

Minimum Screening Questionnaire for Immunizing Pharmacists (Comments in italics are notes for use in applying questionnaire, but do not need to be present on patient copy to meet minimum standards.)

UPDATED: July, 2019

1. Are you sick today?
2. Do you have any allergies to medications, foods (e.g. eggs), latex, or a vaccine component (e.g. gelatin, neomycin, polymyxin, yeast, thimerosal, etc.)? If yes, please list: _____
3. Have you ever had a serious reaction (including fainting) after receiving a vaccination? <i>(If fainting, need vagal precautions built into protocol with triage and treatment recommendations should this occur at pharmacy).</i>
4. Do you have a long-term health problem such as heart disease, lung disease, liver disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia or other blood disorder? <i>(If so, these need to be addressed in protocol based on current accepted guidelines).</i>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? Have you been diagnosed with rheumatoid arthritis, ankylosing spondylitis, Crohn's disease?
6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?
7. Have you had a seizure, or a brain or other nervous system problem, or Guillian Barre?
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? <i>(Response needs to be addressed in protocol).</i>
9. For women , are you pregnant or is there a chance you could become pregnant during the next month? <i>(Protocol needs to address for specific vaccines).</i>
10. Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a physician's office or hospital?
11. Have you received any vaccinations in the past 4 weeks? (Question not required for inactivated injectable influenza but is for all other immunizations including live attenuate intranasal influenza).
12. For Tdap and adult Td (ONLY). Do you have an open wound, puncture or tissue tear that prompted you to get a tetanus shot?

NOTE:

- It is the patient's responsibility to seek appropriate follow up care for any adverse reaction that may result from this vaccine.
- For any affirmative answer, clinical due diligence should be utilized, and the protocol governing immunizing pharmacists should address affirmative answers to these questions.
- An immunization must NOT be given if there is an affirmative answer to question 10 or 12.

Minimum Safety Procedures for Immunizing Pharmacists:

The protocol utilized by the immunizing pharmacist under the direction of the supervising physician should address each of the following potential situations:

- A review of the NC Immunization Registry prior to the immunization to prevent multiple immunizations and recording the immunization in the NCIR after the immunization based on the statutory timeframe
- Minor allergic reaction
- Severe allergic reaction which may or may not include respiratory distress
- Fainting
- Pain, redness or swelling from an injection
- Bleeding
- If warranted, the appropriateness and timing of multiple vaccines on the same day
- Review of ACIP and CDC guidelines
- Other common health or safety events that could result from an immunization.
- A Reminder of the immunizing pharmacist's responsibility to inform the patient's medical home or provide material on the importance of a medical home/primary care physician if the patient does not have one
- Medication utilized for a reaction (antihistamine, epinephrine)
- 911 response measures
- Patient monitoring
- CPR / maintenance of airway
- Referral for medical evaluation
- Completion of a VAERS form