| Patient Group Direction for the administration of Pneumococcal Polysaccharide Vaccine | |
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| **Approved at** | **Leeds PCT PGD development group (by email)** |
| **Date Approved** | **5th October 2007** |
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| **Date Ratified** | **5th October 2007** |
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| **Identified lead for monitoring/review and contact details** | Tony Jamieson |
| **Patient Group Direction Number** | 003/04 |

## Consultation Process adopted in developing the Patient Group Direction (PGD)

| **Title of document** | **Patient Group Direction for the administration of Pneumococcal Polysaccharide Vaccine** |
|---|---|
| New Document | No |
| Revised Document | Yes |
| If the PGD is revised what revisions were required and for what reasons e.g. change in medical procedures or change in legislation | See revision proforma |
| Director Lead<br>(name and job title) | Damian Riley |
| Author<br>(name and job title) | Kim Taylor - Medicines Management Facilitator |
| List of persons/groups involved in developing PGD (including job title) | Carey Halls – Non-Medical Prescribing & Locality Lead Pharmacist<br>Mike Gent - Consultant in Communicable Disease, HPA |
| List of persons involved in consultation process (including job title) | PGD group<br>Louise Metcalfe - General Practice Nursing Professional Development Advisor<br>Tom Heyes - Head of Professional Development |

# Patient Group Direction for the administration of Pneumococcal Polysaccharide Vaccine

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| **Applies to:** | All nurses with valid Nursing and Midwifery Council (NMC) registration working within the NMC: Code of Professional Conduct: Standards for Conduct, Performance and Ethics (2004), Advice Sheet for Medicines Management (2006) and Advice Sheet on Record Keeping (2006) Who are competent to undertake immunisation, have resuscitation skills, anaphylaxis training and can show evidence of attendance of updates on resuscitation skills, immunisation and the management of anaphylaxis within the community |
| **Clinical Condition** | |
| **Condition** | Immunisation against pneumococcal infection in accordance with the National Pneumococcal Immunisation Programme |
| **Inclusion criteria** | **Primary Immunisation**<br>Primary Immunisation is recommended for all adults aged 65 years and over and individuals aged two years and over who have been diagnosed with any of the following conditions included in the clinical risk group below, AND where VALID consent (as per PCT consent policy) has been given to receive the vaccine<br>• Asplenia or dysfunction of the spleen, including homozygous sickle cell disease and coeliac syndrome<br>• Chronic respiratory disease – this includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, and bronchopulmonary dysplasia (BPD). Asthma requiring repeated use of systemic steroids (as defined in Immunosuppression below):<br>o Children with respiratory conditions caused by aspiration, or a neuromuscular disease (eg cerebral palsy) with a risk of aspiration<br>• Chronic renal disease, including nephrotic syndrome, chronic renal failure, renal transplantation<br>• Chronic heart disease– this includes those requiring regular medication and / or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications and chronic heart failure<br>• Chronic liver disease including cirrhosis<br>• Diabetes mellitus requiring insulin or oral hypoglycaemic drugs<br>• Immunosuppression due to disease or treatment including asplenia or splenic dysfunction, those on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg, a dose of 1mg or more per kg per day. HIV infection at all stages*<br>• Individuals with cochlear implants<br>• Individuals with CSF leaks<br>• Children under 5 years who have previously had invasive pneumococcal disease<br>*Immunocompromised patients may have a suboptimal immunological response to the vaccine |

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| **Inclusion criteria (cont)** | **Booster Immunisation:**<br>Routine Re-Vaccination is not currently recommended except in individuals in whom the antibody concentration is likely to decline rapidly (e.g. asplenia, splenic dysfunction and nephrotic syndrome). In these cases re-vaccination is recommended every 5 years<br><br>**If there is doubt, the need for revaccination should be discussed with a clinician and measurement of antibodies considered** |
| **Exclusion criteria** | • Known hypersensitivity to any of the ingredients<br>• Acute illness<br>**Although pregnancy or breastfeeding is not a contraindication to pneumococcal vaccine, pregnant or breastfeeding women should be referred to a GP or nurse prescriber for a patient specific direction** |
| **Action if excluded** | Give information about when the patient may be eligible and when to seek medical advice |
| **Action if patient does not consent** | • Give information regarding the dangers of pneumococcal infection<br>• Give information regarding the protective effects of the vaccine<br>• Record information given and reason for declining in patient record |

## Description of Treatment

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| **Name of medcine** | Polyvalent (23-valent) unconjugated Pneumococcal polysaccharide vaccine (available as Pneumovax II™) |
| **Legal classification** | Prescription only medicine |
| **Licensing information** | Licensed for individuals aged 2 years or above where there is an increased risk of morbidity and mortality from pneumococcal disease, following official recommendations |
| **Form** | Solution for injection in a vial |
| **Strength** | The 0.5 mL dose of vaccine contains 25 micrograms of each of the following 23 pneumococcal serotypes: 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, 33F. |
| **Dose** | 0.5ml |
| **Maximum dose** | One single dose |
| **Route** | Intramuscular or deep subcutaneous injection<br><br>Vaccination by deep subcutaneous route should be reserved only for individuals with a bleeding disorder |
| **Total treatment quantity** | One dose |
| **Adverse reactions** | Local side effects may include redness, swelling, pain, bruising, and hardness at injection site. Systemic side effects may include pyrexia, headache, tiredness, muscle and joint pain and general feeling of being unwell.<br>**For full details of side-effects,** the product literature should always be consulted Report all serious suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA), Commission on Human Medicines using a Yellow Card or on-line via www.yellowcard.gov.uk. Report serious suspected reactions even if they are listed above, in the BNF or in the Summary of Product Characteristics (product data sheet). Yellow Cards may be completed by a nurse, pharmacist, the patient or a doctor.<br>Serious reactions are those that are fatal, life threatening, disabling, incapacitating or which result in or prolong hospitalisation and / or are medically significant. |

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| **Storage Requirements** | Vaccines should be stored be stored between 2°C and 8°C. Advice should be sought if vaccines are exposed to higher temperatures repeatedly or for extended periods of more than 1 hour. Any vaccine which has been frozen must not be used. See the DH Green book for more information on the management of the cold chain. |
| **Written and oral advice and necessary follow-up** | • Advice regarding potential side effects and when to seek medical advice<br>• Give the patient information leaflet supplied with the product (or a photocopy) |
| **Record keeping** | • brand name of the vaccine<br>• batch number and expiry date<br>• date and time of administration<br>• dose given<br>• site of injection<br>• advice given to patient<br><br>Signature, printed name and designation (in blank ink) for paper records<br>For computer records, ensure data authentication of practitioner delivering care |
| **References** | • NMC (2006) Advice sheet on Record Keeping NMC, London<br>• NMC (2006) Advice sheet on Medicines Management NMC, London<br>• MMC (2004) the Code of Professional Conduct: standards for conduct, performance and ethics<br>• DH(2006) Immunisation Against Infectious Disease 'The Green Book' www.dh.gov.uk<br>• British National Formulary 53 (March 2007 ), London: British Medical Association and Royal Pharmaceutical Society of Great Britain<br>• NHS Executive HSC 2000/026. Patient Group Directions [England only], London 2000 |

Leeds NHS
Primary Care Trust

# Patient Group Direction for the administration of Pneumococcal Polysaccharide Vaccine

| **Name of Service/Practice** | |
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**Professionals to whom this Patient Group Direction applies:**

I confirm that I have read and understood the content of this patient group direction and that I am willing and competent to work under it within my professional code of conduct when working for this practice:

| **Name(s) of Nurse(s) CAPITALS** | **Signature(s) of Nurse(s)** | **Date** |
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**Practice/ Service Specific Advice**

GP Practices or PCT services may wish to add here criteria specific to their own practice e.g.:

- Record keeping requirements
- Practice specific references for medical supervision in certain circumstances

These are in addition to the Patient Group Direction

**Authorisation (from GP Principal or Service Manager)**

**I hereby authorise the above named nurses to carry out this activity as stated in the Patient Group Direction.**

| **Name** | **Signature** | **Date** |
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