 **ADT Booster Standing Order**

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| **Issue date:** |  | **Review date:** |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | ADT Booster |
| **Rationale** | Prevention of tetanus following injury |
| **Scope (condition and patient group)** | Children ≥ 10 years and adults with tetanus prone wounds, who have previously had at least 3 doses of a vaccine for primary immunisation for diphtheria and tetanus |
| **Red Flags** | N/A |
| **Assessment** | Review wound for the following that indicate an increased risk of tetanus infection:   * Contaminated * Infected * Penetrating * More than 6 hours old * Extensive tissue damage |
| **Indication** | **Patients presenting with a tetanus prone wound and have not had ADT in the last 5 years.** |
| **Medicine** | **ADT Booster** 0.5mLs (diphtheria and tetanus toxoid) |
| **Dosage instructions** | Intramuscularly inject 0.5mLs into the deltoid muscle |
| **Route of administration** | Intramuscular |
| **Quantity to be given** | 1 x 0.5mL injection |
| **Contraindications** | Anaphylaxis to a previous vaccine or to any ingredient contained in the ADT vaccine ie Formaldehyde |
| **Precautions** | * Patient has not completed primary immunisation for diphtheria and tetanus. Refer to doctor. * Severe/acute illness with or without fever. * Thrombocytopenia or bleeding disorders * Fever * See section 1.4 & section 19.6 (Immunisation Handbook 2014) |
| **Additional information** | * Appropriate medical treatment and supervision should be available in the event of an anaphylactic reaction. * Adrenaline should always be available when ADT is given. * If the injury is considered to be tetanus prone and there is doubt about the adequacy of previous tetanus immunisation, the patient needs to see a doctor as they may require tetanus immunoglobulin and the recommended primary course of 3 doses of tetanus toxoid containing vaccine. |
| **Follow-up** | Advise patient to seek further medical treatment if wound becomes red, hot, inflamed or pain increases significantly. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.  Nurses must have completed approved vaccinator training and ongoing two year updates.  Nurses must be approved independent vaccinators and be competent in vaccination delivery, contraindications and cold chain protocol. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Immunisation Handbook 2014. Pg 464-467  [www.immune.org.nz](http://www.immune.org.nz)  Management of tetanus prone wounds IMAC, August 2014  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Tetanus prone wounds- All wounds that may be contaminated, infected, penetrating, more than 6 hours old and/or with extensive tissue damage.  Non tetanus prone wounds- Clean, minor wounds that are less than 6 hours old, non-penetrating and with negligible tissue damage. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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