

OSELTAMIVIR PROPHYLAXIS
Influenza A and B
Residential Care

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders () require physician/prescriber check mark () to be initiated.

1. LABORATORY

NOTE: The estimated GFR (eGFR) is **AUTOMATICALLY REPORTED** for each creatinine

- Creatinine retesting not required if (*check all that apply*):
 - Estimated GFR greater than 60 mL/minute (in last 12 months) and no renal dysfunction suspected by physician
 - Recent creatinine available (previous 4 weeks)
 - Chronic hemodialysis or peritoneal dialysis patient
- Obtain a creatinine if (*check all that apply*):
 - No creatinine tested in the last 12 months
 - Estimated GFR less than 60 mL/minute OR renal dysfunction suspected by physician
- Estimated GFR: _____ mL/minute Date: _____ (DD/MM/YY)

2. MEDICATIONS

- Do not administer oseltamivir: Indicate reason(s) (*select all that apply*):
 - Oseltamivir allergy or severe intolerance
 - Patient, caregiver or substitute decision maker refusal
 - Physician decision

PROPHYLAXIS (*for symptom-free residents only*)

- During a **declared facility influenza outbreak**, initiate oseltamivir PROPHYLAXIS
- Continue oseltamivir until the outbreak is declared over

Select one	Estimated GFR (mL/min.)	Adult oseltamivir PROPHYLAXIS [13 yrs and older]
<input type="checkbox"/>	Greater than 60	75 mg PO DAILY
<input type="checkbox"/>	31–60	30 mg PO DAILY
<input type="checkbox"/>	10–30	30 mg PO EVERY 48 HOURS
<input type="checkbox"/>	Peritoneal Dialysis	30 mg PO BEFORE DIALYSIS, then 30 mg EVERY 7 DAYS
<input type="checkbox"/>	Hemodialysis	30 mg PO BEFORE DIALYSIS, then 30 mg AFTER EVERY ALTERNATE DIALYSIS SESSION

Date (dd/mm/yyyy)	Time	Physician Signature	Printed Name or College ID#
/ /			

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