Standing Orders
Immunization Protocol!
Authority to Immunize, Authority to Initiate Immunization
Standing Prescription Order to Administer Immunizations

November 28, 2018

1. Mary S. Klein, Pharm.D., BCACP, Texas License No. 45310
2. Kayley Simmons, Pharm.D., BCACP, BC-ADM Texas License No. 52029

Acting as agents for the undersigned physician, according to and in compliance with the Texas State Pharmacy Practice Act, may administer the medications listed below on the premises of the Texas Tech University Health Sciences Center Abilene Community Health Center, 1749 Pine St., Abilene, Texas, and additional locations as approved by the supervising physician. The supervising physician will be notified within a reasonable time frame of additional immunization locations. These notifications will be listed in an addendum to this protocol.

All above listed pharmacists received credentialing and training for competence in immunization delivery from an APhA accredited Immunization Program or equivalent program, and are listed as certified immunizers with the Texas State Board of Pharmacy.

Also, pursuant to Texas State Pharmacy Practice Act 295.15, any pharmacist-intern who can produce proof of immunization certification may also act as an agent of the physician, provided he/she is properly supervised by one of the above listed pharmacists, signs a standing order to verify that the individual understands and agrees with the terms of this protocol, and provides certificate of credentialing to verify current immunization certification status. A copy of the immunization protocol amendment and current credentials of any amended pharmacy intern will be maintained by the pharmacist listed above who will be supervising that intern. This record shall be maintained for a period of two (2) years.

To protect people from preventable infectious diseases that cause needless death and disease, the above pharmacists may administer the following immunizations to eligible children, adolescents, and adult patients, according to indications and contraindications recommended in current guidelines form the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control & Preventions (CDC) and other competent authorities:

| Hepatitis A Vaccine (Havrix®) | Pneumococcal Vaccines (Pneumovax®, Prevnar®) | Influenza Vaccines (all available forms) | Polio Vaccine (IPOL®) |
| Hepatitis B Vaccine (Engerix®) | Meningococcal Vaccines (Menactra®, Menomune®) | TB Screenings Serum (Aplisol®) | Shingles Vaccine (Zostavax®) |
| Hep A/Hep B Combo (Twinrix®) | Tetanus/Diphtheria Vaccine (Decavac®) | Pneumococcal Vaccines (Pneumovax®, Prevnar®) | Varicella Vaccine (Varivax®) |
| HPV Vaccines (Cardasil®, Cervarix) | Tet/Depth/Pertussis Vaccines (Adacel®, Boostrix®) | Measles/Mumps/Rubella Vaccine (M-M-R II®, ProQuad®) | TB Screenings (Tubersol®) |

Other vaccines licensed by the Food & Drug Administration may be added to or deleted from this list by written supplementary instruction from the undersigned.

In the course of treating adverse events following immunization, these pharmacists are authorized to administer epinephrine (at a dose approximately 0.01mg/kg body weight: maximum of 0.5mg per dose) and diphenhydramine (at a dose approximately 1mg/kg; maximum of 50 or 100mg per dose) by appropriate routes if needed pending arrival of emergency medical services. The pharmacist(s) will maintain current certification in cardiopulmonary resuscitation.

D.Simmons/J.Newsom/M.Klein

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In the course of immunizing, these pharmacists must maintain perpetual records of all immunizations administered. Before immunization, vaccine candidates will be questioned regarding previous events after immunization, food or drug allergies, current health, immunosuppression, recent receipt of blood or antibody products, pregnancy or underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine offered. All vaccines will be observed for a suitable period of time after immunization for adverse events.

All vaccines will be given a written immunization record. The immunization will be promptly reported to the patient’s primary care provider by fax or other means. The immunization will also be reported to appropriate county or state immunizations registries.

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

As authorizing physician, I will review, on a quarterly basis, the activities of the pharmacist(s) administering vaccines under this protocol.

The authorization shall be valid for 2 years from the date indicated above, unless revoked in writing sooner or unless extended in writing.

**Physician Name:** Dr. Dean Allen Schultz, MD  **Medical License Number:** J2313

**Physician Signature:** [Signature]

**Address:** 1729 Pine St

**City:** Abilene  **State:** Texas  **Zip:** 79601

**Immunizing Pharmacist Signature:**

1. **Mary Klein, PharmD**
   **License No.:** 45310  **Date Signed:** 11/28/18

2. **Kayley Simmons, PharmD**
   **License No.:** 52029  **Date Signed:** 11/28/18

D.Simmons/J.Newsom2/M.Klein  
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