

Pneumococcal Screening Form

Revised 08/2017

Resident label

Last Name

First Name

DOB

INFECTION CONTROL

Is the resident 65 years or older? YES NO Is the resident 19-64 years with any of the following conditions? YES NO

- Chronic heart or lung disease Diabetes Alcoholism Chronic Liver Disease CSF Leaks Cochlear implants Cigarette Smoker
- Sickle cell disease or other hemoglobinopathies Congenital or acquired asplenia Congenital or acquired immunodeficiency
- HIV infection Chronic Renal Failure Nephrotic syndrome Leukemia Lymphoma Hodgkin Disease
- Generalized Malignancy Lastrogenic Immunosupresion Solid Organ Transplant Multiple Myeloma

Pneumococcal Vaccination History:

Vaccine Record Source:

PCV13

Date Received: Age > 65 YES NO

Date Received: Age > 65 YES NO

Date Received: Age > 65 YES NO

PPSV23

Date Received: Age > 65 YES NO

Date Received: Age > 65 YES NO

Date Received: Age > 65 YES NO

Based on CDC/ACIP guidelines infection control recommends: PCV13 PPSV23 No pneumococcal vaccination

Infection Prevention Date Time

NURSING SCREENING FOR ELIGIBILITY

Is resident, parent, or legal representative able to answer the pneumococcal screening questions?

YES Complete the rest of this section NO STOP and contact the POA for approval, or PCP for order

Name of POA

Do any of the following apply to this resident?

Fever > 101.3 F (38.5 C) in the last 24 hours?	<input type="radio"/> YES <input type="radio"/> NO	If YES to ANY questions STOP screening. This resident is not eligible for pneumococcal vaccination. Do not administer vaccine without physician consult.	If NO to ALL questions VACCINE is INDICATED. Please offer vaccine and provide VIS sheet education on risks and benefits.
Report of prior pneumococcal vaccination not identified by infection control?	<input type="radio"/> YES <input type="radio"/> NO		
Report of allergy to pneumococcal vaccine?	<input type="radio"/> YES <input type="radio"/> NO		
Pregnancy?	<input type="radio"/> YES <input type="radio"/> NO		
Admitted for chemotherapy, radiation therapy, or receipt of either in the past 2 weeks?	<input type="radio"/> YES <input type="radio"/> NO		
Admitted for hematopoietic stem cell transplantation within the past 12 months?	<input type="radio"/> YES <input type="radio"/> NO		
Has had or will have a solid organ transplant within this hospitalization?	<input type="radio"/> YES <input type="radio"/> NO		
Admitted for palliative end of life care?	<input type="radio"/> YES <input type="radio"/> NO		
Clinically unstable at time of screening?	<input type="radio"/> YES <input type="radio"/> NO		

Resident/POA accepted vaccination, VIS sheet provided: PCV13 dated 11/2/2015 PPSV23 dated 4/24/2015
If resident or care giver accepts vaccination, complete Standing Order sheet for vaccine with RCC and scan to pharmacy.

Resident is not eligible Resident/POA Declined

RN/LPN Signature: Date Time

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