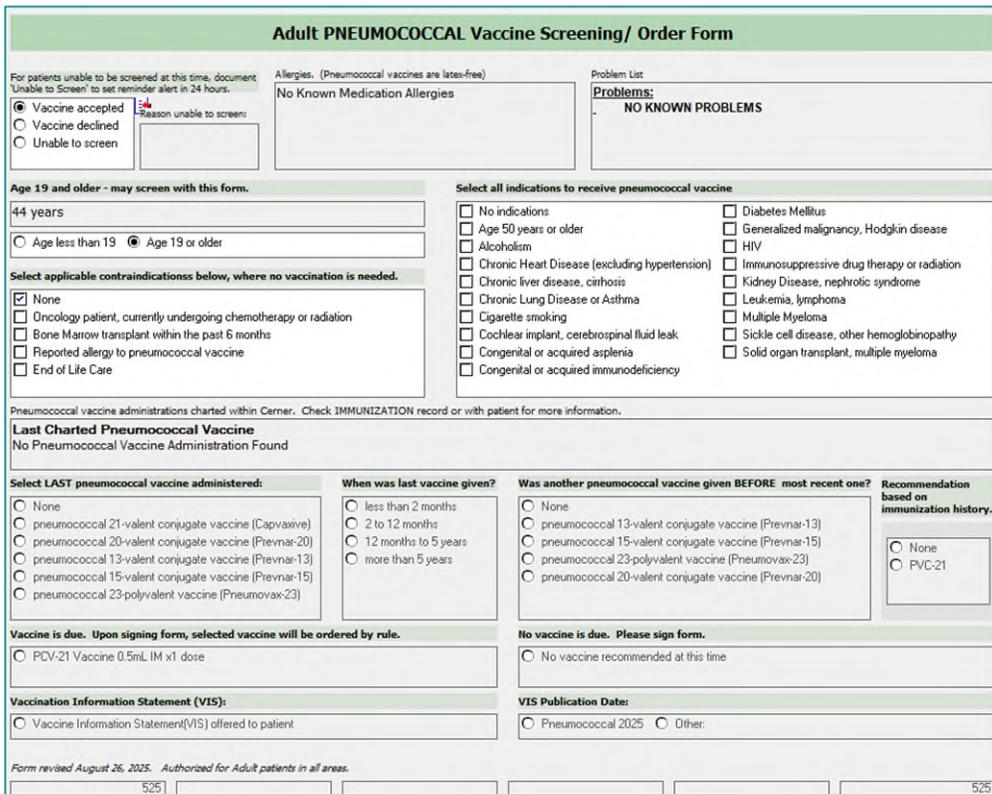


The Adult Pneumococcal Immunization Screening form reflects new clinical guidelines pertaining to the use of Pneumococcal 21-valent Conjugate Vaccine (Capvaxive). This format will guide ordering of appropriate pneumococcal conjugate vaccine for adults.

- During patient intake or admission, Immunization Screening forms are completed. The Adult PNEUMOCOCCAL Vaccine Screening/Order form complies with new guidelines for the use of Pneumococcal 21-valent Conjugate Vaccine (Capvaxive) for adult patients. The form guides a user through questions, within the encounter, enabling orders to be placed via a rule.
- The Pneumococcal (Adult) section is in the following forms: Admission History Adult, Admission History OB, BH Intake Assessment Adult, Immunization Screening, and Pre-Admission Assessment.



**Adult PNEUMOCOCCAL Vaccine Screening/ Order Form**

For patients unable to be screened at this time, document 'Unable to Screen' to set reminder alert in 24 hours.

Vaccine accepted  
 Vaccine declined  
 Unable to screen

Reason unable to screen:

Allergies: (Pneumococcal vaccines are latex-free)  
 No Known Medication Allergies

Problem List:  
**Problems:**  
 NO KNOWN PROBLEMS

Age 19 and older - may screen with this form.  
 44 years  
 Age less than 19  Age 19 or older

Select applicable contraindications below, where no vaccination is needed.

None  
 Oncology patient, currently undergoing chemotherapy or radiation  
 Bone Marrow transplant within the past 6 months  
 Reported allergy to pneumococcal vaccine  
 End of Life Care

Select all indications to receive pneumococcal vaccine

No indications  
 Age 50 years or older  
 Alcoholism  
 Chronic Heart Disease (excluding hypertension)  
 Chronic liver disease, cirrhosis  
 Chronic Lung Disease or Asthma  
 Cigarette smoking  
 Cochlear implant, cerebrospinal fluid leak  
 Congenital or acquired asplenia  
 Congenital or acquired immunodeficiency

Diabetes Mellitus  
 Generalized malignancy, Hodgkin disease  
 HIV  
 Immunosuppressive drug therapy or radiation  
 Kidney Disease, nephrotic syndrome  
 Leukemia, lymphoma  
 Multiple Myeloma  
 Sickle cell disease, other hemoglobinopathy  
 Solid organ transplant, multiple myeloma

Pneumococcal vaccine administrations charted within Cerner. Check IMMUNIZATION record or with patient for more information.

Last Charted Pneumococcal Vaccine  
 No Pneumococcal Vaccine Administration Found

Select LAST pneumococcal vaccine administered:

None  
 pneumococcal 21-valent conjugate vaccine (Capvaxive)  
 pneumococcal 20-valent conjugate vaccine (Pneumar-20)  
 pneumococcal 13-valent conjugate vaccine (Pneumar-13)  
 pneumococcal 15-valent conjugate vaccine (Pneumar-15)  
 pneumococcal 23-polyvalent vaccine (Pneumovax-23)

When was last vaccine given?  
 less than 2 months  
 2 to 12 months  
 12 months to 5 years  
 more than 5 years

Was another pneumococcal vaccine given BEFORE most recent one?  
 None  
 pneumococcal 13-valent conjugate vaccine (Pneumar-13)  
 pneumococcal 15-valent conjugate vaccine (Pneumar-15)  
 pneumococcal 23-polyvalent vaccine (Pneumovax-23)  
 pneumococcal 20-valent conjugate vaccine (Pneumar-20)

Recommendation based on immunization history.  
 None  
 PVC-21

Vaccine is due. Upon signing form, selected vaccine will be ordered by rule.  
 PCV-21 Vaccine 0.5mL IM x1 dose

No vaccine is due. Please sign form.  
 No vaccine recommended at this time

Vaccination Information Statement (VIS):  
 Vaccine Information Statement (VIS) offered to patient

VIS Publication Date:  
 Pneumococcal 2025  Other:

Form revised August 26, 2025. Authorized for Adult patients in all areas.

## Documenting Adult PNEUMOCOCCAL Vaccine Screening

**STEP 1:** Within the necessary form, choose the **Pneumococcal (Adult)** section. The **Adult PNEUMOCOCCAL Vaccine Screening/Order form** will open.

**STEP 2:** **Vaccine accepted** is the default when opening the form. Update as necessary to **Vaccine declined** or **Unable to screen**.

If selecting **Unable to screen**, the recommendation is to set a reminder alert for 24 hours in the future.

**STEP 3:** Age 19 and older – may screen with this form display the patients age from the chart, select appropriate age range, Age 19 or older.

**NOTE:** Although Capvaxive is indicated for ages 18 years old or older, NLH immunization screening for pneumococcal is not designed for the pediatric population which is defined as 18 years or less.

**STEP 4:** Select applicable contraindications below, where no vaccination is needed is then available for documenting, select appropriate response.

The patient’s allergies display at the top of the form, along with their problem list.

If **None** was selected for contraindications, the **Select all indications to receive pneumococcal vaccine** section will become available.

**Adult PNEUMOCOCCAL Vaccine Screening/ Order Form**

For patients unable to be screened at this time, document 'Unable to Screen' to set reminder alert in 24 hours.

Vaccine accepted  
 Vaccine declined  
 Unable to screen

Reason unable to screen:

Allergies. (Pneumococcal vaccines are latex-free)  
No Known Medication Allergies

Problem List  
**Problems:**  
NO KNOWN PROBLEMS

**Age 19 and older - may screen with this form.**  
44 years  
 Age less than 19  Age 19 or older

**Select applicable contraindications below, where no vaccination is needed.**

- None
- Oncology patient, currently undergoing chemotherapy or radiation
- Bone Marrow transplant within the past 6 months
- Reported allergy to pneumococcal vaccine
- End of Life Care

**Select all indications to receive pneumococcal vaccine**

- No indications
- Age 50 years or older
- Alcoholism
- Chronic Heart Disease (excluding hypertension)
- Chronic liver disease, cirrhosis
- Chronic Lung Disease or Asthma
- Cigarette smoking
- Cochlear implant, cerebrospinal fluid leak
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
- Diabetes Mellitus
- Generalized malignancy, Hodgkin disease
- HIV
- Immunosuppressive drug therapy or radiation
- Kidney Disease, nephrotic syndrome
- Leukemia, lymphoma
- Multiple Myeloma
- Sickle cell disease, other hemoglobinopathy
- Solid organ transplant, multiple myeloma

**STEP 5:** Selecting a pertinent indication in the prior section will open.

If **No indications** is selected, cannot proceed with further documentation and ordering of Capvaxive as indicated by **No vaccine recommended at this time**.

Other indications will open the **Select LAST pneumococcal vaccine administered:** section.

- The last charted value for prior pneumococcal vaccine administrations will display above.

**NOTE:** For Prevnar-20 and prior pneumococcal vaccines, Age 65 years or older was an applicable indication. With Capvaxive, the age limit has been lowered to 50 years or older.

The image displays two overlapping screenshots of a clinical form titled "Age 19 and older - may screen with this form." The top screenshot shows a patient aged 44 years. Under "Select all indications to receive pneumococcal vaccine," the option "Age 50 years or older" is checked. The "Last Charted Pneumococcal Vaccine" section indicates "No Pneumococcal Vaccine Administration Found." The "Select LAST pneumococcal vaccine administered:" section has "None" selected. The "When was last vaccine given?" section has "less than 2 months" selected. The "Was another pneumococcal vaccine given BEFORE most recent one?" section has "None" selected. The "Recommendation based on immunization history." section has "PVC-21" selected. The "Vaccine is due. Upon signing form, selected vaccine will be ordered by rule." section has "PCV-21 Vaccine 0.5mL IM x1 dose" selected. The bottom screenshot shows the same form with "pneumococcal 13-valent conjugate vaccine (Prevnar-13)" selected as the last administered vaccine. The "When was last vaccine given?" section has "2 to 12 months" selected. The "Was another pneumococcal vaccine given BEFORE most recent one?" section has "None" selected. The "Recommendation based on immunization history." section has "PVC-21" selected. The "Vaccine is due. Upon signing form, selected vaccine will be ordered by rule." section has "PCV-21 Vaccine 0.5mL IM x1 dose" selected. The "Vaccination Information Statement (VIS):" section has "Vaccine Information Statement(VIS) offered to patient" selected. The "VIS Publication Date:" section has "Pneumococcal 2025" selected.

**STEP 6:** Documenting Prevnar-13, Prevnar-15, or Pneumovax-23 will ask to document **When was the last vaccine given?**

Documentation in this section will then direct to documentation in **Was another pneumococcal vaccine given BEFORE most recent one?** section.

Based on clinical relevance, this section will direct ordering of Capvaxive or not depending on which pneumococcal vaccines were previously administered and the date range it which it was given.

**STEP 7:** If clinically relevant and documentation in all required sections is completed, the form will place an order for the Capvaxive vaccine by a rule.

**NOTE:** The Vaccination Information Statement (VIS) can be obtained from reference text in the VIS section by right-clicking in the section and selecting Reference Text.

For questions regarding process and/or policies, please contact your unit's Clinical Educator. For questions regarding workflow, please [place a ticket](#) to Health Informatics. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.