

**Example of Pre-Printed Orders for INFLUENZA and PNEUMOCOCCAL VACCINES  
 & the use of OSELTAMIVIR (Tamiflu®) during an INFLUENZA OUTBREAK**

**Influenza Vaccine**

- Administer seasonal influenza vaccine (0.5 mL IM deltoid)
- Do NOT administer influenza vaccine due to contraindications to vaccine.

**Pneumococcal Vaccine**

- Administer pneumococcal vaccine (0.5 mL SC or IM deltoid)
- Do NOT administer pneumococcal vaccine due to contraindications or prior vaccination.

**Influenza Treatment & Prophylaxis**

**Osetamivir (Tamiflu®) during an influenza outbreak:** Physician/NP to check either option #1 or #2

- #1. Once the Medical Health Officer has declared an outbreak, give osetamivir following the recommendations below:**

**TREATMENT (OF SYMPTOMATIC RESIDENTS)**

Give osetamivir 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
hemodialysis (HD)	30mg orally initial dose, then 30mg after every HD session x 5 days

**PROPHYLAXIS (OF RESIDENTS WITHOUT SYMPTOMS)**

Give osetamivir 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)
hemodialysis (HD)	30mg orally initial dose, then 30mg after every alternate HD session (for duration of outbreak)

- #2. Osetamivir is contraindicated or resident refuses.** Please provide rationale:

\_\_\_\_\_ (Osetamivir is contraindicated if there is known hypersensitivity to the drug or any of its components)

Note: An annual serum creatinine clearance level is recommended for all residents. In case of an outbreak, if you do not have creatinine clearance on your residents, **please give the first dose and order stat creatinine clearance in order to inform subsequent doses.** (Refer to AMMI Canada guidelines from Dec 2012: [www.ammi.ca/guidelines](http://www.ammi.ca/guidelines))

Physician/NP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

