

Guidelines for Pfizer COVID-19 Vaccine Administration in the Inpatient Setting

Pfizer first dose vaccine will be administered seven days a week at Parnassus, MB, and MZ and Monday-Friday at BCH Oakland (based on vaccine availability).

Provider Workflow

- Eligible ≥ 5 (subject to change)

Admission

1. Review Current Orders 2. Review Home Medications 3. Reconcile Home Medications 4. Order Sets

COVID Vaccine Screen Required

Please note, below are **NOT** contraindications for COVID vaccination:

1. History of allergic reaction (any severity) to other vaccines, medications, food, animals, stinging insect venom, pollen, or latex.
Patient to be given the COVID vaccine and observed for 30 mins after vaccination.
2. History of COVID-19 disease

If a patient is eligible and interested, teams should ensure patient is clinically stable before ordering the vaccination:

- Afebrile for 24 hrs
- At baseline respiratory status with stable vital signs
- Acute conditions showing trajectory of steady improvement

COVID-19 vaccine is only available Monday-Friday.
Orders must be placed the day prior (Sunday-Thursday) for next day administration at 11 am.

DO NOT order COVID vaccine if:

1. History of severe allergic reaction to the COVID vaccine
A severe reaction includes any of the following occurring within 4 hours of receiving a vaccine:
 - Hives or rash
 - Swelling of a body part
 - Wheezing or shortness of breath
 - Repeating vomiting or diarrhea
 - Low blood pressure
 - Treatment with epinephrine, hospitalization, intubation
2. History of organ transplant or stem cell transplant in the past 90 days or plan to receive a transplant in the next 30 days
Patient should speak to their transplant team about the timing of their COVID vaccine. Patients with recent or upcoming transplant may need to delay vaccine for 30 - 90 days, depending on the transplant type.
3. Received convalescent plasma or monoclonal antibody therapy (e.g., bamlanivimab/etesevimab and casirivimab/imdevimab) for the treatment of COVID-19 disease in the past 90 days
Patient needs to delay vaccine until at least 90 days have passed.
4. Currently sick with COVID-19 disease, in isolation
Patients can be vaccinated once they have recovered from COVID-19 and have met the criteria for discontinuation of isolation precautions.

Should the patient receive a COVID-19 vaccine upon admission?

UCSF Vaccine Guidelines for Immunocompromised and other Special Population

NO, patient/parent/caregiver declines

NO, patient is partially or fully immunized

NO, for the following reason(s):

Yes, administer COVID-19 vaccine

Defer: re-screen for COVID vaccine prior to discharge

Pharmacy Preparation and Delivery

- Pharmacy will prepare and dispense vaccine with blank vaccination card by 1000. Vaccine will be delivered to unit refrigerators at the Parnassus, Mount Zion and Mission Bay (Adult and BCH SF) campuses and be available for pick-up from the pharmacy at the BCH Oakland campus.
- Vaccine will have patient label with manufacturer, lot# and expiration time and refrigeration sticker. Expiration time (e.g., BUD-beyond use date) on syringe will be 6 hours from time of dilution).

Nursing Workflow (Day of Administration)

- **Night Before Vaccination:** Review patients to identify who has vaccine orders
- **AM Report:** Include patients with vaccine orders and febrile status in handover
- **Before 0800:** On morning of administration, confirm patient:
 - Has not been vaccinated for COVID previously
 - Still wants to receive vaccine
 - Has been afebrile for 24 hours (38C or less) prior to administration
 - If greater than 38C, notify primary team and pharmacy ASAP if vaccine will not be given
 - Ask if patient has:
 - History of severe reaction/anaphylaxis (determines post-vaccination observation time)
 - Provide [Fact Sheet for Recipients and Caregivers](#) and [CDPH Fact Sheet](#) patients/caregivers (links in MAR)
 - Review potential side effect, such as:
 - Local: *pain, redness, swelling*
 - Systemic: *headache, fatigue, chills, myalgias, low grade fever*

If Vaccine Will Not Be Given (e.g., decline/refuse, meets contraindication criteria)

- **Contact pharmacy by 0830** so dose can be reallocated. Inform provider that vaccine will not be given. Document Not Given on MAR (refer to MAR product instructions for additional details).

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- Parnassus (12 Satellite) 3-8152
- Mission Bay (Main) 4-2100, press 1
- Mount Zion (Main): 5-7442
- BCH Oakland x3321
- Determine if Pharm tech can pick up quickly, have ready for pick up
- If Pharm tech cannot pick up, nursing will return vaccine ASAP to reallocate dose

Administration (check patient specific refrigerator medication cassette)

- Attach needle for IM administration (if needed). Refer to [Appendix A: Needle Safety Devices](#).
- Visually inspect vaccine
 - Verify dose volume is:
 - 0.3mL for ages 12 and up
 - 0.2 ml for ages 5-11
 - Confirm there are no particles and no discoloration (off-white suspension)
- Bar code scan and verify medication in APeX



- Ask Immunization Questions
- Administer vaccine intramuscularly, *deltoid preferred*
- Complete documentation in MAR

Post-Vaccination Monitoring and Documentation

- Monitor post-vaccination for adverse reactions
 - If **NO** history of severe reactions/anaphylaxis, observe for 15 minutes
 - If **POSITIVE** history of severe reactions/anaphylaxis, observe for 30 minutes
- PRN medications will be included with vaccine order (Epinephrine and Diphenhydramine)
- For reactions, refer to PRN medications and notify primary team; contact RRT by campus per below as appropriate; document actions in RN Significant Event note:
 - Mission Bay Adult 2-0562 or 443 FAST
 - Mission Bay BCH SF 3-1611
 - Parnassus 443-4357 or Voalte Parn RRT
 - Mount Zion 628-248-9011, 443-444 or Voalte
 - BCH Oakland x55 for Med Stat
- Complete and provide [Pfizer Second Dose Scheduling Reminder](#) (linked in MAR).
- Complete and give patient CDC COVID-19 Vaccination Record Card (Manufacturer, Lot#, Date, Healthcare

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: Smith First Name: J

Date of birth: MM/DD/YYYY Patient number (medical record or IIS record no): 00000000

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>EV4279</u>	<u>3/10/21</u> mm dd yy	<u>UCSF Par</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>ER3521</u>	<u>3/31/21</u> mm dd yy	<u>UCSF 14L</u>
Other		mm / dd / yy	
Other		mm / dd / yy	

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Professional/Clinic Site).

Guidelines History

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References:

[Fact Sheet for Recipients and Caregivers](#)

[CDPH Fact Sheet](#)

[FDA Fact Sheet for Healthcare Providers Administering Vaccine](#)

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Appendix A: Needle Safety Devices

Depending on supply availability, different needle safety devices may be attached. Review the needle safety activation device prior to administration. To view educational videos: open your smart phone camera app, hover the camera over the QR code and press popup banner.

Example 1:

FLIP Safety cover over
needle until it clicks or
locks



Example 2:

SLIDE pushing the lever
arm forward until needle
tip is completely
covered



Example 3:

PRESS PLUNGER TO
ACTIVATE needle
retraction while needle is
still in patient

