# Combination Diphtheria, Tetanus and Pertussis – Polio (DTaP-IPV) Vaccine Protocol

vaccine protocol for Persons Age 4 through 6 years

**Document reviewed and updated:** **March 26, 2024**

## Condition for protocol

To reduce incidence of morbidity and mortality of diphtheria, tetanus, pertussis, and polio, (DTaP-IPV) diseases.

## Policy of protocol

The nurse will implement this protocol for Diphtheria, Tetanus & Pertussis - Polio (DTaP-IPV) vaccine.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently healthy child age 4 through 6 years who needs DTaP dose 5 and/or IPV dose 4 (or dose 5 if previous 4 doses were given before 4 years). | Proceed to vaccinate if meets remaining criteria. |
| Child is less than age 4 years. | Do not give DTaP-IPV combination vaccine. |
| Child is 7 years of age or older. | Do not give DTaP-IPV combination vaccine. |
| Child has had pertussis disease. | Proceed to vaccinate using DTaP-IPV if meets remaining criteria. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction (anaphylaxis) to a previous dose of a DTaP-containing vaccine or IPV. | Do not vaccinate with DTaP-IPV vaccine; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of any diphtheria toxoid-, tetanus toxoid-, pertussis, or poliovirus containing vaccine. | Do not vaccinate with DTaP-IPV vaccine; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures without recovery within 24 hours) without an identified cause within 7 days after administration of prior dose of DTaP-containing vaccine. | Do not vaccinate with DTaP-IPV vaccine. [Refer to primary care provider.] [Refer to Td protocol for children <7 years old with a contraindication to pertussis-containing vaccine.] |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| If person is currently on antibiotic therapy. | Proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |
| Person history of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid–containing vaccines | Defer vaccination until at least 10 years have elapsed since the last tetanus toxoid–containing vaccine even for tetanus prophylaxis. Give IPV separately using the polio protocol. |
| Current progressive neurological disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy. | [Refer to primary care provider for further evaluation.] [Delay vaccination until neurological condition can be assessed, treatment regimen is established, and patient is stabilized.] [If neurological disorder has been assessed, child is stable, and treatment regimen has been established, proceed to give DTaP-IPV.] [If epilepsy has been evaluated and seizures are controlled (through medication) proceed to vaccinate using DTaP-IPV.] |
| Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine. | [Refer to primary care provider for evaluation of risk and benefit of vaccination.] [Give IPV separately using the polio protocol.] |

## Prescription

Give DTaP-IPV vaccine, 0.5 ml, intramuscular (IM).

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: