

Unique Plan Description: PED Immunization VC

Plan Selection Display: PED Immunization VC

PlanType: Medical

Version: 1

Begin Effective Date: 10/9/2013 11:39

End Effective Date: Current

Available at: *Ascension Health*
VC Rehab Hosp
VCH Behav Hlth
VCH HH Hospice
VCH Select
VCH St Francis
VCH St Joseph
VCH St Teresa
VCHSJ Assess
VCHSJ SBH
VCHST IP Rehab

PED Immunization VC

Medications

- rotavirus vaccine monovalent oral powder for reconstitution
2 mL, Oral, Form: Soln-Oral, Once
- hepatitis B pediatric vaccine 10 mcg/0.5 mL intramuscular suspension
10 mcg, IntraMuscular, Once, Form: Vial
- Hyperhep B
*0.06 mL/kg, IntraMuscular, Form: Vial, Once (DEF)**
Comments: Greater than 12 years
0.5 mL, IntraMuscular, Form: Vial, Once
Comments: For ages 0-12 years
- ActHIB
0.5 mL, IntraMuscular, Once, Form: Vial
- Havrix
1440 units = 0.5 mL, IntraMuscular, Form: Vial, Once
- diphtheria-tetanus toxoids (DT) ped
0.5 mL, IntraMuscular, Form: Syringe, Once
Comments: For ages 6 weeks to 6 years
- HyperTET S/D
250 units =, IntraMuscular, Once, Form: Syringe
- Boostrix (Tdap)
0.5 mL, IntraMuscular, Form: Syringe, Once
Comments: For ages 11 years and older
- diphtheria/tetanus/pertussis (DTaP) ped
0.5 mL, IntraMuscular, Form: Susp-Inj, Once
Comments: For ages 6 weeks to 7 years
- Imovax Rabies
1 mL, IntraMuscular, Form: Vial, Once
Comments: As Directed Refer to drug insert for specific administration instructions
- Imogam Rabies-HT
20 unit/kg, IntraMuscular, Form: Vial, Once
Comments: Refer to drug insert for specific administration instructions
- palivizumab
15 mg/kg, IntraMuscular, Form: Vial, Once
- Fluzone
0.25 mL, IntraMuscular, Form: Vial, Once
Comments: If patient is less than 36 months

- Fluarix
0.5 mL, IntraMuscular, Form: Vial, Once
Comments: If patient is greater than 36 months
- meningococcal conjugate vaccine group ACYW intramuscular solution
0.5 mL, IntraMuscular, Form: Vial, Once
- measles/mumps/rubella virus vaccine
0.5 mL, SubCutaneous, Form: Vial, Once
- tuberculin purified protein derivative 5 tuberculin units/0.1 mL intradermal solution
0.1 mL, IntraDermal, Form: Vial, Once
- pneumococcal 23-polyvalent vaccine
0.5 mL, IntraMuscular, Form: Vial, Once
- pneumococcal 13-valent conjugate vaccine
0.5 mL, IntraMuscular, Form: Vial, Once
- Ipol
0.5 mL, SubCutaneous, Form: Syringe, Once
- varicella virus vaccine
1 vials, SubCutaneous, Form: Vial, Once

***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase