Outside Provider Immunization Order Record

Patient Name: _____

Patient DOB: _____

Provider: Check off the vaccine(s) you wish to be administered to your patient at their encounter at Golisano Children's Hospital with the Pediatric Critical Care Sedation Service. This form provides documentation that you: 1) have obtained consent from the patient (if ≥18 years of age), or from the parent/guardian if the patient is <18 years of age for the vaccines indicated according to standard vaccine consent practice including providing appropriate vaccine-specific literature, and 2) are ordering the indicated vaccines below for your patient.

	Formulary Vaccine Generic/Brand Name	**eRecord Orderable Title**
	COVID-19 PED mRNA vaccine 6mo-11yo >/=12yo	COVID-19 MRNA VACCINE (MODERNA) 25 MCG/0.25ML IM SYRINGE (6M-11Y) *I* COVID-19 MRNA VACCINE (MODERNA) 50 MCG/0.5ML IM SYRINGE (>/= 12Y) *I*
	Diptheria-acellular pertussis-tetanus (INFANRIX) 0.5 mL (DTaP)	DIPHTH-ACELL PERT-TETANUS 25-58-10 LF-MCG/0.5 IM SUSP *I*
	DTAP-hepatitis B recombinant-IPV (PEDIARIX) vaccine 0.5 mL	DTAP-HEPATITIS B RECOMB-IPV IM SUSY *I*
	Hepatitis A vaccine (HAVRIX)	HEPATITIS A VACCINE 1440 EL U/ML IM SUSP *WRAPPED* *I*
	Hepatitis B vaccine (ENGERIX-B) injection 10 mcg/0.5 mL (Age 0, birth dose)	HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML IJ SUSP *WRAPPED*
	Hepatitis B vaccine (RECOMBIVAX HB) injection 5 mcg/0.5 mL (Age 0-19)	HEPATITIS B VAC RECOMBINANT 5 MCG/0.5ML IJ SUSP *WRAPPED*
	Hepatitis B vaccine (ENGERIX-B) injection 20 mcg/mL (Age>19)	HEPATITIS B VAC RECOMBINANT 20 MCG/ML IJ VIAL/SYR *WRAPPED*
	Haemophilus B conjugate (PedvaxHIB) injection	HAEMOPHILUS B POLYSAC CONJ VAC 7.5 MCG/0.5 ML IM SUSP *I*
	Haemophilus b polysac conjugated vac (ActHIB) injection 0.5 mL	HAEMOPHILUS B POLYSAC CONJ VAC IM SOLR *I*
	Hpv vaccine (GARDASIL) injection 0.5 mL	HPV 9-VALENT RECOMB VACCINE IM WRAPPED *I*
	Influenza flucelax, afluria, flulad	INFLUENZA VAC TRIVALENT PF (AFLURIA) 0.5 ML IM SYR (36M-64 YR) *I* INFLUENZA VAC A&B SURF ANT (FLUAD) ADJ 0.5 ML IM SUSY *I* INFLUENZA VAC TISS-CULT SUBUNT 0.5 ML SUSP (FLUCELVAX)*I*
	Measles, mumps and rubella (MMR) vaccine	MEASLES, MUMPS & RUBELLA VAC SC INJ *I*
	Meningococcal vaccine (MENVEO) injection	MENINGOCOCCAL A C Y&W-135 OLIG IM SOLR *I*
	Meningococcal vaccine (BEXSERO) injection	MENINGOCOCCAL VAC B (RECOMB) IM SUSY *I*

	Pneumococcal 20-valent conjugate (PREVNAR 20) injection	PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY *I*
	Rotavirus live vaccine (ROTATEQ) suspension 2 mL	ROTAVIRUS VAC LIVE PENTAVALENT PO SUSP *I*
	Tdap (BOOSTRIX) vaccine	TETANUS-DIPHTH-ACELL PERT 5-2.5-18.5 LF-MCG/0.5 IM SUSP *WRAPPED*
	Td (TENIVAC): tetanus, and diphtheria toxoids injection (adult)	TD TETANUS DIPHTHERIA TOXOIDS VACCINE *WRAPPED*
	Varicella virus vaccine live (VARIVAX)	VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML IJ SUSR *I*

Ordering provider name (credentials): _____

Ordering provider signature: _____

Date: _____

When completed please email to: GHCPedSedation@urmc.rochester.edu

Or fax to: 585-276-1570 and add: Attention: Pediatric Sedation Services