

VA GUIDANCE FOR THE 2024-25 INFLUENZA SEASON (INPATIENT)

1. VERIFY

Confirm the order in CPRS

Service	Order	Start / Stop	Provider	Nurse	Clerk	
Inpt. Meds	INFLUENZA INJ 0.5 ml IM ONCE For age 65 or older administer Fluzone HIGH DOSE Trivalent vaccine. For age 64 or under administer Fluarix Trivalent vaccine. View appropriateness of vaccine PRIOR to completing IMMUNIZATION TEMPLATE. Document in both BCMA and Influenza Immunization template as applicable. Indication: INFLUENZA VACCINATION		Geurkink, Eric A			

and BCMA

INFLUENZA INJ INFLUENZA VACCINE, QUAD (PF) SYR 0.5ML For age 65 or older administer Fluzone HIGH DOSE Quadrivalent 0.7 mL syringe. For age 64 or under administer Fluzone Quadrivalent 0.5 mL syringe. Use immunization template to document administration.	1 SYRINGE, ONCE	INTRAM...	DUE
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Vaccine orders are activated from the Admission orders after being verified by pharmacy

(**The BCMA example listed in this education does not list the current year's influenza vaccine, however, the process is still the same)

Locate the Influenza Immunization information:

➤ Immunization History

Reports tab > Health Summary > Immunizations Minneapolis

----- IM - Immunizations -----			
Immunization	Series	Date	Facility Reaction Info
COVID-19 (MODERNA), MRNA, LNP-S, *		06/01/2022 IZG:MN IIS	
COVID-19 (PFIZER), MRNA, LNP-S, B*		11/18/2022 IZG:MN IIS	
COVID-19 (PFIZER), MRNA, LNP-S, P*		12/01/2021 IZG:MN IIS	
	2	04/02/2021 MINNEAPOLI*	<C>
	1	03/12/2021 MINNEAPOLI*	<C>
HPV9		05/17/2023 IZG:MN IIS	
		12/29/2022 IZG:MN IIS	
		11/18/2022 IZG:MN IIS	
INFLUENZA, INJECTABLE, QUADRIVALE*		11/18/2022 IZG:MN IIS	
		12/01/2021 IZG:MN IIS	
INFLUENZA, SEASONAL, INJECTABLE		09/00/2016 No Site	
INFLUENZA, SEASONAL, INJECTABLE, *		10/26/2018 MINNEAPOLI*	
		09/22/2017 MINNEAPOLI*	
INFLUENZA, SEASONAL, INTRADERMAL, *		12/29/2021 IZG:MN IIS	
TDAP		08/01/2017 MINNEAPOLI*	<C>
<C> See the Detailed Immunizations Health Summary Component [DIM] for Comments			
*** END ** CONFIDENTIAL Immunizations - Minneapolis SUMMARY pg. 1 *****			

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2. **SCREEN**

Per available stock and ACIP 2024-25 recommendations, the VA will provide two options:

- **Sanofi Fluzone High-dose: adults aged ≥ 65 years**

(A high dose includes 3-4 times as much flu virus antigen for an increased immune response)

**NEW
INFO!!**



- **Fluarix – standard influenza vaccine recommended for adults ≤ 64 years**



**NEW
INFO!!**

Vaccine FYI:

- The standard trivalent dose is available to persons ≥ 65 years by request only
- Screen each patient per department process prior to giving vaccine
- Eggs and latex allergies are NOT considered contraindications to receiving the vaccine, the only contraindication to the flu vaccination is severe allergic reaction (ie. Anaphylactic reactions)
- Review link for community options to receive flu vaccines:

[Flu Shots Near You - National Center for Health Promotion and Disease Prevention \(va.gov\)](https://www.va.gov/flu-shots-near-you/)

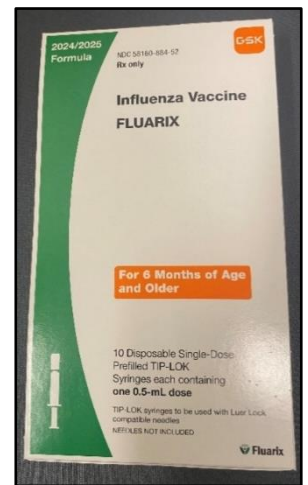
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3. SUPPLIES



Supplies needed:

- Prefilled syringe in fridge
- Safety locking needle (22g-25g, 1-1½ inch)
- Alcohol prep
- Gloves
- Face Shield (optional)
- Vaccine Information Sheet (VIS)
- Bandaid/cotton balls



**NEW
INFO!!**

- The High-Dose is a 0.5 ml dose and comes in packages of two
- The Standard dose is a 0.5 ml dose and comes in a package with a row of ten syringes

Both vaccines should be:

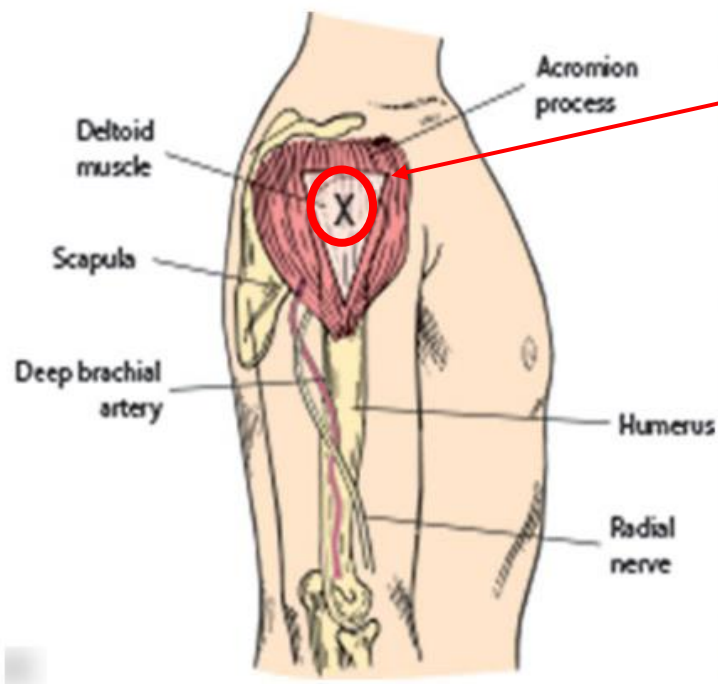
- Stored in a refrigerator between 2° and 8°C (36° and 46°F)
- Do not freeze, discard if the vaccine has been frozen

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4. ADMINISTRATION

- Administer flu vaccine in deltoid muscle
- This muscle can be used for more than one IM injection including Covid-19 vaccine
- Separate injection sites by 1 inch or more, if possible

○



- Administer vaccine to the patient's deltoid (locate the acromion process, which is the prominent part of the shoulder bone; then aim for administration at approximately 2-3 finger widths below)
- Administer at a 90- degree angle
- Do not aspirate

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5. **MONITOR**

- Monitor for any suspected allergic reactions:

Anaphylactic Reaction to Vaccines and medications	Symptoms of mild <u>local</u> reactions: Redness Itching Tenderness Localized edema at site	Actions for mild local reactions: • Ice pack to localized area
	Symptoms of systemic reactions including: Hives Dizziness Shortness of breath Tongue/throat/angioedema Nausea Weakness Hypotension Loss of Consciousness	Actions for any systemic reaction: • Call RRT: 612-919-5795 • Code Blue/SMART: 31-1911 • Maintain airway • Document adverse reaction in CPRS • Complete Joint Patient Safety Reporting (JPSR)

- Health care providers are required to report to VAERS any adverse event listed by the vaccine manufacturer as a contraindication to further doses of vaccine and adverse events listed: <https://vaers.hhs.gov/>

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6. DOCUMENT

CPRS: Influenza Vaccine Template

- The VIS hyperlink takes you to the most up-to-date version from the CDC
- If the patient is
 - ≥65 years old **both** doses will be listed
 - ≤64 years old then **only** the standard quadrivalent dose will be listed
- After selecting a dose, fill out the VIMM

Reminder Dialog Template: INFLUENZA VACCINATION

SEASONAL INFLUENZA VACCINE 2024-2025 v 5.0

☐ Detailed information on seasonal influenza immunization

SEASONAL INFLUENZA VACCINE

☒ Document administration of influenza vaccine today

Choose One:

☐ Influenza, Trivalent, Preservative Free (Fluarix-Syringe)

☒ Influenza, High-Dose, Trivalent, Preservative Free (Fluzone-Syringe) **Preferred for ≥65** Fluzone, High Dose*

[Seasonal Influenza Vaccine VIS](#)

☐ Record seasonal influenza vaccine given elsewhere

☐ Deferral / Refusal

☐ Virtual/Telehealth Visit - Patient educated on the need outside facility. (A reference for outside immunization locations can be found at this link [Find VA locations by](#)

Visit Info Finish Cancel

<No encounter information entered>

* Indicates a Required Field

If you need a copy of the VIS, click on the hyperlink

Don't forget to chart when the vaccine is received elsewhere or refused

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7. The VIMM

- Verify the correct vaccination, lot number, and expiration date
 - If there are any discrepancies contact pharmacy
- All asterisked fields are required

Enter Immunization

Immunization Evaluation Statuses:

Reminder Name	Status	Date Done	Date Due	N..	Administration Date	Series	Facility/Source
Herpes Zoster (Shi...	DUE NOW	unknown	DUE NOW				
Influenza Immuniz...	DUE NOW	unknown	DUE NOW				
Pneumococcal Con...	DUE NOW	unknown	DUE NOW				
Hepatitis B Serolog...	DNF	1/27/2023@10:15...					

Immunization List Add Immunization

Immunization	Documentation Type	Documentation Status

Immunization Selection

Select Documentation Type*

☒ Administered ☐ Contraindication/Precaution ☐ Historical ☐ Refused

Select an Immunization*

INFLUENZA, HIGH-DOSE, TRIVALENT, PF

Editor/Detail Viewer

Lot Number* U184370A **Expiration Date** Jun 05, 2025 **Manufacturer** SANOFI PASTEUR

Administration Date* Sep 10, 2024@12:44 **Administered by*** Ceurkink, Eric A - Pharmacist [NPI: 1] **Administering by Policy** ☐ **Ordered by*** Ceurkink, Eric A - Pharmacist [NPI: 1]

Route* INTRAMUSCULAR **Anatomic Location*** **Series** **Dosage in mL*** 0.5

Vaccine Information Statement INFLUENZA(FLU) VACC(INACTIVATED OR RECOMBINANT)VIS Aug 06, 2021 (B... **Procedure Codes** 90662 (IIV NO PRSV INCREASED AC... **Diagnosis Codes** Z23, (Encounter for immunization)

Cancel Clear Save Finish

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8. **BCMA**

- Scan vaccine in BCMA.
 - Make sure to scan in BCMA **before** signing your note in CPRS
- Only mark “held” if the patient has already received the vaccine.
- If the patient declines/refuses, then mark in BCMA as refused
 - Reminder: refusals will still need to be documented in CPRS

Bar Code Medication Administration - v3.0.101.5

File View Reports Due List Tools Help

Missing Dose Medication Log Medication Admin History Allergies CPRS Med Order Flag

BCMAPATIENT,TWO (MALE)
 SSN = 000-00-2002
 DOB = 1/2/1900 (120)
 Height = 174cm, Weight = 69.40kg
 Location = 3K 3K104-1

ALLERGIES: fentanyl, meclizine ADRs: versed inj 5 mg/ml

Status	Ver	Hsm	Type	Alert	Active Medication	Dosage	Route	Next Dose Action	Δ	Last Action	Last S
	SER		O		INFLUENZA INJ INFLUENZA VACCINE,QUAD (PF) SYR 0.5ML Nurse administrating view appropriateness of this vaccine PRIOR to completing the IMMUNIZATON TEMPLATE then scan administering through BCMA	0.5 ML, ONCE	INTRAMUSCULAR	DUE		HELD: 9/25/2019@2347	

(**The BCMA example listed in this education does not list the current year's influenza vaccine, however, the process is still the same)

If there are any further questions, please reach out to your manager