Division of Acute Care Surgery Clinical Practice Policies, Guidelines, and Algorithms:
Post Splenectomy Vaccination
Clinical Practice Policy

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

Vaccines:
1. Pneumococcal vaccine, PCV13 (Prevnar-13) - 0.5mL IM
2. *Hemophilus influenzae* vaccine (HiB) - 0.5mL IM
3. Meningococcal vaccine, MenACWY (Menactra/Menveo) - 0.5mL IM

FOR NON-ICU PATIENTS: Vaccinations should be administered the day prior to discharge. 1,2

FOR ICU PATIENTS: Vaccinations should be administered upon discharge from the ICU.3,4

All patient charts should be labeled with either “Asplenic” or “S/p Splenectomy” to identify patients that require vaccinations. In addition, “Asplenic” or “S/p Splenectomy” will be added to the trauma service patient list for those patients requiring vaccination.

Follow-up Plan

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. Eight weeks after doses given prior to discharge, patient will need a second set of vaccinations: one dose of MenACWY (Menactra/Menveo) and one dose of pneumococcal PPSV23 (Pneumovax). Revaccination of Menactra/Menveo is recommended every 5 years. Revaccination of Pneumovax is recommended in 5 years and again after the age of 65 if at least 5 years has elapsed since their previous dose of PPSV23 (Pneumovax). Patients should be instructed to follow-up with their primary care physician for this assessment.5

Asplenic Patient Database: to identify those patient’s that underwent Splenectomy, when they received their vaccinations, and when they need to follow up for revaccination

Use of Medical Alert Bracelets: for emergency medical providers to identify patients in the community that are asplenic.

Original Date: 06/2011
Purpose: To delineate timing of post-splenectomy vaccines
Last Review Date: 10/2015

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References: