FEVER, VACCINE ASSOCIATED (9990)

SUBJECTIVE

History of vaccine administration within 24-36 hours of fever onset (may occur 7-14 days after administration of MMR)
Seizure activity may or may not be reported

OBJECTIVE

Temperature 101^0F or greater (rectally)

ASSESSMENT

Vaccine Associated Fever

PLAN

May recommend administration of **ACETAMINOPHEN** drops, elixir, or tablets according to dosage chart. Repeat dosage every 4 hours as needed

Weight (lb)	Dose (mg)	Drops (80mg/0.8ml) Dropperfuls	Children's Elixir (80mg/1/2 tsp)	Chewable Tablets (80mg tabs)	Adult Tablets (325mg tabs)
6-11	40	½	¼ tsp	-	-
12-17	80	1	½ tsp	-	-
18-23	120	1 ½	¾ tsp	1 ½	-
24-35	160	2	1 tsp	2	-
36-47	240	3	1 ½ tsp	3	-
48-59	320	4	2 tsp	4	1
60-71	400	5	2 ½ tsp	5	1
72-95	480	-	3 tsp	6	1 1/2

May recommend administration of **IBUPROFEN** (Motrin) suspension instead of Tylenol, but not in addition to Tylenol, according to dosage chart. Repeat dosage every 6-8 hours as needed

Weight (lb)	Fever Under 102.5	Fever Over 102.5
13-17	¼ tsp.	½ tsp.
18-23	½ tsp.	1 tsp.
24-35	¾ tsp.	1½ tsp.
36-47	1 tsp.	2 tsp.
48-59	1¼ tsp.	2½ tsp.
60-71	1½ tsp.	3 tsp.
72-95	2 tsp.	4 tsp.
96-154	2 tsp.	4 tsp.

Health Teaching:

Children do not need antipyretic medication unless the fever is making them uncomfortable. In general, it is not necessary to medicate a child to prevent a fever after vaccination. If temperature is 104.6^0F or higher, child may be cooled in tepid bath until medicine acts (child should NOT be sponged in alcohol or placed in ice water to combat fever)

Counsel regarding side effects of medication (GI ulceration, bleeding and perforation with ibuprofen and liver toxicity with overdose of acetaminophen)

Referral Indicators:

Fever exceeding 103^0 (R), after completing above
Seizure activity
Appearance of other illness symptoms
Continuing fever

Follow-up:

Return to clinic as needed

DIPHTHERIA, TETANUS TOXOID & ACELLULAR PERTUSSIS VACCINE (V061) DTaP

GENERAL INFORMATION

DTaP vaccine may be used for children **as early as 6 weeks through 6 years** of age (**up to 7th birthday**)

The **1st, 2nd, and 3rd doses** of DTaP should be **separated by a minimum of 4 weeks** (28 days)

For **4th dose** of DTaP, child must be **at least 12 months of age, and less than 7 years of age, and, at least 6 months (180 days) since 3rd dose** of DTaP

The **5th dose** of DTaP may be administered **any time after the fourth birthday and at least 6 months since the 4th dose** of DTaP vaccine (any brand of DTaP may be used for the 5th dose)

If a child has a **valid contraindication to Pertussis vaccine, DT should be used to complete the series:**

- If a child is **12 months of age or older** when the first dose of DT vaccine is given (as DTaP or DT), then a total of **three doses** of DT (third dose 6-12 months after the second) are needed to complete the primary DT series
- If the first dose is given **before 12 months**, **four primary doses** are required to complete the DT series

Contraindications to giving the vaccine include the following:

- An immediate anaphylactic reaction to a vaccine or following a previous dose of vaccine containing any of the components of DTaP (diphtheria, tetanus, or pertussis)
- Encephalopathy within 7 days of administration of previous dose of DTP or DTaP

The following precautions, although not considered contraindications, should be carefully evaluated concerning the risks and benefits of vaccination for individuals who experienced any one of the following adverse reactions:

- Temperature of 105°F or higher within 48 hours (with no other identifiable cause) after vaccination with DTaP/DTP
- Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours after vaccination with DTaP/DTP
- Persistent, inconsolable crying lasting 3 hours or more, occurring within 48 hours after vaccination with DTaP/DTP
- Convulsions, with or without fever, within 3 days after vaccination with DTaP/DTP

Defer vaccination of children with moderate to severe acute illness until they are well

NOTE: Stable/resolved neurologic condition (i.e., controlled epilepsy, cerebral palsy, or developmental delay), or a family history of convulsions in first-degree family members (parents or siblings) is not a contraindication for DTaP.

If a child has any of the following conditions, vaccination should be delayed until the child has been evaluated, treatment initiated, and the condition stabilized: (1) an evolving neurologic disorder (uncontrolled epilepsy, infantile spasms, progressive encephalopathy); (2) a history of seizures which has not been evaluated; or, (3) a neurologic event which occurs between doses of pertussis containing vaccine.

Adverse events include the following:

Local reactions (erythema, induration), increased risk of injection site swelling following 4th or 5th dose (not harmful, resolves spontaneously), nodule at injection site

Hypersensitivity reactions (Arthus-type)

Fever and systemic symptoms are uncommon

Severe systemic reactions are rare

PLAN

Ask parent or guardian about the medical history and recent health status of the child to determine the existence of any contraindications

Ask parent or guardian about adverse reaction after previous dose

Counsel regarding benefits, side effects, and management.

Recommend that parent may administer acetaminophen if a fever develops and the child is uncomfortable. If the child does not show signs of discomfort, medication is not necessary.

Have accompanying adult read "Vaccine Information Statement" (VIS)

Administer 0.5 cc DTaP vaccine INTRAMUSCULARLY according to recommended schedule:

VACCINE	DOSE #	AGE	MINIMUM AGE	MINIMUM INTERVAL
DTaP	Primary 1	2 months	6 weeks	
	Primary 2	4 months		at least 4 weeks since dose #1
	Primary 3	6 months		at least 4 weeks since dose #2
	Primary 4	12-18 months	12 months	at least 6 months since dose #3, but less than 7 years of age
	Booster (5)	4-6 years	any time after 4th birthday	at least 6 months since dose #4: not recommended if #4 given on or after 4th birthday

Advise to wait in clinic for 20 minutes after injection

Record manufacturer and lot number of the vaccine administered, date that vaccine and VIS were given, name, address, and title of person administering vaccine

Instruct parent to contact Health Department if adverse reaction occurs (complete form)

Referral Indicators:

Unstable neurological conditions
Allergic hypersensitivity to any component of the vaccine
Severe reaction to previous DTaP/DTP
If severe reaction is reported as occurring within 30 days following vaccine administered by health department personnel, VAERS Report form must be completed
Undiagnosed seizure disorder
Refer for Tdap at 11-12 years

Follow-up:

Return for next DTaP, Tdap, or Td at appropriate interval
If child was **6 years and 6 months of age or older when DTaP #3** was given, **no additional DTaP or DT is indicated** because DTaP #4 must be given at least 6 months after DTaP #3, but before the 7th birthday
The **5th dose is omitted if DTaP #4 was given on or after the 4th birthday**
The **5th dose is given if DTaP #4 was given prior to the 4th birthday, AND it has been at least 6 months since DTaP was given, AND the child is at least 4 years old but less than 7 years old**
After completion of series, refer for Tdap at 11-12 years (if 5 years since last DTP or DtaP) and subsequently for Td every 10 years

REFERENCES:

Current PDR Packet Instructions
National Childhood Vaccine Injury Act
"Epidemiology and Prevention of Vaccine-Preventable Diseases", Centers for Disease control and Prevention, DHHS, Current Addition
Current ACIP recommendations

DIPHTHERIA, TETANUS TOXOID, ACELLULAR PERTUSSIS, INACTIVATED POLIO VACCINE (DTaP-IPV) (Kinrix®, by GSK)

GENERAL INFORMATION

Kinrix® (DTaP-IPV booster), by GSK, is licensed as a single dose by the FDA as the fifth dose in the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the fourth dose in the inactivated poliovirus vaccine (IPV) series in children 4 through 6 years of age.

Kinrix® may be used only once as the DTaP-IPV booster dose routinely administered between ages 4 and 6 years

Contraindications to giving the vaccine include the following:

Kinrix® is not licensed for use before the 4th birthday or after the 7th birthday

An immediate anaphylactic reaction following a previous dose of vaccine containing any of the components of DTaP or IPV (diphtheria, tetanus, pertussis or poliomyelitis) or any vaccine components, including neomycin and polymixin B.

Encephalopathy within 7 days of administration of previous dose of DTP or DTaP

Progressive neurologic disorder

Children with a severe (anaphylactic) allergy to latex should not receive Kinrix® in the pre-filled vaccine formulation. The single dose vial preparation is latex free.

The following precautions, although not considered contraindications, should be carefully evaluated concerning the risks and benefits of vaccination for individuals who experienced any one of the following adverse reactions:

Temperature of 105°F or higher within 48 hours (with no other identifiable cause) after vaccination with DTaP/DTP

Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours after vaccination with DTaP/DTP

Persistent, inconsolable crying lasting 3 hours or more, occurring within 48 hours after vaccination with DTaP/DTP

Convulsions, with or without fever, within 3 days after vaccination with DTaP/DTP

Guillain-Barre Syndrome occurring within 6 weeks of a previous dose of a tetanus toxoid-containing vaccine.

Defer vaccination of children with moderate to severe acute illness until they are well

NOTE: Stable/resolved neurologic condition (i.e., controlled epilepsy, cerebral palsy, or developmental delay), or a family history of convulsions in first-degree family members (parents or siblings) is not a contraindication for DTaP. If a child has any of the following conditions, vaccination should be delayed until the child has been evaluated, treatment initiated, and the condition stabilized: (1) an evolving neurologic disorder (uncontrolled epilepsy, infantile spasms, progressive encephalopathy); (2) a history of seizures which has not been evaluated; or, (3) a neurologic event which occurs between doses of pertussis containing vaccine.

Adverse events include the following:

Local reactions (injection site pain, swelling or redness)
Nodule at injection site
Hypersensitivity reactions (Arthus-type)
Fever
Drowsiness, loss of appetite
Severe systemic reactions are rare

PLAN

Ask parent or guardian about the medical history and recent health status of the child to determine the existence of any contraindications
Ask parent or guardian about adverse reaction after previous dose
Counsel regarding benefits, side effects, and management; recommend that parent may administer acetaminophen if a fever develops and the child is uncomfortable. If the child does not show signs of discomfort, medication is not necessary.
Have accompanying adult read "Vaccine Information Statement" (VIS)
Administer vaccine INTRAMUSCULARLY
Advise to wait in clinic for 20 minutes after injection
Record manufacturer and lot number of the vaccine administered, date that vaccine and VIS were given, name, address, and title of person administering vaccine
Instruct parent to contact Health Department if adverse reaction occurs (complete VAERS form)

Referral Indicators:

Unstable neurological conditions
Allergic hypersensitivity to any component of the vaccine
Severe reaction to previous DTaP/DTP or IPV
If severe reaction is reported as occurring within 30 days following vaccine administered by health department personnel, VAERS Report form must be completed
Refer for Tdap at 11-12 years

Follow-up:

After completion of series, refer for Tdap at 11-12 years

REFERENCES:

KINRIX™ (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine) by GSK. Package Insert June 2008.
"Epidemiology and Prevention of Vaccine-Preventable Diseases", Centers for Disease Control and Prevention, DHHS, current edition. http://www.cdc.gov/vaccines/pubs/pinkbook/pink-chapters.htm. Last accessed August 12, 2008.

DIPHTHERIA, TETANUS TOXOID & ACELLULAR PERTUSSIS, INACTIVATED POLIO, HAEMOPHILUS INFLUENZAE TYPE B COMBINATION VACCINE: DTaP-IPV-Hib (PENTACEL® BY SANOFI PASTEUR)

GENERAL INFORMATION

Pentacel® (DTaP-IPV-Hib) vaccine is licensed for use as doses 1 through 4 of DTaP, IPV and Hib vaccine series in children **42 days through 4 years** of age (**up to 5th birthday**) DTaP-IPV-Hib is *not* licensed for use as the 5th dose in the DTaP series.

The vaccine consists of lyophilized ActHIB reconstituted with liquid DTaP-IPV.

The **1st, 2nd, and 3rd doses** of DTaP-IPV-Hib should be **separated by a minimum of 4 weeks** (28 days)

For **4th dose** of DTaP-IPV-Hib, the child must be **at least 12 months of age, and less than 5 years of age, and, at least 6 months (180 days) since 3rd dose** of DTaP

Contraindications to giving the vaccine include the following:

- An immediate anaphylactic reaction following a previous dose of vaccine containing any of the components of DTaP-IPV-Hib
- Encephalopathy within 7 days of administration of previous dose of any pertussis-containing vaccine
- No pertussis-containing vaccine should be given to a child with a progressive neurological disorder (see Note below)

The following precautions, although not considered contraindications, should be carefully evaluated concerning the risks and benefits of vaccination for individuals who experienced any one of the following adverse reactions:

- Temperature of 105°F or higher within 48 hours (with no other identifiable cause) after vaccination with DTaP/DTP
- Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours after vaccination with DTaP/DTP
- Persistent, inconsolable crying lasting 3 hours or more, occurring within 48 hours after vaccination with DTaP/DTP
- Seizures, with or without fever, within 3 days after vaccination with DTaP/DTP
- Guillain-Barre syndrome within 6 weeks of a previous dose of a tetanus toxoid-containing vaccine

Defer vaccination of children with moderate to severe acute illness until they are well

NOTE: Stable/resolved neurologic condition (e.g., controlled epilepsy, cerebral palsy, or developmental delay), or a family history of convulsions is not a contraindication for DTaP.

If a child has any of the following conditions, vaccination should be delayed until the child has been evaluated, treatment initiated, and the condition stabilized: (1) an evolving neurologic disorder (uncontrolled epilepsy, infantile spasms or progressive encephalopathy); (2) a history of seizures which has not been evaluated; or, (3) a neurologic event which occurs between doses of pertussis containing vaccine.

Adverse events include the following:

Local reactions (pain, redness, swelling at injection site)
Increased chance of injection site swelling following 4th dose (not harmful, resolves spontaneously)
Nodule at injection site
Hypersensitivity reactions (Arthus-type)
Fever
Severe systemic reactions are rare

PLAN

Ask parent or guardian about the medical history and recent health status of the child to determine the existence of any contraindications
Ask parent or guardian about adverse reaction after previous dose
Counsel regarding benefits, side effects, and management; recommend that parent may administer acetaminophen if a fever develops and the child is uncomfortable. If the child does not show signs of discomfort, medication is not necessary.
Have accompanying adult read "Vaccine Information Statement" (VIS)
Reconstitute vaccine according to manufacturer's instructions
Administer vaccine INTRAMUSCULARLY according to recommended schedule:

VACCINE	DOSE #	AGE
DTaP-IPV-Hib	1	2 months (minimum age 6 weeks)
	2	4 months (or at least 4 weeks since dose #1)
	3	6 months (or at least 4 weeks since dose #2)
	4	12-18 months (must be at least 12 mos but less than 5 yrs of age, and at least 6 mos since dose #3)

Advise to wait in clinic for 20 minutes after injection
Record manufacturer and lot number of the vaccine administered, date that vaccine and VIS were given, name, address, and title of person administering vaccine
Instruct parent to contact Health Department if adverse reaction occurs (complete VAERS form)

Referral Indicators:

Unstable neurological conditions
Allergic hypersensitivity to any component of the vaccine
Severe reaction to previous DTaP, IPV, Hib or other vaccine component

If severe reaction is reported as occurring within 30 days following vaccine administered by health department personnel, VAERS Report form must be completed

If history of more than one seizure, consult with patient's private physician or public health physician

Refer for DTaP 5th dose at age 4-6 years – a 5th dose is not necessary if the 4th dose was administered after the 4th birthday.

A 5th dose of IPV is not necessary once the child has received a total of 4 doses

Follow-up:

Return for next DTaP appropriate interval

The 5th dose is omitted if DTaP #4 was given on or after the 4th birthday

Once all 4 IPV doses are completed, the child will not need a 5th dose of IPV after the 4th birthday

REFERENCES:

Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine (Pentacel®) by Sanofi Pasteur. Package Insert. June 2008.

Current ACIP recommendations

PEDIARIX
[Diphtheria, Tetanus Toxoid & Acellular Pertussis (DTaP), Hepatitis B Recombinant, and Inactivated Polio Vaccine (IPV) Combined]

GENERAL INFORMATION (For additional information, see DTaP, Hep B pre-exposure, and IPV vaccine protocols)

Pediarix can be administered simultaneously with Hib, Hep A, Varicella, and MMR using separate injection sites
Pediarix is approved as a 3-dose primary series, and should be given at 2, 4, and 6 months
The vaccine is licensed for children 6 weeks through 6 years of age and should not be given to infants less than 6 weeks of age or to anyone 7 years of age or older
The vaccine should be refrigerated between 36° and 46° F (2° and 8°C); vaccine that has been subjected to freezing temperatures should be discarded
Immunosuppressive therapies may reduce the immune response to vaccine

Contraindications include:

- Hypersensitivity to any component of the vaccine, including yeast, neomycin, and polymyxin B
- A history of anaphylaxis to a previous dose of Pediarix, or any of its components
- Moderate to severe febrile illness
- A history of encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of administration of previous dose of any pertussis-containing vaccine
- Progressive neurologic disorder[1] (e.g., infantile spasms, uncontrolled epilepsy, progressive encephalopathy)
- Pregnancy

The following precautions, although not considered contraindications, should be carefully evaluated concerning the risks and benefits of vaccination for individuals having experienced these circumstances following a previous dose of DTaP or DTP:

- Temperature of 105°F or higher within 48 hours of prior dose (with no other identifiable cause)
- Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours of prior dose
- Persistent, inconsolable crying lasting 3 hours or more, occurring within 48 hours of receiving vaccine
- Seizures, with or without fever, within 3 days of prior dose
- Guillain-Barre syndrome within 6 weeks of prior dose

[1] Stable/resolved neurologic condition (i.e., controlled epilepsy, cerebral palsy, or developmental delay), or a family history of convulsions in first-degree family members (parents or siblings) is not a contraindication for Pediarix.

Adverse Reactions include:

Local injection site reaction (pain, redness, swelling)
Fever (higher rates relative to separately administered vaccines)
Possibility of hypersensitivity reactions in individuals sensitive to streptomycin, polymixin B, or neomycin
Arthus-type hypersensitivity reactions
Severe systemic reactions are rare

Administration of vaccine:

Pediarix should be given at 2, 4, and 6 months, with a 6 to 8 week interval between doses
If an accelerated schedule is needed, there should be a minimum interval of 4 weeks between the first and second doses
The third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose but not before age 6 months
Pediarix is NOT indicated for use as a booster dose following a 3-dose primary series
A birth dose of single-antigen vaccine is preferred for all infants but MUST be administered to infants who are born to women who are HbsAg-positive or whose HbsAg status is unknown; the birth dose can then be followed by 3 doses of Pediarix at ages 2, 4, and 6 months

PLAN

Ask parent/guardian about personal/family history, adverse reaction following a previous vaccination, and recent health status of the child to determine existence of any contraindications
Counsel regarding vaccine benefits, side effects, and management.
Recommend that parent may administer acetaminophen if a fever develops and the child is uncomfortable. If the child does not show signs of discomfort, medication is not necessary.
Have accompanying adult read "Vaccine Information Materials" (VIMS) and "Vaccine Information Statement" (VIS)
Administer 0.5 mL Pediarix vaccine IM according to recommended schedule

Recommended Vaccine Schedule:

Vaccine	Dose #	Age	Minimum Age	Minimum Dose Interval
PEDIARIX	1	2 months	6 weeks	N/A
	2	4 months	10 weeks	4 weeks
	3	6 months	6 months	8 weeks
DTaP	4	15-18 months	12 months[2]	6 months
	5[3]	4-6 years	4 years	6 months
IPV	4	4-6 years	13 months	1 month

[2] May give #4 as early as 12 months of age if 6 months have elapsed since #3 and the child is unlikely to return at age 15-18 months
[3] 5th dose may be omitted if dose 4 is given on or after fourth birthday

NOTE:

Pediarix may be used to **complete a hepatitis B vaccination series**

Pediarix may be used to **complete the first 3 doses of the IPV vaccination series if initiated with vaccine from a different manufacturer**

Pediarix is **NOT recommended for completion of the first 3 doses of the DTaP vaccination series when initiated with vaccine from a different manufacturer**

Children who have received a **3-dose primary series of Pediarix should receive a fourth dose of IPV at 4-6 years and a fourth dose of DTaP vaccine at 15 to 18 months of age**[2]

Advise to wait in clinic for 20 minutes after injection

Record manufacturer and lot number of the vaccine administered, date, name, address, and title of person administering vaccine

Instruct parent to contact Health Department if adverse reaction occurs (complete appropriate form)

Referral Indicators:

Allergic hypersensitivity to any component of the vaccine

History of severe reaction to previous dose

Follow-up:

Return at appropriate interval according to schedule

REFERENCES

MMWR, March 14, 2003/52(10); 203-204. FDA Licensure of Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Hepatitis B (Recombinant), and Poliovirus Vaccine Combined, (PEDIARIX^{tm}) for Use in Infants

National Immunization Program, FAQs on Pediarix^{tm} Vaccine

SmithKline Beecham Pharmaceuticals PEDIARIX^{tm} Package insert

TETANUS, DIPHTHERIA, AND PERTUSSIS VACCINE TETANUS, DIPHTHERIA, AND ACELLULAR PERTUSSIS (Tdap) VACCINE FOR CHILDREN AND ADOLESCENTS (7 through 18 years) (ADACEL™ OR BOOSTRIX™)

GENERAL INFORMATION

Tdap vaccine is inactivated and contains no live organisms. The vaccine protects against tetanus ("lockjaw"), diphtheria, and pertussis ("whooping cough"). Like tetanus and diphtheria, immunity to pertussis wanes following childhood immunization or disease. Two Tdap vaccines were licensed in 2005 by the U.S. Food and Drug Administration (FDA) as a **ONE-TIME DOSE**:

ADACEL™ (Sanofi Pasteur) is licensed **for ages 11through 64 years.**

BOOSTRIX™ (GlaxoSmithKline) is licensed **for ages 10 through 64.**

Tdap is currently recommended by the Advisory Committee on Immunization Practices (ACIP) for routine use in adolescents aged 11 through 18 years. Subsequent routine Td BOOSTERS are recommended every 10 years (see Td protocol).

Tdap vaccine may be given at the same time as other immunizations, including meningococcal vaccine. It may be given before or after meningococcal vaccine if both vaccines cannot be given simultaneously.

Tdap SHOULD NOT BE GIVEN TO PERSONS WHO HAVE ALREADY RECEIVED Tdap. It should be given if the patient is unable to verify they have had Tdap.

Note: The CDC published ACIP recommendations in January 2011 that differ from the current manufacturers' package inserts on age and dose intervals. ACIP guidelines for the use of vaccines take priority and should be followed as written below.

ACIP Recommendations for Use (updated January 2011):

Tdap may be used **ONE TIME** either as a routine **BOOSTER** dose, OR as one of a **PRIMARY** vaccine series, OR for tetanus **PROPHYLAXIS** in accordance with standard guidelines for wound management.

Timing of Tdap: Can be administered regardless of interval since the last tetanus- or diphtheria-containing vaccine.

Note: A "complete" primary series of pertussis vaccine in childhood is typically defined as 5 doses of DTaP. Four doses of DTaP is considered complete when the 4th dose is given after the 4th birthday.

Children (7 through 10 years) who have not had a complete primary series of pertussis vaccine as defined above: give one dose of Tdap. Use Td for any additional doses necessary to complete the primary series of tetanus immunization.

Adolescents (11 through 18 years) who had a complete primary series of tetanus-containing vaccine in childhood - A single dose of Tdap is routinely recommended and should be given to **all children** between ages 11-12 years; administer at ages 13-18 years if catch-up required.

(continued on next page)

Adolescents (11 through 18 years) who have not had a primary series of tetanus-containing vaccine - A single dose of Tdap should be **substituted for one Td** in the 3-dose primary series; it is preferred as the first dose.

REFERRAL INDICATORS (PER ACIP)

Contraindications to giving the vaccine include the following:

- History of an immediate severe allergic reaction (anaphylaxis) to any of the three components of Tdap (i.e., tetanus, diphtheria, or pertussis vaccines) or to any combination vaccine containing Tdap components
- History of encephalopathy (e.g., coma, prolonged seizures) within 7 days of administration of a pertussis-containing vaccine that is not attributable to another identifiable cause; tetanus/diphtheria vaccine (Td) should be used instead of Tdap in such patients

Precautions which may require referral include the following:

- History of Arthus-type hypersensitivity reactions (extensive painful limb swelling within hours of injection) following prior tetanus vaccination; such patients should not be given any tetanus-containing vaccine more frequently than every 10 years
- A current progressive neurologic disorder, uncontrolled epilepsy, or progressive encephalopathy; defer vaccination with pertussis-containing vaccine until treatment regimen is established and condition is stabilized, Td may be used
- History of a severe allergic reaction (anaphylaxis) to latex[1]
- Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of a tetanus toxoid-containing vaccine
- Patient has an acute moderate-to-severe illness, with or without fever; vaccination should be deferred until illness has resolved

PLAN

Provide current Vaccine Information Sheet (VIS) about Tdap and the benefits of vaccination
Counsel regarding benefits, side effects, and management
Shake the vial well, administer 0.5 ml of vaccine INTRAMUSCULARLY
Remind that tetanus/diphtheria vaccine boosters are recommended every 10 years
Advise to wait in clinic 20 minutes after injection
Record manufacturer and lot number of the vaccine administered, date, name, address and title of the person administering vaccine
Instruct patient to contact Health Department if adverse reaction occurs (complete appropriate form)

[1] Boostrix™ pre-filled syringes contain latex. Adacel™ products and Boostrix™ single dose vials do not contain latex; there is no precaution against the use of these products in patients with latex allergy.

(continued on next page)

Referral Indicators:

History of an immediate severe allergic reaction (anaphylaxis) to prior tetanus, diphtheria, or pertussis vaccines
History of encephalopathy (e.g., coma, prolonged seizures) within 7 days of administration of a pertussis-containing vaccine
Refer for precautions as indicated

Follow-up:

Return for Td booster in 10 years, or for the next scheduled dose if administering a catch-up primary series.
Return for wound management as required

REFERENCES

Advisory Committee on Immunization Practice (ACIP) Votes to Recommend Routine Use of Combined Tetanus, Diphtheria and Pertussis (Tdap) Vaccines for Adolescents, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Atlanta, GA 30333, June 30, 2005

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed (ADACEL™) Vaccine package insert, Sanofi Pasteur (Aventis Pasteur), June 2005

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (BOOSTRIX™) Prescribing information, GlaxoSmithKline, May 2005, revised January 2009. http://us.gsk.com/products/assets/us_boostrix.pdf

Centers for Disease Control and Prevention, Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010. MMWR. http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf Last accessed January 14, 2011.

TETANUS, DIPHTHERIA, AND PERTUSSIS VACCINE TETANUS, DIPHTHERIA, AND ACELLULAR PERTUSSIS (Tdap) VACCINE FOR ADULTS (19 and up) (ADACEL™ OR BOOSTRIX™)

GENERAL INFORMATION

Tdap vaccine is inactivated and contains no live organisms. The vaccine protects from tetanus ("lockjaw"), diphtheria, and pertussis ("whooping cough"). Like tetanus and diphtheria, immunity to pertussis wanes following childhood immunization or natural infection. With pertussis, adults may suffer prolonged coughing illness and may infect others, including infants at risk for severe complications. ADACEL™ (Sanofi Pasteur) was licensed in 2005 by the U.S. Food and Drug Administration (FDA) for use in persons aged **11 through 64 years** as a **ONE-TIME DOSE.**

BOOSTRIX™ (GlaxoSmithKline) is licensed **for ages 10 through 64 as a ONE–TIME DOSE.**

Tdap is routinely recommended by the Advisory Committee on Immunization Practices (ACIP) for routine use in persons 11 and older who have contact with infants. It may be given to any adult (including adults over 64) who has not yet had Tdap. (See the Tdap protocol for adolescents for recommendations ages 11 through 18 years). **Subsequent routine Td BOOSTERS are recommended every 10 years** (see Td protocol).

Tdap vaccine may be given at the same time as other immunizations, including meningococcal vaccine. It may be given before or after meningococcal vaccine if both vaccines cannot be given simultaneously.

Tdap SHOULD NOT BE GIVEN TO PERSONS WHO HAVE ALREADY RECEIVED it. Tdap may be given if the patient cannot verify that he or she has received Tdap.

Note: In January 2011, CDC published revised ACIP recommendations for the use of Tdap, with respect to recipient age and dose interval. The ACIP guidelines differ from the manufacturer package insert and take priority over information contained in the package insert.

ACIP Recommendations for Use:

Tdap may be used **ONE TIME** either as a routine **BOOSTER** dose, OR as one of a **PRIMARY** vaccine series, OR for tetanus **PROPHYLAXIS** in accordance with standard guidelines for wound management. See specific guidance for adults 65 and older:

- **Adults (19 through 64 years) DUE FOR A ROUTINE TETANUS BOOSTER -** A single dose of Tdap is routinely recommended to replace a single dose of Td for booster immunization if they received the last dose of tetanus toxoid-containing vaccine ≥10 years earlier. Certain individuals should be given Tdap <10 years after their last Td; see below
- **Adults (19 through 64 years) WITHOUT A COMPLETE PRIMARY SERIES of Td-containing vaccine -** A single dose of Tdap should be **substituted for one Td** in the primary series; it is preferred as the first dose
- **Adults (19 through 64 years), REQUIRING TETANUS PROPHYLAXIS FOR WOUND MANAGEMENT -** A single dose of Tdap is preferred to Td if the patient has not had Tdap before (See Protocol for Wound Management)

Adults 65 and older: Tdap is ACIP-recommended for those needing pertussis protection because of contact or anticipated contact with an infant under age one year, regardless of time since last tetanus-containing vaccine. Tdap **may be given** to all adults over 65 who need a tetanus vaccine and have not received Tdap previously.

DOSING INTERVALS since last tetanus vaccine dose: Adults who need protection from pertussis should receive a single dose of Tdap regardless of the interval since the last tetanus-containing vaccine:

(a) Adults of any age (including age 65 or older) who have contact or anticipate close contact with infants <1 year of age (e.g., parents, grandparents, childcare providers, healthcare workers, post-partum mothers, women planning to become pregnant). Administration one month or more before exposure to the infant is ideal, if possible

(b) Health-care personnel of any age with direct patient contact in hospitals and outpatient facilities

PREGNANCY: Pregnancy is not a contraindication to Td or Tdap; if tetanus vaccination during pregnancy is indicated, Td is preferred. Td should be given to pregnant women if they have had an incomplete primary series of tetanus vaccine, require tetanus immunization for wound management, or if it has been ≥10 years since their last tetanus shot. Otherwise, advise pregnant women to receive Tdap as soon as possible post-partum. If a pregnant woman needs protection from pertussis (e.g., during an outbreak of pertussis in the community), Tdap may be given with an MD or NP order.

REFERRAL INDICATORS (PER ACIP)

Contraindications to giving the vaccine include the following:

History of an immediate severe allergic reaction (anaphylaxis) to any of the three components of Tdap (i.e., tetanus, diphtheria, or pertussis vaccines) or to any combination vaccine containing Tdap components

History of encephalopathy (e.g., coma, prolonged seizures) within 7 days of administration of a pertussis-containing vaccine that is not attributable to another identifiable cause; tetanus/diphtheria vaccine (Td) should be used instead of Tdap in such patients

Precautions which may require referral include the following:

History of Arthus-type hypersensitivity reactions (extensive painful limb swelling within hours of injection) following tetanus vaccination administered <10 years previously; such patients should not be given any tetanus-containing vaccine more frequently than every 10 years

A current unstable neurologic disorder, uncontrolled epilepsy, or progressive encephalopathy; defer vaccination with pertussis-containing vaccine until treatment regimen is established and condition is stabilized; Td may be used

Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of a tetanus toxoid-containing vaccine

Defer immunization if the patient has an acute moderate-to-severe illness, with or without fever, until illness has resolved

PLAN

Provide current Vaccine Information Sheet (VIS) about Tdap and the benefits of vaccination
Counsel regarding benefits, side effects, and management
Shake the vial well, administer 0.5 ml of vaccine INTRAMUSCULARLY
Remind that tetanus/diphtheria vaccine boosters are recommended every 10 years
Advise to wait in clinic 20 minutes after injection
Record manufacturer and lot number of the vaccine administered, date, name, address and title of the person administering vaccine
Instruct patient to contact Health Department if adverse reaction occurs (complete appropriate form)

Referral Indicators:

History of an immediate severe allergic reaction (anaphylaxis) to prior tetanus, diphtheria, or pertussis vaccines
History of encephalopathy (e.g., coma, prolonged seizures) within 7 days of administration of a pertussis-containing vaccine
Refer or defer immunization for precautions as indicated
Immunization considered <2 years since last tetanus booster (MD or NP order only)
Pregnancy (MD or NP order only)

Follow-up:

Return for Td booster in 10 years
Return for wound management as required

REFERENCES

Advisory Committee on Immunization Practice (ACIP) Votes to Recommend Use of Combined Tetanus, Diphtheria and Pertussis (Tdap) Vaccines for Adults, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Atlanta, GA 30333, March 2, 2006. http://www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf Last accessed May 12, 2006

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed (ADACEL™) Vaccine package insert, Sanofi Pasteur (Aventis Pasteur), June 2005

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (BOOSTRIX ™) Prescribing information, GlaxoSmithKline, May 2005, revised January 2009. http://us.gsk.com/products/assets/us boostrix.pdf

Centers for Disease Control and Prevention, Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010. MMWR. http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf Last accessed January 14, 2011.

TETANUS AND DIPHTHERIA TOXOID, ADULT TYPE (V069)
Td (Adult Type)

GENERAL INFORMATION

Tdap is recommended for most persons aged 11 through 64 years who have not yet received it, and may be given to any adult who has not yet received it (see Tdap protocol for adolescents 11 through 18 years or the protocol for adults >19 years).
Subsequent routine Td boosters are recommended every 10 years.[1]

Appropriate candidates include the following:

At least seven years of age and older (adults) requiring tetanus immunization for whom Tdap is not recommended (e.g., medical contraindication, previous dose of Tdap)

No previous dose of Td, or at least 6-8 weeks after Td #1 or 6 months after Td #2

Ten years since last tetanus-containing vaccine (DTP, DTaP, Tdap or Td)

Contraindications include the following:

History of severe allergic reaction (i.e., anaphylaxis) to a previous dose of any tetanus-containing vaccine or component of the vaccine

Precautions include the following:

Defer vaccination until resolution of moderate to severe acute illness

History of Arthus-type hypersensitivity reactions (extensive painful limb swelling within hours of injection) following tetanus vaccination administered <10 years previously; such patients should not be given any tetanus-containing vaccine more frequently than every 10 years

Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of a tetanus toxoid-containing vaccine

Severe (anaphylactic) latex allergy; vial stopper and pre-filled syringes may contain latex (see package insert)

PREGNANCY: Pregnancy is not a contraindication to Td or Tdap; if tetanus vaccination during pregnancy is indicated, Td is preferred. Td should be given to pregnant women if they have had an incomplete primary series of tetanus vaccine, require tetanus immunization for wound management, or if it has been ≥10 years since their last tetanus shot. Otherwise, advise pregnant women to receive Tdap as soon as possible post-partum. If a pregnant woman may need Tdap (e.g., during an outbreak of pertussis in the community), Tdap may be given with an MD or NP order.

PLAN

Have patient or accompanying adult read Vaccine Information Statement/Vaccine Information Material
Counsel regarding benefits, side effects, and management
Administer 0.5 cc of Td INTRAMUSCULARLY
Advise to wait in clinic 20 minutes after injection
Record manufacturer and lot number of the vaccine administered, date of administration and provision of VIS, name, address, and title of person administering vaccine (National Childhood Vaccine Injury Act)
Instruct patient to contact Health Department if adverse reaction occurs (complete appropriate form)

Referral Indicators:

History of severe reaction to previous dose of tetanus-containing vaccine (DTP / DTaP / DT / Td
History of severe latex allergy
Needs tetanus immune globulin (TIG) for wound management
If severe reaction is identified following vaccine administered by health department personnel, VAERS Report Form must be completed

Follow-Up:

If no primary series, return for Td #2 in 6-8 weeks or for Td #3 in 6 months
Return for Td booster in 10 years, according to current immunization schedule
Return for wound management as required (see Tetanus Prophylaxis in Wound Management Protocol)

REFERENCES

Packet Insert: http://www.vaccineshoppe.com/US_PDF/271-83_4152_4153.pdf last accessed May 12, 2006
Current Vaccine Information Statement: http://www.cdc.gov/nip/publications/VIS/vis-td.pdf last accessed May 12, 2006
National Childhood Vaccine Injury Act
Current Recommended Adult Immunization Schedule United States, Centers for Disease Control and Prevention, October 2005—September 2006
Centers for Disease Control and Prevention, Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010. MMWR. http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf Last accessed January 14, 2011.

TETANUS PROPHYLAXIS IN WOUND MANAGEMENT (8799)

GENERAL INFORMATION

Tetanus prophylaxis needed in wound management

PLAN

Teach wound care
Have patient or accompanying adult read Vaccine Information Statement/Vaccine Information Material
Counsel regarding benefits, side effects, and management
Administer IM 0.5cc DTaP, DT, Tdap or Td vaccine using the following schedule:

Child less than 7 years of age (Consult clinic visit schedule):

Give DTaP (or DT if pertussis component is contraindicated) if:
a) child has not had the immunizations recommended for age (e.g., <4 doses if ≥12 months)
[Injured child may need referral for Tetanus Immune Globulin (Human) --TIG
Indications for TIG are usually the same as for an older child (see chart below)], OR
b) The child has had <3 previous tetanus immunizations, the last dose was at least 28 days earlier, AND the child is at least the minimum age for the next dose due (Minimum ages: dose 1, ≥6 weeks old; dose 2, ≥10 weeks old; dose 3, ≥14 weeks old)

Do not give DTaP if:
a) The total number of DTaP immunizations would be in excess of the number recommended for the child's age
b) They have not reached the minimum age for the next dose due

Adult or child 7 years of age and over:

	CLEAN, MINOR WOUNDS		ALL OTHER WOUNDS +	
	Tdap (or Td)§	TIG	Tdap (or Td)§	TIG
Unknown or < 3 doses	Yes	No	Yes	Yes
≥ 3 doses*	No**	No	No++	No

+Such as, but not limited to, wounds contaminated with dirt, feces, soil, saliva, etc., puncture wounds, avulsions, and wounds resulting from missiles, crushing, burns, and frostbite
§ For persons with unknown or <3 doses (age 7 and up) Tdap is preferred if the patient has not previously received Tdap (if so, Td is preferred)
* If patient records indicate that only three doses of fluid tetanus toxoid have been received, a fourth dose of a tetanus toxoid, preferably adsorbed, should be given. Although licensed, fluid tetanus toxoid is rarely used. Children 7-10 years with incomplete pertussis immunization may receive Tdap, see Tdap protocol for children and adolescents.
**Yes, if more than 10 years since last dose

++Yes, if more than 5 years since last dose (more frequent boosters are not needed and can accentuate side effects)

NOTE: For non-pregnant persons 11 or older (including those over age 64), Tdap should be used instead of Td if the recipient has not previously received Tdap. If Tdap is not available or was administered previously, Td should be administered.

Pregnancy: Pregnancy is not a contraindication or precaution for the use of Td or Tdap. However, Td is preferred if tetanus immunization is necessary during pregnancy and may be given by protocol. Tdap may be given by MD or NP order.

Referral Indicators:

Needs TIG
History of severe reaction (e.g., anaphylaxis) to DTP/DTaP/DT/Td
If a severe reaction is reported as occurring within 30 days following vaccine administered by health department personnel, VAERS Report Form must be completed.

Follow-Up:

Persons whose immunizations are incomplete should be scheduled for the remainder of the recommended series.

REFERENCES

MMWR, Vol. 40, No. RR-10, August 1991.
2009 Red Book, American Academy of Pediatrics, 28th Ed.
MMWR, Vol. 55, No. RR-3, March 24, 2006
Advisory Committee on Immunization Practice (ACIP) Votes to Recommend Use of Combined Tetanus, Diphtheria and Pertussis (Tdap) Vaccines for Adults, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Atlanta, GA 30333, March 2, 2006. http://www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf Last accessed May 12, 2006
Centers for Disease Control and Prevention, Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010. MMWR. http://www.cdc.gov/mmwr/pdf/wk/mm6001.pdf Last accessed January 14, 2011.

LIST OF STANDARD ABBREVIATIONS

Revised January 2011

NOTE:

Region specific abbreviations may be used as long as they are approved by the region and are attached to the following list of approved standard abbreviations.

The use of abbreviations in standard program and laboratory manuals and Patient Tracking and Billing Management Information System (PTBMIS) are allowed.

The following Joint Commission on Accreditation of Healthcare Organization (JCAHO) prohibited abbreviations should not be used because potential for provider error:

qd /every day; qod / every other day; and U/ units

-A-

A&D	Alcohol & Drug
A & O	alert and oriented
Ab	abortion
Abd	abdominal, abdomen
Abn	abnormal
ac	before meals
ACHES	abdominal pain, chest pain, headaches, eye problems and severe leg pain
ADD	attention deficit disorder
ADHD	attention deficit hyperactive disorder
ad lib	as desired
ADL	activities of daily living
adm	admission, admit
AIDS	acquired immunodeficiency Syndrome
AKA	above knee amputation
ALT	anterio lateral thigh
am	morning
AMA	against medical advice
amb	ambulatory
Amox	Amoxocillin
amp	amputation
amt	amount
ant	anterior
ant font	anterior fontanelle
appt	appointment
ARDS	Acute Respiratory Distress Syndrome
ASA	aspirin
ASAP	as soon as possible
ASHD	arteriosclerotic heart disease
auth #	authorization number
AV	anteverted

- B -

BC	birth control
BCA	bichloracetic acid
BCP	birth control pills
B/F	black female
BF	breastfeeding
BID	two times daily
bil	bilateral
BKA	below knee amputation
BM	bowel movement
B/M	black male
BMI	body mass index
BMR	basal metabolic rate
B/P or BP	blood pressure
BOM	bilateral otitis media
BS or BG	blood sugar or glucose

STANDARD ABBREVIATIONS (Continued)

BSE	breast self exam
BSO	bilateral salpingo oophorectomy
BTB	break through bleeding
BTL	bilateral tubal ligation
BUM	back up method
BV	bacterial vaginosis
BW	birth weight
BX	biopsy

- C -

C	centigrade/ Celsius
Ca	cancer
Ca+	calcium
CABG	coronary artery bypass with graft
CAD	coronary artery disease
Cal	calorie
cap	Capsule
Carb	carbohydrate
cath	catheterization
CBE	Clinical Breast Exam
cc	cubic centimeter
CC	chief complaint
CCU	Coronary Care Unit
CD	communicable disease
CDC	Center of Disease Control
CEDS	Communicable and Environmental Disease Services
cert	certify
CHA	Community Health Agency
CHF	congestive heart failure
Chol	cholesterol
CHR	child health record
CID	correction in documentation
Cigs	cigarettes
ck	check
cm	centimeter
CMT	cervical motion tenderness
CMV	cytomegalovirus
CNS	central nervous system
c/o	complains of
co	county
CO_2	carbon dioxide
comp	comprehensive
colpo	colposcopy
cont	continue
COPD	chronic obstructive pulmonary disease
CPAP	continuous positive airway pressure
CPR	cardiopulmonary resuscitation
cryo	cryosurgery
C-section	cesarean section
CSS	Children’s Special Services
CTA	clear to auscultation
CV	cardiovascular
CVA	cerebral vascular accident
CVAT	costo vertebral angle tenderness
Cx	cervix
CXR	chest x-ray
Circ	circumcision

- D -

d	day/ daily
D	diarrhea
D & C	dilatation and curettage
dc, D/C	discontinue, discharge
DCS	Department of Children's Services
del	delivery, delivered
delt	deltoid
dept	department
dev	development
DHS	Department of Human Services
diaph	diaphragm
diff	differential
Dir	Director
disc	discussed
disp	dispensed
DM	Diabetes Mellitus
DMPA, Depo	Depo-Medroxyprogesterone (Depo-Provera)

STANDARD ABBREVIATIONS (Continued)

DOE	dyspnea on exertion
Doxy	Doxycycline
DTR	Deep tendon reflex
DTs	Delirium tremors
DVT	deep vein thrombosis
Dx	diagnosis
DZ	disease

- E -

ECC	endocervical curettage
ed	education
EDC	estimated date of conception
EDD	estimated date of delivery
EES, E-mycin	Erythromycin
EMS	Emergency Medical Services
ENT	ear, nose, throat
Env	environment
ER	emergency room
eRx	e prescribe
esp	especially
etc	and so on
ETOH	alcohol
eval	evaluate
ex	example
ext	external
enc	encourage

- F -

F, Fa	father
FA	Folic Acid
FBD	fibrocystic breast disease
FBS, FBG	fasting blood sugar or glucose
fe	female
Fe	iron
$FeS0_4$	ferrous sulfate
FM	fetal movement
font	fontannel
FH	fundal height
FHR	fetal heart rate
FHT	fetal heart tone
Fl	fluoride
freq	frequent
FSP	Family Service Plan
ft	foot
FTT	failure to thrive
f/u	follow-up
FUO	fever of undetermined origin
FVA	Fluoride Varnish Application
Fx	fracture

- G -

GB	gall bladder
GC	gonorrhea
GERD	gastro esophageal reflux disease
GF	grandfather
GI	gastrointestinal
glu	glucose
Gm	gram
GM	grandmother
Gr	grade
gr	grain
GSE	genital self-exam
gtt	drops
G_P_A_	gravida _, para _, abortion_
GYN	gynecology

- H -

H_2O	water
H_2O_2	hydrogen peroxide
HOH	hard of hearing
HA	headache
HBV	hepatitis B virus
HC	head circumference
HCTZ	hydrochlorothiazide
HCV	hepatitis C virus
HCW	health care worker
HD	health department
HDV	hepatitis D virus
HEENT	head, eyes, ears, nose, throat
HH	Home Health

STANDARD ABBREVIATIONS (Continued)

hosp	hospital
hr	hour
HR	heart rate
HRT	hormone replacement therapy
HS	night, bedtime
HSV	herpes simplex virus
ht	height
HTN	hypertension
Hx	history
hyst	hysterectomy

- I -

IBW	ideal body weight
IBS	irritable bowel syndrome
ICU	Intensive Care Unit
I&D	incision and drainage
ID	intradermal
IDDM	insulin dependent diabetes mellitus
i.e.	such as
IG	immune globulin
IM	intramuscular
imm	immunization
in	inches
info	information
inj	injection
Ins	insurance
inst	instruct, instructed, instructions
IP	intestinal parasite
irreg	irregular
ISG	immune serum globulin
IUD	intrauterine device, intrauterine contraception
IUGR	intrauterine growth retardation
IUP	intrauterine pregnancy
IV	intravenous

- J -

- K -

K+	potassium
Kcal	kilo calorie
KCL	potassium chloride
kg	kilogram
KUB	kidneys, ureters, bladder

- L -

L&D	labor and delivery
LAC	left antecubital
Lap	laparotomy
lat	lateral
lb	pound
LBW	low birth weight
LD	left deltoid
LE	lower extremity
LEEP	Laser Electrosurgical Excision Procedure
LEP	Limited English Proficiency
LFA	left forearm
lg	large
LG	left gluteus
LGA	large for gestational age
LGM	left gluteus maximus
liq	liquid
LLE	left lower extremity
LLL	Left Lower Lobe
LLQ	left lower quadrant
LMP	last menstrual period
LNMP	last normal menstrual period
LSB	left sternal border
LSC	last sexual contact
LUA	left upper arm

STANDARD ABBREVIATIONS (Continued)

LUE	left upper extremity
LUQ	left upper quadrant
LHD	local health department

- M -

m	male
M, Mo	mother
Max	maximum
mcg	microgram
mcg/dl	micrograms per dilution
MCH	Maternal and Child Health
MCO	Managed Care Organization
MDI	Metered Dose Inhaler
med	medication
mg	milligram
MGF	maternal grandfather
MGR	murmur, gallop, rub
MGM	maternal grandmother
mgt	management
MH	Mental Health
MI	myocardial infarction
min	minute
misc	miscellaneous
ml	milliliter
mm	millimeter
MNT	medical nutrition therapy
mo	month
mod	moderate
mono	mononucleosis
MRSA	methicillin resistant staph aureus
mtg	meeting
MVA	motor vehicle accident
MVI	multivitamin
MVP	mitral valve prolapse

- N -

Na	sodium
N/A	not applicable
NaCl	sodium chloride
NAS	intranasal
N&V	nausea and vomiting
NAD	no apparent distress
NFP	natural family planning
NGU	nongonococcal urethritis
NICU	neonatal intensive care unit
NIDDM	non insulin dependent diabetes mellitus
NKA	no known allergies
NKDA	no known drug allergies
nl	normal
NN	nurses notes
NOS	not otherwise specified
NPO	nothing by mouth
NRF	no refills
NRT	nicotine replacement therapy
NSAIDS	non-steroidal anti-inflammatory drugs
Nsg	nursing
NSR	normal sinus rhythm
NSSC	normal size, shape, and contour
N/T	non tender
nutr, nutri	nutrition

- O -

O_2	oxygen
O & P	ova and parasites
OB	obstetric
oc	oral contraceptive
occ	occasional
OCP	oral contraceptive pill
OD	overdose
OM	otitis media
ortho	orthopedic
OT	Occupational Therapy
OTC	over the counter
OV	office visit
oz	ounce

STANDARD ABBREVIATIONS (Continued)

- P -

P	pulse
palp	palpable
PAP	Patient Assistant Program
PC	Primary Care phone conference/call
pc	after meals
PCN	penicillin
PE	physical examination
ped	pediatric
peri	perineum
PERRLA	pupils equal, round, reactive to light and accommodation
PGF	paternal grandfather
PGM	paternal grandmother
PHBC	"Partners for Healthy Babies" curriculum
PID	pelvic inflammatory disease
pk	pack
pkg	package
pm	afternoon
PMH	past medical history
PMI	point of maximum impulse
PMS	premenstrual syndrome
pneu	pneumonia
PNV	prenatal vitamins
POC	plan of care
po	by mouth
post	posterior
pp	post partum
PPBS, PPBG	post prandial blood sugar or glucose
PPD	purified protein derivative
ppd	packs per day
PPNG	penicillinase producing neiserria gonorrhea
preg	pregnant
prep	preparation
Pres Elig	presumptive eligibility
PRN	as needed
Prog	program
PROM	premature rupture of membranes
PSVT	paroxysmal supraventricular tachycardia
PT	physical therapy pregnancy test
Pt	patient
p/u	pick up
PUD	peptic ulcer disease
pul	pulmonary
pvt	private
psych	psychiatric

- Q -

q	every
q ___ h	every ___ hours
QID	four times a day
qt	quart

- R -

R or RR	respirations
RA	rheumatoid arthritis
RAC	right antecubital
RD	right deltoid
RDS	respiratory distress syndrome
re	regarding
Re√	re-check
rec	recommend
rec'd	received
rev'd	reviewed
recert	recertify, recertification
ref	referral, refer
reg	regulation, regular
rehab	rehabilitation
resp	respiratory
req	request
RF	refill
RFA	right forearm
RG	right gluteus

STANDARD ABBREVIATIONS (Continued)

RGM	right gluteus maximus
Rh	serological blood grouping factor
RLE	right lower extremity
RLL	Right Lower Lobe
RLQ	right lower quadrant
r/o	rule out
ROI	release of information
ROM	range of motion
ROS	Review of Systems
R/R	reactive reparative changes
RRR	regular rate rhythm
R/S	resupply
RSB	right sternal border
r/t	related to
RTC	return to clinic
RUA	right upper arm
RUE	right upper extremity
RUQ	right upper quadrant
RV	retroverted
Rx	prescribed, prescription, treatment
RxAP	prescription assistance program

- S -

SAB	spontaneous abortion
SBE	self breast exam
SCJ	squamocolumnar junction
SE	side effects
SGA	small for gestational age
SIDS	Sudden Infant Death Syndrome
sl	slight
sm	small
SOAP	subjective, objective, assessment, plan
SOB	shortness of breath
SOM	serous otitis media
s/p	status post
spec	specimen
sq	squamous
SQ, subq	subcutaneous
SS	Social Security
s/s	signs and symptoms
SSI	Supplemental Security Income
ST	Speech Therapy
STAT	immediately
SVD	spontaneous vaginal delivery
SVT	supraventricular tachycardia

- T -

T/ temp	temperature
T & A	tonsillectomy and adenoidectomy
tab	tablet
TAH	total abdominal hysterectomy
Tbsp	tablespoon
TC	throat culture
TCA	trichloracetic acid
TIA	transient ischemic attack
TID	three times a day
TM	tympanic membrane
TNTC	too numerous to count
TOC	test of cure
TNCare	TennCare
tol	tolerated
tr	trace
trach	tracheostomy
trich	trichomoniasis
tsp	teaspoon
TTQL	Tennessee Tobacco Quit Line
Tx	treatment
TSE	testicular self exam

- U -

umb	umbilicus
UNK	unknown
UOQ	upper outer quadrant
URI	upper respiratory infection
US	ultrasound
UTD	up to date
UTI	urinary tract infection
UTV	unable to void

- V -

VA	Veterans Administration
vag	vaginal
VBAC	vaginal birth after caesarian section
VCF	vaginal contraceptive film
vit	vitamin
VO	verbal orders
Vo	vouchers only
VOC	verification of certification
Voc. Rehab	Vocational Rehabilitation
Vol	volume
VP	venipuncture
VS	vital signs
vtx	vertex
VU	verbalized understanding

- W -

W/F	white female
W/M	white male
w/c	wheel chair
wk	week
WNL	within normal limits
w/o	without
wt	weight

- X -

- Y -

y/o	year old
yd	yard
yr	year

- Z -

VACCINE MANUFACTURERS

CHI	Chiron
CSL	Commonwealth Serum Laboratories
GSK	GlaxoSmithKline
MBL	Massachusetts Biologic Labs
MI	MedImmune
MSD	Merck
NOV	Novartis
SP	sanofi pasteur
WL	Wyeth/ Lederle

CREDENTIALS/PERSONNEL

APN	Advanced Practice Nurse
BA	Bachelor of Arts
BFPC/BFC	Breast Feeding Pear Counselor
BS	Bachelor of Science
BSN	Bachelor of Science in Nursing
BSW	Bachelor of Social Work
CA	Counseling Assistant
CC	Care Coordinator
CDA	Child Development Aide
CNA	Certified Nursing Assistant
CNM	Certified Nurse Midwife
DA	Dental Assistant
DDS	Dentist
DH	Dental Hygienist
DIS	Disease Intervention Specialist
DO	Doctor of Osteopath
Dr.	Doctor
EMT	Emergency Medical Technician
HE	Health Educator
IBCLC	International Board Certified Lactation Consultant
LC	Lactation Consultant
LCSW	Licensed Clinical Social Worker
LDN	Licensed Dietitian/Nutritionist
LPN	Licensed Practical Nurse
LMSW	Licensed Medical Social Worker
MD	Medical Doctor
MHA	Masters in Health Administration
MPA	Masters in Public Administration
MPH	Masters in Public Health
MS	Master of Science
MSSW	Master of Science in Social Work
MSN	Master of Science in Nursing
MSW	Masters in Social Work
NA	Nursing Assistant
NE	Nutrition Educator
NUTR	Nutritionist
OT	Occupational Therapist
PA	Physician Assistant
PCP	Primary Care Physician/Provider
PHN	Public Health Nurse
PHOA	Public Health Office Assistant
PHR	Public Health Representative
PHOS	Public Health Office Supervisor
PMD	Private Medical Doctor
PMP	Private Medical Provider
PTA	Physical Therapy Assistant
RD	Registered Dietitian
RN	Registered Nurse
RN,C or RN-BC	Registered Nurse, Certified
RN-ES	Registered Nurse with Expanded Skills
RPh	Registered Pharmacist
RPT	Registered Physical Therapist
SC	Social Counselor
ST	Speech Therapist
SW	Social Worker

SYMBOLS

$\overline{a}$	before
$\overline{p}$	after
&	and
Ⓢ	subjective
Ⓞ	objective
Ⓐ	assessment
Ⓟ	plan
@	at
x	times
√	check, checked
=	equal
q	every
♀	female
’	foot
>	greater than
↑	high, elevated, above, increase
"	inches
Ⓛ	left
<	less than
↓	low, decreased, below
♂	male
Ⓜ	murmur
∅ or O	no or normal
#	number, pound
%	percent
/	per
+ or ⊕	positive
?	question
®	right
$\overline{c}$	with
$\overline{s}$	without
Δ	change
- or Θ	negative
2°	secondary
1°	primary
∴	therefore
°	degree
~	approximate
b√	breast check

5 As	Ask, Advise, Assess, Assist, Arrange
5 Rs	Relevance, Risks, Rewards, Roadblocks, Repetition