

## POLICY AND PROCEDURE MANUAL CENTRAL VALLEY HEALTH DISTRICT

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### SECTION: NURSING

#### POLICY#: 419 IMMUNIZATIONS

**POLICY:** CVHD provides immunizations in accordance with the guidelines of the North Dakota Department of Health. Standing orders signed by the Health Officer are on file for the routine childhood immunizations.

**Type of Immunizations:**

- VFC: Under insured or no insurance, XIX, Native American or Native Alaskan
- STATE: Provided for by NDSHD universal coverage for children to age 18. Special programs may include qualifying adults.
- PRIVATE: Adults that are not covered by the above 2 categories.

#### PROCEDURE:

##### CHILD IMMUNIZATIONS:

1. Child presents for immunizations with parent/guardian. Telephone permission for administration may be obtained if 2 people witness the conversation and sign appropriate form.
2. Recommended schedule for immunization will be followed as outlined by the North Dakota State Health Department and CDC.
3. Current immunization status will be reviewed thru THOR Forecaster (NDIIS).
4. Appropriate paperwork will be completed (see attached forms).
5. Screening questions will be asked by RN administering immunizations.
  - i. If potential contraindications are present, a nursing assessment must be done to determine if it is appropriate to proceed with immunizations.
  - ii. Clients currently on antibiotic therapy will be individually evaluated.
6. Vaccines available at CVHD include: See attachment
7. Route of administration: See attachment
8. Monitor for anaphylactic reaction-see standing orders for emergency care.
9. Immunizations administered will be entered into client's EMR and NDIIS.

##### ADULT IMMUNIZATIONS:

10. Adults over 18 years of age may present for immunizations. DON supervisor will facilitate ordering of immunizations.
11. Standing orders are available for routine Adult Immunizations.
12. Recommended schedule for immunization will be followed as outlined by the North Dakota State Health Department and CDC.
13. Current immunization status will be reviewed either thru CVHD record (see attached form) or THOR.
14. Appropriate paperwork will be completed (see attached forms).
15. Screening questions will be asked by RN administering immunizations.
16. Immunizations will be documented in the EMR and NDIIS.



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17. If potential contraindications are present, a nursing assessment must be done to determine if it is appropriate to proceed with immunizations. Orders from client's Primary Provider may be obtained if warranted.
18. Clients currently on antibiotic therapy will be individually evaluated.
19. Vaccines available at CVHD include: See attachment
20. Route of administration: See attachment
21. Monitor for anaphylactic reaction-see standing orders for emergency care.

Reference: Immunization Tool Kit is kept in lab and CVHD nurses lab. Has latest immunization guidelines and recommendations.