

Immunization Baseline Care Plan

Resident Name: _____

Admission Date: _____ Medical Record Number (MRN): _____ Room: _____

Resident will remain up to date with all recommended immunizations through next review / next assessment date.

- Assess immunization status and history. (Place a checkmark next to immunizations NOT up to date)
 - COVID-19
 - Influenza
 - Shingles
 - Pneumococcal
 - Other: _____
- Screen for vaccine contraindications using the [Screening Checklist for Contraindications to Vaccines for Adults](#), from Immunize.org.
- Administer needed vaccines after obtaining consent and reviewing Vaccine Information Statement (VIS) with resident or resident representative.
- Monitor for vaccine reactions. Follow [Medical Management of Vaccine Reactions in Adults in a Community Setting](#), from Immunize.org, in addition to practitioner orders.
- Report and document any adverse reactions to administered immunizations.
- Other: _____