

**PHARMACIST ASSESSMENT Pregnant Patients
DOCUMENTATION & NOTIFICATION Public TDAP Vaccine**

Store Name:

Address/Phone:



PATIENT INFORMATION

Name: _____ DOB: _____
 PHN: _____
 Pregnant Week: _____ Lactating Age of Infant: _____

PHARMACIST INFORMATION

Name: _____
 Store Address: _____
 Phone: _____
 Fax: _____
 License #: _____
 Signature: _____

ORIGINAL PRESCRIBER INFORMATION

Dr. _____

ASSESSMENT TYPE

Initiating Medication Therapy

ORIGINAL PRESCRIPTION

Not applicable - initiating medication therapy

MODIFIED OR NEW PRESCRIPTION LABEL

Pharmacist affix modified or new prescription label here (Adaptation/Renewal/Medication Related Emergency/Initiating Medication Therapy/Trial Rx)

INFORMED CONSENT

The Patient and/or their representative (name): was provided with sufficient information, including the risks and benefits associated with the assessment and voluntarily provided their consent.

ASSESSMENT INFORMATION

Date: _____ Rx/Tx#: _____

RATIONAL FOR ASSESSMENT (additional pg)

- Patient is Pregnant
- Gestation week: _____ (for reference see Alberta Blue Cross Pharmacy Benefact 769)
- Reviewed patient's immunization Hx on NetCare
- Patient has not received Tdap vaccine earlier in this pregnancy
- Patient is not suffering from any severe acute illness
- Patient has no history of anaphylaxis or other severe reaction after previous administration of Tdap vaccine.
- Patient has no allergy or hypersensitivity to any component of the vaccine
 - Adacel: tetanus toxoid, diphtheria toxoid, acellular pertussis toxoid (PT), filamentous haemagglutinin (FHA), pertactin (ORN), fimbriae types 2, 3, AlPO₄, 2-phenoxyrthanol, formaldehyde, and glutaraldehyde in trace amounts.
 - Boosterix: diphtheria toxoid, 3 purified pertussis antigens [pertussis toxoid (PT), filamentous haemagglutinin (FHA) and pertactinand tetanus toxoid, Al, NaCl, water for injection, Na₂PO₄, formaldehyde, glutaraldehyde, glycine, monopotassium phosphate, polysorbate 90 and KCl.

REDUCE PRESCRIPTION TO WRITING

(N/A for refusal to fill / trial Rx / Opioid management)

- Not applicable (Patient **NOT** eligible for public program)
- Adacel vaccine, publicly funded, M: 1 dose SIG: administer IM
- Boosterix vaccine, publicly funded, M: 1 dose SIG: administer IM

FOLLOW-UP & MONITORING PLAN

Notification Information: Fax Phone **DATE:** _____ **NOTIFIED** (other than above)

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