
Standing Orders for Administering Varicella (Chickenpox) Vaccine to Adults

Purpose: To reduce morbidity and mortality from varicella (chickenpox) by vaccinating all patients 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 may vaccinate patients who meet the criteria below.

Procedure

1. Identify adults in need of varicella (chickenpox) vaccination based on the following criteria:
 - a. lack of a personal history or serologic evidence of varicella infection
 - b. health-care worker or family contact of an immunocompromised person
 - c. living or working in an environment where transmission of varicella zoster virus is likely (e.g., teachers of young children, day care employees, residents and staff members in institutional settings) or can occur (college students, inmates and staff members of correctional institutions, military personnel)
 - d. planning to become pregnant in the future
 - e. living in a household with children
 - f. planning international travel
2. Screen all patients for contraindications and precautions to varicella vaccine:
 - a. **Contraindications:**
 - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For a list of vaccine components, go to www.cdc.gov/nip/publications/pink/appendices/a/excipient.pdf
 - pregnant now or may become pregnant within 1 month
 - substantial suppression of cellular immunity
 - b. **Precautions:**
 - recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product)
 - moderate or severe acute illness with or without fever
3. Provide all patients 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. Provide non-English speaking patients with a copy of the VIS in their native language; these can be found at www.immunize.org/vis
4. Administer 0.5 mL varicella vaccine SC (23–25g, 5/8–3/4" needle) in the posterolateral section of the upper arm.
5. Administer a second dose 4–8 weeks after the first dose.
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 varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.org or (800) 822-7967. VAERS report forms are available at www.vaers.org

This policy and procedure shall remain in effect for all patients of the _____ clinic until rescinded or until _____ (date).

Medical Director’s signature: _____ Effective date: _____