**STANDING ORDERS FOR ADMINISTERING TDAP TO PREGNANT WOMEN[[1]](#footnote-1)**

Policy

Under this standing order and in compliance with California state law, healthcare professionals including nurses, pharmacists, medical assistants, and physician assistants may vaccinate people who meet the criteria below (and are 18 years or older).

Procedure

1. Identify pregnant women of all ages who lack prior Tdap vaccination within the current pregnancy irrespective of prior Tdap administration or women with newborns < 2 months who did not receive a Tdap vaccination during their pregnancy. The optimal time of administration is during 27 to 36 weeks’ gestation, although vaccination may occur at any time during the pregnancy.
2. Screen for contraindications to Tdap vaccine:

ABSOLUTE CONTRAINDICATIONS (DO NOT give vaccine):

1. History of severe allergic reaction (anaphylaxis) after previous Tdap or Td or vaccine component. For information on these components, go to manufacturer’s insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)).
2. Coma or history of encephalopathy within 7 days following a dose of DTP, DTaP, or Tdap not attributable to another cause.

RELATIVE CONTRAINDICATIONS (talk to a provider first for the following patients):

1. History of Guillain-Barre syndrome within 6 weeks of previous dose of tetanus toxoid containing vaccine.
2. History of an arthus-type reaction following a previous dose of tetanus or diphtheria containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-containing vaccine.
3. Moderate or severe acute illness with or without fever.
4. Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.
5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS) prior to administration of the vaccine. Found at <http://www.imunize.org/vis>.
6. Document publication date of VIS and date given to patient. Provide non-English speaking women VIS in their language. The most current VISs can be found in multiple languages here: <http://www.immunize.org/vis/>.
7. Administer 0.5mL Tdap vaccine intramuscularly (22-25 G, 1-1 1/2’’ needle) in the deltoid muscle or, alternatively, the anterolateral thigh. Note: a 5/8’’ needle may be used for people weighing less than 130 lbs. (60kg) for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
8. Document vaccination administration including date of administration, manufacturer and lot number, site and route, and name and title of the person administering the vaccine in the patient’s chart.
9. Document vaccination administration in the patient’s personal immunization card, CAIR registry, and facility tracking log.
10. Be prepared for management of a medical emergency related to the administration of the vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while they are seated or lying down.
11. Report all adverse reactions to the Tdap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/index> or (800) 822-7967.

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

Medical Director’s Signature:

Effective Date:

1. Adapted from Immunization Action Coalition (accessed at: <http://www.immunize.org/catg.d/p3078B.pdf>) and adapted from San Francisco Health Plan (accessed at: <http://www.sfhp.org/files/Standing_Order_for_Adult_Td_and_Tdap_Vaccine.pdf>) [↑](#footnote-ref-1)