



VA: VGH / UBCH / GFS
 VC: APL/ BP / DWL/ GPC/ PP/ LMP/ WCC

ADDRESSOGRAPH

ORDERS

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

**COVID-19 VACCINE ASSESSMENT
 AND ORDERS (LONG TERM CARE) (REGIONAL)**

(items with check boxes must be selected to be ordered)

(Page 1 of 1)

Date: _____ **Time:** _____

Time Processed
 RN/LPN Initials
 Comments

RESIDENT SCREENING (To be completed by Nurse, Nurse Practitioner, Pharmacist or Physician)

Has the resident received any doses of COVID-19 vaccine?

NO / UNKNOWN

YES: _____ **Date of last dose:** _____

Initials: _____ **Designation:** _____ **Date:** _____

ASSESSMENT To be Completed by MRP

Refer to BCCDC for latest guidance on COVID-19 Vaccine eligibility and timing of vaccination: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products>

For vaccination after known SARS-CoV-2 infection see NACI guidelines: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a6.2>

Contraindications: Anaphylaxis to a previous dose of an mRNA COVID-19 vaccine or to any component of the vaccine. see BC CDC Immunization Manual - Part 4: Biological Products (Vaccines & Immune Globulins): <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products>

MEDICATIONS: Give at a time interval as per BC CDC recommendations

COVID-19 mRNA vaccine (COMIRNATY- Pfizer) 0.3 mL IM x one dose

COVID-19 mRNA vaccine (SPIKEVAX- Moderna) 0.5 mL IM x one dose

If signs of anaphylaxis: epinephrine (1 mg/mL): 0.5 mg (0.5 mL) IM to anterolateral thigh Q5MIN PRN (maximum 3 doses) for anaphylaxis (alternate sites for repeat injections), and call MRP.

MONITORING: Observe for any signs of anaphylaxis for 15 minutes post administration.

Printed Name _____ Signature _____ College ID _____ Pager/Cell _____

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DOCUMENTATION OF COVID-19 VACCINATION (IMMUNIZER OR NURSE)

Complete RECORD OF COVID-19 IMMUNIZATION (VCH.VC.0238) (i.e. "One-Write form")

WHITE copy: Follow site practice

YELLOW copy: **Long Term Care:** Place in resident's chart

Assisted Living: Give to the client, or place in client's chart as per site practice

LTC Homes with access to ImmsBC: Ensure dose is documented in ImmsBC

Areas using Cerner: Documented in Cerner Immunization tab