

PEDIATRIC TRAUMATIC SPLENECTOMY VACCINE PLAN
(LESS THAN 15 YEARS OF AGE)

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Vaccination History MUST be documented before plan will initiate

Vaccination History for Splenectomy

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Medication Management

Start date T;N

*** Do NOT give vaccine before postoperative day 14 unless patient is being discharged ***

*** Vaccine must be administered before patient is discharged ***

Immunizations

For patients GREATER than or EQUAL to 2 months of age:

haemophilus b conjugate (PRP-T) vaccine (haemophilus b conjugate (PRP-T) vaccine intramuscular injection)

0.5 mL, IM, inj, ONE TIME

Per CDC, routine use not recommended. Use only in patients at increased risk for meningococcal disease.

meningococcal conjugate vaccine (meningococcal conjugate vaccine oligosaccharide - MENVEO)

0.5 mL, IM, inj, ONE TIME

Pneumococcal Vaccines: Certain older children may need PCV13 and/or PPSV 23 - refer to CDC Pneumococcal Vaccination Recommendations.

Pneumococcal Vaccination Recommendations

See Reference Text

For patients 2 months - 24 months of age. Certain older children may need a dose of PCV13 instead of PPSV 23. Refer to Pneumococcal Vaccination Recommendations.

pneumococcal 13-valent conjugate vaccine (pneumococcal 13-valent conjugate vaccine intramuscular suspension)

0.5 mL, IM, inj, ONE TIME

For patients GREATER than 24 months of age. Certain older children may need a dose of PCV13 instead of PPSV 23. Refer to Pneumococcal Vaccination Recommendations.

pneumococcal 23-polyvalent vaccine (pneumococcal 23-polyvalent vaccine injectable solution)

0.5 mL, IM, inj, ONE TIME

Antibiotics

Start penicillin V potassium the day of splenectomy

For patients LESS than 3 years of age:

penicillin V potassium

125 mg, PO, liq, BID

For age LESS than 3 years.

For patients GREATER than or EQUAL to 3 years of age:

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

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(LESS THAN 15 YEARS OF AGE)

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ORDER	ORDER DETAILS
	<p>penicillin V potassium <input type="checkbox"/> 250 mg, PO, liq, BID For age GREATER than or EQUAL to 3 years. <input type="checkbox"/> 250 mg, PO, tab, BID For age GREATER than or EQUAL to 3 years.</p>

Consults/Referrals

Please consult Pediatric Hematology/Oncology for vaccination follow-up if no PCP available

Consult MD

Service: Pedi Hematology/Oncology, Reason: Vaccination follow-up

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

