*Example Standing Order for Tamiflu*

*Insert Logo Here*

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| **STANDING ORDER** |

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| --- | --- | --- |
| **Title:** Administration of Influenza Antiviral Post-ExposureChemoprophylaxis (Tamiflu) | **No.:** |   |
| **Manager:**  | **Next Review Date:** |   |
| **Department/Unit:** | **Original Date:** |   |
| **Physicians Signature:** | **Revision Date:** |   |

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**STANDING ORDER:**

[Specify Staff] may administer Tamiflu for Influenza antiviral post-exposure chemoprophylaxis to individuals at high risk1 according to this standing order. Staff will follow the Center for Disease Control and Prevention (CDC) and product manufacture guidelines.

**PROTOCOL:**

Use of antiviral drugs for post-exposure chemoprophylaxis of influenza is a key component of influenza outbreak control in institutions that house patients at higher risk for influenza complications and is indicated for contacts in long term care facilities, semi-closed settings, or other settings in which persons live in close proximity where persons at higher risk for Influenza complications are housed.

1. **Initiating Post-Exposure Chemoprophylaxis:**
2. Review the Tamiflu package insert and the ACIP1 recommendations for the medication to be administered.
3. Assess the clients need for antiviral chemoprophylaxis by completing the “Antiviral Assessment & Dispensing Sheet” (see Appendix A).
4. Screen for influenza-like symptoms.
	* 1. If symptoms present, refer patient to their health care provider for evaluation. Do not provide post-exposure chemoprophylaxis.
5. Screen for contraindications, medication allergies, and pregnancy.
	* 1. Consult with a physician for dosing order on patients who have contraindications to the medications.
6. Provide education on the medication, how to take the medication, possible side effects, contraindications, and how to seek emergency care if an anaphylactic reaction occurs.
7. Provide patient education as described below:
8. Advise on the symptoms of influenza.
9. Patients receiving post-exposure antiviral chemoprophylaxis should be informed that chemoprophylaxis lowers but does not eliminate the risk for influenza, that susceptibility to influenza returns once the antiviral medication is stopped, and that influenza vaccination is recommended if available.
10. Patients receiving chemoprophylaxis should be encouraged to seek medical evaluation as soon as they develop a febrile respiratory illness suggestive of influenza because influenza virus infection still can occur while a patient is on chemoprophylaxis and might indicate infection with a virus resistant to the antiviral medication used.
11. Counsel on covering coughs, hand hygiene and staying home until 24 hours after cessation of fever (without fever-reducing medication).
12. Counsel that if the patient receives or plans to receive live flu vaccine, it is not advisable to have a live virus vaccine until 48 hours after the cessation of antiviral therapy. Also, antiviral medications should not be administered until two weeks after receipt of the live virus vaccine. If antiviral medications and the live virus vaccine are administered at the same time, revaccination should be considered.
13. Prepare the medication to be given to the patient according to the instructions and table below:
14. Add to each bottle of Tamiflu to be dispensed, the chemoprophylaxis instruction sticker provided by the manufacturer.
15. On each bottle of Tamiflu to be dispensed, record the patients name and date of birth.
16. Document the medication, dosage, number given, duration, lot number, expiration date, whether pregnant, and education provided.
17. Attach the “Patient Information Sheet” provided by the Tamiflu manufacturer indicating the name of medication, dosage, and duration of treatment.
18. Attach the most recent fact sheet from CDC outlining Influenza signs and symptoms.
19. Sign and date the “Antiviral Assessment & Dispensing Sheet”.

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| **Target Population:** | **Medication** | **Dosage\*** | **# Pills Given** | **Duration** |
| Long term care facilities1 | Tamiflu | 75mg | Provide 14 days minimum and 10 days after last illness onset**\*\***  | daily |
| **\*** *For adults >80 lbs.***\*\*** *For influenza outbreaks in institutions, CDC recommends chemoprophylaxis for a minimum of 14 days. If surveillance indicates that new cases continue to occur, chemoprophylaxis should be continued until approximately 10 days after illness onset in the last patient.*  |

**CRITERIA FOR NOTIFYING THE PATIENT’S PHYSICIAN:**

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 antiviral chemoprophylaxis.

**REFERENCES:**

1. Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Recommendations and Reports. January 21, 2011 / 60(RR01); 1-24. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm>

**Appendix A.**

**INFLUENZA ANTIVIRAL ASSESSMENT & DISPENSING SHEET**

In an outbreak situation, residents and staff working in direct patient care at [Insert Center Name] that do not have influenza symptoms should begin antiviral chemoprophylaxis medication to last a minimum of 14 days.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person receiving antiviral medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_

Name of healthcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information:**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Screening checklist:**

* Received [Insert Year] seasonal influenza vaccine. Date vaccine received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Documented**
	+ **Undocumented**
* Has influenza like symptoms. **Do not give chemoprophylaxis**. Referred for immediate evaluation by health care provider.
* Has renal failure. **Do not give medication**. Refer to health care provider.
* Has allergy to Tamiflu (oseltamivir). **Do not give medication**. Refer to health care provider.
* Is pregnant. **Do not give medication**. Refer to health care provider.

**Check all that was provided:**

* Antiviral chemoprophylaxis dispensed.
* Medication and influenza fact sheets given.

**Documentation of Antiviral Medications Administered:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **# Given** | **Duration** | **Lot #** | **Exp Date** |
| TAMIFLU | 75mg |  | Daily |  |  |

**Name of registered nurse who dispensed medication:**

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_