Organisation Name:		
Standing Order Administration of prophylactic paracetamol for use in Bexsero administration by registered nurses, enrolled nurses, and pharmacists. (Delete non applicable groups).	Issue Date:	
	Review Date:	
	Developed By:	
	Approved	
	Page	1 of 5
Medicine standing order title	Administration of prophylactic paracetamol for use in Bexsero administration	
Rationale	To support primary care and community vaccinators to provide paracetamol with Meningococcal B (Bexsero) immunisation event. Bexsero immunisation commonly causes fever and injection site redness, swelling and or mild to moderate pain particularly in children aged less than 2 years of age. For these reasons, routine use of paracetamol with every dose of Bexsero in children aged under 2 years, whether given alone or with other vaccines, is recommended to reduce the risk of high fever and injection site pain, as per the datasheet. Some infants will still develop a fever and/ or injection site pain even though they have received paracetamol doses. This standing order only covers the first dose of paracetamol administered at the time of the Bexsero vaccination. It is recommended that 2 further doses are administered at 4 to 6 hourly intervals, but this will need to be by prescription or purchased paracetamol.	
Organisation/clinic		
Scope (the condition and patient group)	For patients under 2 years receiving Meningococcal B (Bexsero) vaccination in primary care and community settings.	
Medicine	Paracetamol oral suspension 120mg/5ml	
Route of administration	Oral	
Indication/circumstances for activating the standing order	Presentation of an under 2-year-old having the Bexsero vaccination, paracetamol given to prevent/reduce fever. To be given up to 30 mins before vaccination. Informed consent is achieved.	

Dose range and instructions

Three doses (see dosing according to today's weight as below) of paracetamol are recommended as follows:

1. Administer the first dose, up to 30 minutes prior to or at the time of Bexsero immunisation
2. Parent/caregivers should be instructed to give the second dose 6 hours after the first dose, and
3. The third dose should be given 6 hours after the second dose.

It is not necessary to wake a child to give paracetamol, just give it when they wake up as long as more than 6 hours have passed since the previous dose.

Prematurely born infant less than 1 month corrected gestational age:
Ensure current weight of the child is applied to dosage: 10 mg/kg as a single dose, every 6 hours up to a maximum 4 doses in 24 hours (total 3 doses only given specifically with or after vaccination)

Child (1 month up to 2 years of age):
Ensure a current weight of the child is applied to dosage: 15 mg/kg as a single dose every 6 hours up to a maximum 4 doses in 24 hours; (total 3 doses only given specifically with or after vaccination)

Quick calculation tables:

Child (over 1 month of age) Paracetamol **120mg/5ml**	
Weight in kg	**Usual dose in ml (15mg/kg/dose)**
3	2
4	2.5
5	3
6	4
8	5
10	6
12	7
14	8
16	10
18	11
20	12

Preterm up to 1 month corrected gestational age* Paracetamol 120mg/5ml	
Weight in kg	**Usual dose in ml (10mg/kg/dose)**
2	1
3	1
3.5	1.5
4	1.5
4.5	2
5	2

*Corrected gestational age
For example:
A baby born at 30 weeks gestation (10 weeks early); baby is now 2 months old having Bexsero:
40 weeks minus 10 weeks plus 8 weeks = 38 weeks – this is less than 1-month CGA therefore use the preterm chart for dosing

Precautions and exclusions that apply to this standing order	**Exclusions: (patients with the following are to be referred to medical practitioner for management)**
	• Any infant who is unwell is excluded from this standing order.
	• Children under 8 weeks of age because a prescription is required for Bexsero to be administered to these infants.
	• Patients with hypersensitivity to paracetamol
	• Patients who present with or have a history of renal or severe liver dysfunction. Babies with jaundice must be urgently investigated.
	• Patients who have had a dose of paracetamol in the last 4 hours
	• Patients who are malnourished

	Children under 12 months of age in the PIPPA Tamariki Study.
	Check with parents as to which medication, either Paracetamol or Ibuprofen that the child is to be given. Parents will have a supply of the medication. If allocated to Ibuprofen, then this should be used at the study dose and interval prescribed by the research clinicians.
Persons authorised to administer paracetamol	Health care professionals who are authorised vaccinators or pharmacist vaccinators, whose scope includes the vaccination of under 2-year-old children. The health care professional is required to sign a copy of the Standing Order indicating acceptance of the conditions outlined.
Competency/training requirements for the person(s) authorised to administer	Health care professionals who are authorised vaccinators or pharmacist vaccinators with appropriate authorisation who are administrating Bexsero to under 2-year-old children. Health care professionals who have received relevant training on providing oral medications to babies and children and have reviewed the information on Health Navigator related to Paracetamol. They also hold a: • current CPR certificate that meets the requirements in Appendix 4 of the Immunisation Handbook • current practising certificate • has indemnity insurance (recommended) AND have: • knowledge of basic emergency techniques including resuscitation and treatment of anaphylaxis. • access to appropriate resuscitation equipment • demonstrated awareness and understanding of the Code of Health and Disability Consumer Rights and informed consent process; relevant legislation (Medicines Act; Standing Orders Regulations) • an annual review of competency in administration of this Standing Order by the issuer.
Countersigning and audit	Please refer to the MOH 2016 Standing Order Guidelines https://www.health.govt.nz/publication/standing-order- guidelines If auditing of the Standing Order is the preferred option, then the audit sample size as a minimum is to be used. The audit sample size as a minimum: • 15- 20 per cent of administration and/or supply records if there are over 100 If any administration and/or supply records found to be non- complaint with the standing order, then the sample size is to be doubled. The audit result is documented, along with any required changes or improvements in relation to the Standing Order documentation, processes or training undertaken.
Documentation and additional information	Under the Standing Order, the notifying health professional documents in the PMS or clinical record the following: • Current Health status • Weight • Corrected gestational age, if premature • Allergies

	• Presence or absence of contraindications as appropriate • Time and dose if paracetamol given within the last 24 hours. • Adverse effects • Parent/caregiver education
Definition of terms used in standing order	Registered Nurse – A health practitioner deemed to be registered with the Nursing Council of New Zealand as a practitioner in the profession of nursing. Authorised Vaccinator – A Registered Nurse or Pharmacist authorised to administer vaccines under section 44A of the Medicines Regulations (1984). Pharmacist – A health practitioner deemed to be registered with the Pharmacy Council of New Zealand as a practitioner in the profession of pharmacy.
Reference	Health Navigator: Paracetamol | Health Navigator NZ Starship Guidelines on Paracetamol (Oral/Rectal) https://www.starship.org.nz/guidelines/paracetomol-oral-rectal/ Woods D (editor) New Zealand Formulary V62, August 2017. Available from www.nzf.org.nz
Issued by	Name	APC Number:	
	Job title:		
	Signature:		

Appendix One: Name and signature of persons covered by Standing Order

Healthcare professionals' responsibilities	Health care professionals named below agree to the following: • Only health care professionals operating under standing orders from the named issuer can supply or administer the medication for the condition that has been assessed as appropriate by that health care professional. • The health care professional will ensure that they meet the regulatory requirements for working under standing orders and must have: • The competency and training to assess that the standing order applies to the presenting patient/client. • The competency to administer and/or supply the medicine. • The knowledge to assess the exclusions/contraindications and precautions. A register of the agreed standing order authorisations between the issuer and the health care professional must be kept by them and the issuer/practice and reviewed at least annually or when the issuer changes.

Name:	Signature:	APC number:	Date: