

Example of Pre-Printed Orders for use of <u>OSELTAMIVIR</u> (<u>Tamiflu®</u>) during an INFLUENZA OUTBREAK

Influenza Treatment & Prophylaxis	
Oseltamivir (Tamiflu®) during an influenza out	break: Physician/NP to check either option #1 or #2
#1. Once the Medical Health Officer has de recommendations as per the tables on the	clared an outbreak, give oseltamivir following the next page:
#2. Oseltamivir is contraindicated or resid	lent refuses. Please provide rationale:
(Oseltamivir is contraindicated if there components)	is known hypersensitivity to the drug or any of its
	vel is recommended for all residents. In case of an ce on your residents, please give the first dose and orm subsequent doses.
Physician/NP Signature:	Date:

Table 1: TREATMENT (OF SYMPTOMATIC RESIDENTS)

Give oseltamivir as soon as possible after development of symptoms of influenza; do not wait for test results to start treatment:

eGFR	Dose
Above 60mL/min	75mg orally twice a day x 5 days
31 - 60mL/min	30mg orally twice a day x 5 days
10 - 30mL/min	30mg orally once daily x 5 days
<10mL/min (renal failure)*	Single 75 mg dose for the duration of illness
Dialysis*	Low-flux hemodialysis (HD): 30mg after every HD session x 5 days
	High-flux HD: 75 mg after every HD session x 5 days
	CAPD dialysis: 30 mg once weekly
	CRRT high-flux dialysis: 30 mg daily or 75 mg every second day

Table 2: PROPHYLAXIS (OF RESIDENTS WITHOUT SYMPTOMS)

Give oseltamivir only if the Medical Health Officer has indicated that prophylaxis of residents is required:

eGFR	Dose
Above 60mL/min	75mg orally once daily (for duration of outbreak)
31 - 60mL/min	30mg orally once daily (for duration of outbreak)
10 - 30mL/min	30mg orally on alternate days (for duration of outbreak)
<10 mL/min (renal failure)*	No data
Dialysis*	Low-flux hemodialysis (HD): 30 mg after alternate HD sessions High-flux HD: No data CAPD dialysis: 30 mg once weekly CRRT high-flux dialysis: No data

^{*}Experience with the use of oseltamivir in patients with renal failure is limited – consultation with a clinical pharmacologist or infectious disease physicianis recommended.

(Refer to AMMI Canada guidelines from January 2015 at

(https://www.hindawi.com/journals/cjidmm/2015/613068/abs/ and https://www.hindawi.com/journals/cjidmm/2015/371840/abs/)