(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM

Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- ➢ (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- ➢ Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- ➢ Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type:_____

Emergent/Unplanned Splenectomy Vaccinations   Version 1   11/13/2018

This order set addresses appropriate vaccines targeting encapsulated bacteria for functional or anatomical asplenic patients. Routine vaccines that may also be indicated but not addressed here include influenza, Hepatitis B, Tdap, Zoster, HPV, MMR, Varicella or recommendations for boosters post discharge.

Medications

For patients who have never received Hib or don't know if they have received it, SELECT:

Hib (*Haemophilus influenzae* type B, ACTHIB)

☒   0.5 milliliters intramuscularly once

For ALL patients, SELECT:

Meningococcal ACWY (MENVEO)

☒   0.5 milliliters intramuscularly once

For ALL patients, SELECT:

Meningococcal B (BEXSERO)

☒   0.5 milliliters intramuscularly once

For patients who have not received Prevnar 13 as an adult, SELECT:

Pneumococcal 13 (Prevnar 13)

☐   0.5 milliliters intramuscularly once

For patients who have received Prevnar 13 AND received zero to 1 dose of Pneumovax 23 after the age of 19 OR are 5 years post pneumococcal 23 vaccination, SELECT:

Pneumococcal 23 (Pneumovax 23)

☐   0.5 milliliters intramuscularly once

Provider Signature:_____Date:_____Time:_____