

# **Pneumococcal Polysaccharide (Pneumovax 23) Immunization for Patients Receiving Hemodialysis**

## **Site Applicability**

All Hemodialysis Units (SPH In-center, and Community Dialysis Units)

## **Practice Level**

Registered Nurses and Licensed Practical Nurses who have completed required education to provide hemodialysis care for patients at Providence Health Care.

## **Requirements**

A prescriber's order (paper pre-printed or electronic order) is required to utilize the immunization protocol for chronic hemodialysis outpatients.

## **Eligibility**

All individuals 2 years of age and older with chronic kidney disease, receiving hemodialysis or peritoneal dialysis.

## **Contraindications**

History of anaphylactic reaction to previous dose of pneumococcal vaccine or to any component of PNEUMOVAX 23 vaccine.

## **Need to Know**

1. Immunization guidelines/protocol can only be applied to patients who are chronic hemodialysis outpatients.
2. Pneumococcal vaccination should be administered at least 2 weeks prior to the initiation of immunosuppressive therapy.
3. Potential side effects include, low grade fever (rarely greater than 39°C), weakness, myalgia, headache, photophobia, chills and nausea.
4. Adverse reaction may intensify if revaccination occurs within 2 years.

## Protocol

### Assessment

1. Confirm informed consent from patient or substitute decision-maker.
2. Review allergies to ensure no contraindication.
3. Review vaccination history to determine if patient had prior vaccination with pneumococcal polysaccharide vaccine.

### Procedure

1. Select powerplan NEPH Hemodialysis Vaccination.
2. Select add to phase and choose order sentence
  - a. pneumococcal polysaccharide vaccine 23-valent (PNEUMOVAX 23) 0.5 mL, **IM**  
OR
  - b. pneumococcal polysaccharide vaccine 23-valent (PNEUMOVAX 23) 0.5 mL,  
**subcutaneous**

### Intervention

1. Administer 1 dose of the pneumococcal polysaccharide vaccine given as 0.5 mL SUBCUT or IM
2. Booster dose should be offered 5 years after the initial immunization

### Documentation

#### Sites live with CST-Cerner

1. Sign for vaccine in MAR (medication administration record), recording dose, site of administration and lot number of vaccine, utilizing bar code scanner.
2. For CERNER splits with split activation ensure vaccine is documented in PROMIS.

#### Non-CERNER Sites

1. Transcribe vaccination order to paper MAR and Prescriber orders from Pre-printed order – Pneumococcal 23-polyvalent vaccine (Pneumovax 23) 0.5 mL subcutaneous or IM once to facilitate PROMIS data entry.
2. Sign for vaccine on paper MAR recording date and time, site of administration and lot number of vaccine.
3. Document vaccine in PROMIS Database.

### Patient and Family Education

1. Patient to observe for any adverse reactions and report them to a health care professional immediately or seeking emergency assistance if they cannot breathe feel throat tightening or swelling.

2. Inform patients that local reactions (redness, soreness or swelling) at the site of injection are not uncommon and resolve within 24 to 48 hours after vaccination.
3. Patient to remain in the hemodialysis unit for 15 minutes post vaccination to monitor for any adverse events.

## Related Documents

- BCCDC Communicable Disease Control Manual: Chapter 2 Immunizations, Biological Products
  - [Completing a Pneumococcal Conjugate Vaccine Series](#)
  - [Pneumococcal Polysaccharide Vaccine PNEUMOVAX®23](#)
- Hand Hygiene
  - [PHC Hand Hygiene](#)
- Immunization Guidelines
  - [Canadian Immunization Guide Seventh Edition - 2006.](#)
  - [National Advisory Committee on Immunization \(NACI\).](#)
  - [National Advisory Committee on Immunization \(NACI\). Update on the use of pneumococcal vaccines](#)
- British Columbia College of Nurses and Midwives
  - [Registered Nurses Scope of Practice, Standards, Limits, Conditions](#) (Acting with Client-Specific Orders)
  - [Licensed Practical Nurses Scope of Practice, Standards, Limits, Conditions](#) (Acting with Client Specific Orders)

## Persons/Groups Consulted:

Clinical Practice Group, PHC Renal Program

## Developed By:

PHC Hemodialysis Program

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