

**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. <b>For women</b> , 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? <b>(Question not required for inactivated injectable influenza but is for all other immunizations including live attenuate intranasal influenza).</b>
12. <b>For Tdap and adult Td (ONLY).</b> 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