

SAMPLE Immunization Protocol
Authority to Immunize
Authority to Initiate Immunization
Standing Prescription Order to Administer Immunizations

_____ SD License # _____, acting as an authorized pharmacist who is trained and authorized to administer immunizations per ARSD 20:51:28 on behalf of the undersigned physician, according to and in compliance with the SDCL 36-11-19.1 may administer the immunizations listed below to patients who are at least ___ years old and in addition may administer influenza vaccinations to patients who are at least ___ years old on the premises of:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City: _____ Zip Code: _____

Pharmacy Phone Number: _____

Email Address: _____

or elsewhere upon notification of sponsoring physician for a time period equal to two years from the date this document is signed.

To protect people from preventable infectious diseases that cause needless death and disease, the above pharmacist may administer the following immunizations to eligible patients, who are at least ___ years old and in addition influenza vaccine (IM or IN) to those who are at least ___ years old, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and other competent authorities:

- Hepatitis A Vaccine, IM
- Hepatitis B Vaccine, IM
- Human papillomavirus (HPV) Vaccine, IM
- Measles, mumps rubella (MMR) Vaccine, SC
- Meningococcal conjugate (MCV-4) Vaccine, IM
- Pneumococcal polysaccharide (PPV-23) Vaccine, IM or SC
- Tetanus, diphtheria, pertussis (Td/Tdap) Vaccine, IM
- Varicella (chickenpox) Vaccine, SC
- Varicella zoster (shingles) Vaccine, SC

All IM injectable vaccines will be given in the deltoid muscle. All SC injections will be given in the fatty tissue over the triceps muscle. IN influenza vaccine will be given by intranasal route.

Other vaccines may be added or deleted from this list by supplementary instruction from the undersigned.

In the course of treating adverse events following immunization, the pharmacist is authorized to administer epinephrine (in the form of an Epi-Pen at 0.3mg per dose) and diphenhydramine (at a dose of 1mg/kg; maximum 50-100 mg per dose) by appropriate routes as necessary. The pharmacist will maintain current certification in CPR.

In the course of immunization, the pharmacy will maintain perpetual records of all the immunizations administered. Before immunization, all vaccine candidates will be questioned regarding contraindications and precautions, such as previous adverse events after immunization, food and drug allergies, current health, immunosuppression, recent receipt of blood or anti-body products, pregnancy, and underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine being offered. All vaccine recipients will be observed for a suitable period of time after the immunization for adverse events.

All vaccine recipients will be given a written immunization record. The immunization will be reported to their primary care provider by fax or mail within 14 days of immunization following ARSD 20:51:28:05. If pursuant to an order, report to the primary care provider within 28 hours. The immunization should also be reported to the South Dakota Immunization Information System (SDIIS) within 14 days.

The pharmacist will not endeavor to disrupt existing patient-physician relationships. The pharmacist will refer patients needing medical consultation to a physician. The pharmacist will make special efforts to identify susceptible people who have not previously been offered immunizations.

The authorization will be valid two years from the date indicated below, unless revoked in writing.

Pharmacist Name: _____

Pharmacist Signature: _____

Pharmacy License #: _____

Date: _____

Physician Name: _____

Physician Signature: _____

Address: _____

City: _____ State: SD Zip: _____

Medical License #: _____

Date: _____