

UAMS MEDICAL CENTER
ACS SERVICES MANUAL

SUBJECT: Post Splenectomy Vaccines

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UPDATED: 12/2022

EFFECTIVE: 12/15/2022

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APPROVAL: 12/15/2022

CONCURRENCE(S): Trauma Faculty

PURPOSE: To provide guidelines for the appropriate administration of post-splenectomy vaccinations.

GUIDELINE:

Indications:

- All patients status post-splenectomy
- All patients with < 50% perfused spleen

Initial Vaccinations:

- Pneumococcal vaccine, PCV20 (Pevnar-20) - 0.5mL IM
 - If PCV20 (Pevnar-20) is not available, give PCV13 (Pevnar-13) – 0.5mL IM
- *Hemophilus b* conjugate vaccine (ActHIB/Hiberix/PedvaxHIB) - 0.5mL IM
- Meningococcal conjugate vaccine, MenACWY (Menactra/Menveo) - 0.5mL IM
- Meningococcal Group B vaccine (Bexsero) – 0.5 ml IM

Second Set of Vaccinations (to be given eight weeks AFTER initial vaccinations):

- Meningococcal conjugate vaccine, MenACWY (Menactra/Menveo) - 0.5mL IM
- Meningococcal Group B vaccine (Bexsero) – 0.5 ml IM
- Pneumococcal vaccine:
 - IF patient received PCV20 (Pevnar-20), no further doses are required
 - IF patient received PCV13 (Pevnar-13), give one dose of PPSV23 (Pneumovax)

Procedure:

Vaccinations should be administered the day prior to discharge, 14 days after splenectomy, or last day of ICU care (prior to floor/progressive transfer) – whichever comes first.^{1,2} All patients should have the problem list in epic updated to reflect this status by adding the diagnosis of asplenia.

Education:

All patients with splenectomy need to be informed of their operation, the risk and signs/symptoms of developing Overwhelming Post-Splenectomy Infection (OPSI) via physician to patient discussion. Revaccination of Pneumovax is recommended in 5 years and once the patient reaches age 65 (if administered before age 65)⁶. Revaccination of MenACWY is needed every 5 years thereafter. Patients should be instructed to follow-up with their primary care physician for this assessment.⁵ An information card should be completed with the dates of the vaccinations and given to the patient.

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