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## Standing Orders for Administering Inactivated Poliovirus Vaccine to Children & Teens

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**Purpose:** To reduce morbidity and mortality from poliomyelitis 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 any of the criteria below.

### Procedure

1. Identify infants, children, and teens ages 2 months through 17 years who have not completed a poliomyelitis vaccination series.
2. Screen all patients for contraindications and precautions to inactivated poliovirus vaccine (IPV):
  - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to an IPV vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:**
    - moderate or severe acute illness with or without fever
    - pregnancy
3. Provide all patients (or, in the case of a minor, parent or 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 and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Provide routine vaccination with IPV at ages 2 months, 4 months, 6–18 months, and 4–6 years. Administer 0.5 mL IPV intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; 1 through 2 yrs: 1–1¼"; 3 yrs and older: 1–1½". (Note: A 5⁄8" needle may be used for patients weighing less than 130 lbs [ $<60\text{kg}$ ] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) IPV may also be given subcutaneously (23–25g, 5⁄8" needle) in the anterolateral fat of the thigh for infants younger than 12 mos and in the posterolateral fat of the upper arm (for older children and teens).
5. For children and teens who have not received IPV at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between doses 1–2 and, if child younger than age 4 years, between doses 2–3. Give a final dose at age 4 years or older, separated by a minimum interval of 6 months from the previous dose. If the child or teen has received a third dose at age 4 years or older, a fourth dose is not necessary.
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 IPV to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_