**Intramuscular (IM) Immune Globulin (IG) Administration for Post-Exposure Prophylaxis for Measles Exposure Standing Order Template**

Instructions for Local Health Department Staff

Use the language in this standing order template to create a customized standing order exclusively for your agency. Your customized standing order should include a header with your agency name, effective start date, and expiration date. Review the standing order at least annually and obtain Medical Director’s signature

**STANDING ORDER:**

**BACKGROUND**

The purpose of the standing order is to allow all registered and licensed practical nurses employed or contracted by (name of local health department) to administer IMIG post-exposure prophylaxis as outlined below to eligible contacts within 6 days of exposure to persons diagnosed with laboratory-confirmed measles.

**ASSESSMENT**

**Subjective Findings**:

Asymptomatic individual seeks care at *List Agency Name Here* for exposure to Measles virus.

**Objective Findings (all four must be present)**:

1. Individual is *Susceptible* – Individual does NOT have evidence of:
   1. Written documentation of adequate vaccine for measles (most common)
   2. Laboratory evidence of immunity
   3. Laboratory confirmation of disease
2. Individual is *Exposed* – Individual shared indoor airspace (e.g. sitting in same room or taking the same bus, plane) with measles patient, including an indoor location that can be infectious up to 2 hours after the case-patient leaves.
3. Individual is *Eligible* – Individual is one of the following:
   1. Infant less than 6 months of age
   2. Infant 6-11 months of age presenting on day 4, 5, or 6 after exposure or presenting on day 1, 2 or 3 of exposure with contraindication to vaccine.
   3. Has a known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised)
   4. **AND**
   5. Does NOT have immunoglobulin A (IgA) deficiency
   6. Does NOT have severe thrombocytopenia or any coagulating disorder that would contraindicate intramuscular injections
   7. Does NOT have severe thrombocytopenia or any coagulating disorder that would contraindicate intramuscular injections
   8. Has NOT had a history of anaphylactic reaction to a previous dose of IG
   9. Individual had initial exposure to measles less than 6 days ago
4. Individual weighs less than 30 kg

**PLAN OF CARE**

Implementation

A registered or licensed practical nurse employed or contracted by *List Agency Name Here* may administer IM IG by standing order to individuals meeting the subjective and objective findings listed above. Staff will follow the Center for Disease Control and Prevention (CDC) and product manufacturer guidelines.

For individuals meeting the subjective and objective criteria listed above, administer:

0.5 mL/kg of intramuscular Immune Globulin (IMIG) in the anterolateral aspect of the upper thigh(s).

* Do not administer more than 3 mL of IMIG per injection site; for infants and children weighing greater than 6 kg, multiple injections are required.
* The maximum total dose per IMIG administration is 15 mL.
* Persons weighing greater that 30 kg (66 lbs.) should receive IVIG since they are unlikely to receive an adequate dose via IMIG.

Nursing Actions

1. Provide patient education as described below:

* Patient receiving PEP within 6 days of exposure should quarantine and be monitored for symptoms for 28 days after exposure

1. Advise patient to contact their health care provider if they develop an allergic reaction or rash.
2. Advise patient to seek medical care right away (go to Emergency Room or call 911) if patient experiences:

* Closing of the throat or trouble breathing
* Swelling of the lips, tongue, or face
* Severe itching or rash, especially hives and wheals (red swollen bumps on the skin)

**CRITERIA FOR NOTIFYING THE MEDICAL PROVIDER:**

* If there is any question about whether to carry out this standing order
* Patient has any contraindication:
  + Person has an immunoglobulin A (IgA) deficiency. Persons with IgA deficiencies have the potential for developing antibodies to IgA and therefore could experience an anaphylactic reaction when IG is administered.
  + Person has severe thrombocytopenia or any coagulating disorder that would contraindicate intramuscular injections.
  + Person has history of anaphylactic reaction to a previous dose of IG.

Contact the patient’s physician immediately in the event of an adverse reaction or unexpected symptoms, complications or other situations occur following the administration of vaccine.

**REFERENCES:**

1. AAP Red Book <https://publications.aap.org/redbook/book/755/chapter/14079321/Measles>
2. Manual for the Surveillance of Vaccine Preventable Diseases

<https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html#cdc_generic_section_10-case-and-contact-investigation>