
- 2 At every visit, take and record the patient's blood pressure.
 - a. Check blood pressure according to the following:
 1. Have patient sit for 5 minutes, relaxed
 2. Have patient roll up sleeve
 3. Place appropriate cuff size ½ inch above crease of elbow
 4. Have patient bend elbow comfortably and rest on table or other surface at the level of heart
 5. Inflate cuff
 6. Ask patient not to speak, cross arms or legs while the cuff is inflating
 - Drinking caffeine or smoking 30 minutes prior can also affect blood pressure
 - b. If blood pressure is above 180/100.

Ask if patient has medications with him/her, if patient has them and patient did not take the medication the morning of the appointment, advice patient to take medications now and document it in patient's chart.

 1. Report results to the provider immediately.
 2. Have patient sit quietly in a comfortable position for 15 min.
 3. Re-take blood pressure manually and report it to the provider.
 4. Document second reading.

Medical Director

Marco Angelo

Signature



Printed Name

Effective date

5/15/17

Date reviewed

Date revised

Serve The People Community Health Center
STANDING ORDERS FOR PATIENTS REPORTING SECONDARY AMENORRHEA (LACK OF MENSES)

POLICY:

Under this standing order, Medical Assistants and Registered Nurses employed or contracted by Serve The People Community Health Center who have completed orientation and have been appropriately trained may support the care of patients of patients reporting Amenorrhea (lack of menses) and are not using any hormonal therapy, or hormonal implant, under the supervision of clinicians, as outlined below.

PURPOSE:

Having this standard order in place will allow Medical Assistants and RNs to have information ready and available for the clinician to be able to make a diagnosis in a more efficient manner.

Procedure:

This protocol applies to all patients coming to the clinic reporting:

- Secondary Amenorrhea (lack of menses if LMP is greater than one month and there is a possibility of pregnancy).(N91.1)
- Secondary Amenorrhea (lack of menses if patient had menses before (menarche) and is not currently using any hormonal therapy or hormonal implant, not menopausal, nor history of hysterectomy or oophorectomy).(N91.1)
- Patient performed Pregnancy test at home and patient reports result as positive.


Medical assistants and RNs will perform:

1. Urine pregnancy test

Specimen Collection:

1. Using standard precautions collect a urine sample and perform Pregnancy test as per STP Protocol.

Document results in EMR and alert provider test were performed and the results have been recorded.

Medical Director MARCO ANGLUO, MD Signature 
Printed Name
Effective date 5/15/17 Date reviewed _____ Date revised _____

Serve The People Community Health center

Standing order for A1C testing for Diabetes Care by Medical Assistants

POLICY:

Under this standing order, medical assistants and RNs with proper training may provide In-house A1C testing for diabetes management for patients who fit these criteria.

PURPOSE:

As of 2011, diabetes affects 8% of the U.S. population. Diabetes is the 7th leading cause of death in the United States. Uncontrolled diabetes can damage many parts of the body including the heart, blood vessels, eyes, kidneys, and nerves.

Having this standard order in Place will allow Medical Assistants and RNs to have information ready and available for the clinician to be able to be able to guide diabetes management in a more efficient manner.

PROCEDURE:

1. This protocol applies to all patients with a diagnosis of type 1 or type 2 diabetes who come into the clinic for any appointment.
2. At every visit, check and document accurately in the medical record:
 - a. Weight and BMI
 - b. Blood Pressure
 - c. Smoking status (if a smoker, give smoking cessation resources)
3. At every visit, review the chart and identify whether patient is due for a Hemoglobin A1c Test:
 - ☐ If most recent A1c result is above 7, repeat A1c every 3 months.
 - ☐ If most recent A1c result is at or below 7, repeat A1c every 6 months.
4. If patient refuses in-house A1c testing, proper documentation should be made in EMR and provider should be notified.
5. The In-house A1C testing should be done regardless of patient's ability for pay. The Medical Assistant will communicate with Clinic Operations Manager in regards to any patient's inability to pay for the test.

Medical Director

Marco Arzu, MD

Printed Name Signature



Effective date

5/15/17

Date reviewed

Date revised

Serve The People Community Health Center

STANDING ORDER FOR ORDERING COLORECTAL SCREENINGS

POLICY:

Under this standing order, Medical Assistants and Registered Nurses employed or contracted by Serve The People Community Health Center who have completed orientation and have been appropriately trained may order a fecal occult blood test (OC-AUTO), fecal immunochemical test (FIT), or hemoccult to screen for colorectal cancer for clients who meet these criteria.

PURPOSE:

The main purpose of colorectal cancer screening is to detect occult or hidden blood that may be present in the stool. The presence of blood may or may not be a sign of cancer. If blood is found, a colonoscopy is needed to detect the cause of bleeding. 9 out of 10 colorectal cancer deaths can be prevented through regular screening.

PROCEDURE:

1. Identify adults in need of regular colorectal cancer screening:
 - a. Average risk clients (medical assistant may perform screening): no family history of colorectal cancer or adenomatous polyps
 - I. Age 50-75, OC-AUTO/FIT/ hemoccult test every year OR Colonoscopy every 10 years (SFHP members: colonoscopy only approved if high risk or positive screening test)
 - b. High risk clients (review with provider): have family history of colorectal cancer or adenomatous polyps.
2. Screen for Contraindications:
 - a. Active hemorrhoid bleeding, wait until bleeding has stopped to perform test
 - b. Menstrual bleeding, wait until bleeding has stopped to perform test
 - c. Short life expectancy or too frail to do colonoscopy, check with clinician before screening
 - d. Symptoms suggesting colorectal cancer, refer to clinician
3. Record the reason(s) for non-receipt of the test. If clients refuse testing, provide

education and then document.

4. Administer OC-AUTO/FIT/ hemoccult test:

a. Provide client with test kit and written instructions in client's preferred language

b. Review instructions on how to complete test with client

c. Explain diet or medication restrictions if necessary:

a. FIT test: no diet or medication restrictions

b. FOBT test: avoid for 3 days before the test: broccoli, turnips, red meat, horseradish, vitamin C supplements and pain relievers, such as aspirin, ibuprofen (Advil, Motrin, others)

d. Explain procedure to mail completed test kit to laboratory

e. Close the loop: have client tell back the information, correct misinformation

5. Document that kit was given to client and date given in client chart or on electronic health record.

Medical Director  Signature

Printed Name MARCO ANTONIO, MD

Effective date 5/15/17

Date reviewed _____

Date revised _____