PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPSV23) INFORMED CONSENT

Pneumococcal disease is an infection caused by bacteria that can spread through close contact. There are different types of pneumococcal disease, such as pneumococcal pneumonia, bacteremia and meningitis. This vaccine protects against 23 types of pneumococcal bacteria. This information and consent is for the PPSV23 vaccination.

CLINICAL SYMPTOMS

The symptoms of pneumococcal pneumonia include fever, cough, shortness of breath and chest pain. The symptoms of pneumococcal meningitis include stiff neck, fever, mental confusion, disorientation and visual sensitivity to light (photophobia). The symptoms of pneumococcal bacteremia (a bloodstream infection) may be similar to some of the symptoms of pneumonia and meningitis, along with joint pain and chills.

POPULATIONS THAT SHOULD RECEIVE THE PPSV23 VACCINE

- All adults 65 years of age and older
- (Age 2-64) Long-term health problem such as heart disease, lung disease, sickle cell disease, diabetes, alcoholism, cirrhosis, cerebrospinal fluid leaks or cochlear implant.
- (Age 2-64) Weakened immune systems such as Hodgkin's disease, lymphoma, leukemia, kidney failure, multiple myeloma, nephrotic syndrome, HIV, AIDS, damaged spleen or no spleen, organ transplant.
- (Age 2-64) Drug treatment that lowers the body's resistance to infection such as long-term steroids, certain cancer drugs, radiation therapy.

Administer PCV13 first then in 1 year administer PPSV23 to adults 65 and older who have never received a pneumococcal vaccine.

A second dose is recommended for adults 65 years or older if the first dose was received prior to age 65. A second dose of PPSV23 vaccine should be administered 1 year from the PCV13 dose and 5 years from the first PPSV23 dose.

CLINICAL SIDE EFFECTS OF PNEUMOCOCCAL VACCINE

- Redness or pain at injection site
- Fever, muscle aches, rash
- Severe reaction is rare

VACCINE INFORMATION STATEMENT (VIS) PROVIDED TO RESIDENT

Pneumococcal Polysaccharide Vaccine (VIS) Edition Date: __________ /________ /________

I have received the information regarding pneumococcal infections and have been educated on the benefits and risks associated with the pneumococcal polysaccharide vaccine (PPSV23). I hereby give permission and request the vaccine be administered to me or the person named for whom I am authorized to sign.

_____________________________________________________________ ______ /______ /______
Resident/Legal Representative Date Signed

_____________________________________________________________ ______ /______ /______
Witness Signature/Title Date Signed

I have received the information on pneumococcal infections and have been educated on the benefits and risks associated with the pneumococcal polysaccharide vaccine (PPSV23). I hereby decline my permission to receive the vaccine for the following reason(s):

A. Medical Contraindication: Check all that apply
   (Physician needs to be informed of medical condition)
   ☐ Previous Hx of severe reaction to PPSV23
   ☐ Febrile illness at this time (Temp 101.5° or 38.6°C)
   ☐ Other Medical Conditions (specify __________________________)

_____________________________________________________________ ______ /______ /______
Resident/Legal Representative Date Signed

_____________________________________________________________ ______ /______ /______
Witness Signature/Title Date Signed

B. Personal Reason(s): Check all that apply
   (Physician needs to be informed of personal reason)
   ☐ Perceived vaccine ineffectiveness
   ☐ Fear of needles/injections   ☐ Fear of side effects
   ☐ Other Personal Reasons (specify)______________________________

_____________________________________________________________ ______ /______ /______
Resident/Legal Representative Date Signed

_____________________________________________________________ ______ /______ /______
Witness Signature/Title Date Signed

NAME–Last First Middle MR #
PNEUMOCOCCAL CONJUGATE VACCINE (PCV13) INFORMED CONSENT

Pneumococcal disease is an infection caused by a type of bacteria that can lead to serious infections such as pneumococcal pneumonia (lung), pneumococcal meningitis (brain covering), pneumococcal bacteremia (bloodstream) and otitis media (middle ear). There are currently two types of pneumococcal vaccines: pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23). This information and consent is for the PCV13 vaccination.

CLINICAL SYMPTOMS

- The symptoms of pneumococcal pneumonia include fever, cough, chest pain and shortness of breath.
- The symptoms of pneumococcal meningitis include stiff neck, fever, sensitivity to light, mental confusion and disorientation.
- The symptoms of pneumococcal bacteremia are similar to the symptoms of pneumonia and meningitis but also include joint pain and chills.
- The symptoms of otitis media include painful ear(s), red or swollen eardrum(s), fever, irritability and sleeplessness.

POPULATIONS THAT SHOULD RECEIVE THE PCV13 VACCINE

- Adults 65 years of age or older who have not previously received the PCV13 vaccine. A dose of PPSV23 should be given 1 year after the PCV13 vaccine.
- Adults 65 years and older who have already received one or more doses of PPSV23. PCV13 should be given at least 1 year after receiving the most recent dose of PPSV23.
- Adults 19 years and older who have not received PCV13 previously and have certain medical conditions such as long-term immunosuppressive therapy, HIV infection, congenital or acquired immunodeficiencies, leukemia, chronic renal failure, Hodgkin’s disease, multiple myeloma, generalized malignancy, solid organ transplant, nephrotic syndrome, cochlear implant(s), cerebrospinal fluid (CSF) leaks, sickle cell disease and other hemoglobinopathies or functional or anatomic asplenia.
- Adults 19 years and older who have received one or more doses of PPSV23, and have one of the above listed conditions, should also receive a dose of PCV13 and should continue to receive the remaining recommended dose(s) of PPSV23. (Consult with physician.)

CLINICAL SIDE EFFECTS OF PCV13 VACCINE

- Redness, swelling or pain at injection site
- Fever, muscle aches, headaches, chills, fatigue
- Severe reaction is rare

VACCINE INFORMATION STATEMENT (VIS) PROVIDED TO RESIDENT

Pneumococcal Conjugate Vaccine (VIS) Edition Date: ______ / ______ / ______

❑ I have received the information regarding pneumococcal infections and have been educated on the benefits and risks associated with the pneumococcal conjugate vaccine (PCV13). I hereby give permission and request the vaccine be administered to me or the person named for whom I am authorized to sign.

_____________________________________________________________ ______ /______ /______
Resident/Legal Representative Date Signed

_____________________________________________________________ ______ /______ /______
Witness Signature/Title Date Signed

❑ I have received the information regarding pneumococcal infections and have been educated on the benefits and risks associated with the pneumococcal conjugate vaccine (PCV13). I hereby decline my permission to receive the vaccine for the following reasons:

A. Medical Contraindication: Check all that apply
   (Physician needs to be informed of medical condition)
   ❑ Previous history of severe reaction to PCV13
   ❑ Febrile illness at this time (Temp > 101.5°F / 38.6°C)
   ❑ Other medical conditions (specify ______________)

_____________________________________________________________ ______ /______ /______
Resident/Legal Representative Date Signed

_____________________________________________________________ ______ /______ /______
Witness Signature/Title Date Signed

B. Personal Reason(s): Check all that apply
   (Physician needs to be informed of personal reasons)
   ❑ Perceived vaccine ineffectiveness
   ❑ Fear of needles/injections
   ❑ Fear of side effects
   ❑ Other personal reasons (specify) ______________

_____________________________________________________________ ______ /______ /______
Resident/Legal Representative Date Signed

_____________________________________________________________ ______ /______ /______
Witness Signature/Title Date Signed