

COVID-19 Vaccine Standard Orders (for Personal Care Home)

Addressograph/Place Label Here

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
Patient allergy and contraindications must be considered when completing these orders.*

Automatically activated (If not in agreement with an order cross out and initial).
 Requires a check (√) for activation

Allergies: Unknown No Yes (describe)

MEDICATION ORDERS	GENERAL ORDERS
<p><input type="checkbox"/> mRNA COVID-19 vaccine <u>2 dose series</u> Moderna vaccine 0.5 mL intramuscular x 2 doses, at least 28 days apart OR Pfizer-BioNTech vaccine 0.3 mL intramuscular x 2 doses, at least 28 days apart</p> <p><input type="checkbox"/> mRNA COVID-19 vaccine <u>second dose</u> (for residents with a minimum of 28 days after 1st dose of COVID-19 vaccine): Moderna vaccine 0.5 mL intramuscular x 1 dose OR Pfizer-BioNTech vaccine 0.3 mL intramuscular x 1</p> <p><input type="checkbox"/> mRNA COVID-19 vaccine <u>third dose</u> (for PCH residents with a minimum of 6 months after the last dose of COVID-19 vaccine) Moderna vaccine 0.5 mL intramuscular x 1 dose OR Pfizer-BioNTech vaccine 0.3 mL intramuscular x 1</p> <p>COVID-19 vaccine NOT given because:</p> <p><input type="checkbox"/> Resident has a contraindication to the vaccine, please follow the guideline listed on Manitoba Health for Medical Exemption</p> <p><input type="checkbox"/> Resident/substitute decision maker offered COVID-19 vaccine and declined</p>	<ul style="list-style-type: none"> ■ The healthcare professional administering the vaccine will screen the resident for vaccine contraindications ■ Obtain Informed consent from resident/substitute decision maker ■ Prior to vaccine administration, immunizer confirms that an informed consent was obtained ■ The healthcare professional administering vaccine must verify the vaccination status of the resident including the brand administered and date of previous doses of COVID-19 vaccine. <p>Monitoring</p> <ul style="list-style-type: none"> ■ Observe and monitor for signs and symptoms of anaphylaxis, syncope for 15 minutes following vaccine administration ■ Use the anaphylactic shock orders outlined on the PCH Medication Standing Orders (CLI.6010.FORM.001) and ■ Notify the attending / covering MD in case of anaphylactic reaction ■ Complete an occurrence report and the Adverse Events Following Immunization (AEFI) form ■ Forward completed AEFI form to Public Health Email: phcentralintake@southernhealth.ca Fax #: 204-428-2734

PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date _____ Time _____

Order Transcribed
Date: _____ Time: _____ Init _____

FAX TO PHARMACY
Date: _____ Time: _____ Init _____