Influenza Antiviral Eligibility and Standing Order Form
Adult Residential Facilities

This form must be completed on admission and annually by the prescriber who is performing the assessment for influenza antiviral prophylaxis and/or treatment.

- Provide this form to the dispensing pharmacy and send a copy to the adult residential facility (ARF) operator. The Standing Order prescription will remain on file for 1 year.
- Forward requisitions for testing to the ARF operator.

Section 1.0: Resident Information

Resident last name	**First name**	**Medicare Number**	**Date of Birth**
			YYYYMMDD

Name of Facility	**Street Address**	**City**

Province	**Postal Code**	**Guardian, if applicable**	
		Facility Phone Number	
Weight:	**Height:**	**Sex at Birth:** ○**Male** ○**Female**	

Section 2.0: Resident Eligibility Status

	No	Yes	Unknown
Treatment eligibility: Is this resident eligible to receive influenza antiviral medication for treatment? (Is a member of an at-risk group or has comorbidities that predispose them to severe influenza. i.e., History of chronic condition/illness related to lungs, heart, kidneys, blood. Presence of diabetes/metabolic conditions, neuromuscular disease/disorders, cognitive dysfunction, or immune compromised.) If 'Yes', please consider providing a standing order prescription and corresponding laboratory testing requisitions described in Section 3.0 in advance of annual respiratory illness season.			

Prophylaxis eligibility: Some Adult Residential Facilities have been designated as sites where prophylaxis may be offered, if advised by the Regional Medical Officer of Health during an outbreak. Antiviral prophylaxis or early access to treatment (if symptomatic) will follow guidelines from the Association of Medical Microbiology and Infectious Disease Canada.

In Section 3.0, please consider providing a standing prescription order for the resident under your care to access time-sensitive influenza antiviral medications for prophylaxis.

Additional information:

Section 3.0: Standing Orders for Residents of Adult Residential Facilities (ARFs)

Orders for Lab Testing: ** Must be ordered by a physician or nurse practitioner. Register for testing according to usual Regional Health Authority processes.
Perform serum creatinine on admission if a result is not available within the past 12 months. Repeat annually.
Perform PCR test for Covid-19, Influenza, and Respiratory Syncytial Virus, if resident has new or worsening symptoms of respiratory illness. *Note: If an outbreak is declared, symptomatic individuals will be presumed positive and will remain eligible for treatment, if indicated. If presumed positive, lab confirmation may not be required.*
Repeat serum creatinine, when administering influenza antiviral therapy, if there is reason to believe the resident has kidney disease.

Resident Name
Date of Birth
Medicare

New Brunswick Nouveau

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Prescription Orders: Prescribing antiviral medication for the treatment of influenza falls within the scope of practice for nurse practitioners and physicians; however, influenza antiviral prophylaxis may be prescribed by nurse practitioners, physicians, or pharmacists. The prescription will remain on file for 1 year.

If Public Health identifies an influenza outbreak in this resident's special care facility, and influenza antiviral prophylaxis has been recommended by the Regional Medical Officer of Health, administer as outlined below:

- If no symptoms, give prophylactic (preventative) dose
- If symptoms are present for less than 48 hours, give treatment dose. Note: Resident is presumed positive, influenza testing is not required.
- If symptoms are present for greater than 48 hours, **DO NOT TREAT.**

Begin Influenza Treatment Dose if resident tests positive/presumed positive for influenza or develops symptoms while on prophylaxis protocol. Oseltamivir 75 mg orally twice daily for 5 days	No	Yes
Begin Influenza Prophylaxis Dose if the facility where the resident lives is experiencing an influenza outbreak: Oseltamivir 75mg orally once daily for 10 days, with two (2) refills for five (5) days each if outbreak is ongoing. If symptoms emerge, adjust dose to treatment protocol.	No	Yes

Pharmacist will adjust dosage according to renal function, if required.

Creatinine Clearance (mL/min)	Oseltamivir Prophylaxis Dose	Oseltamivir Treatment Dose
> 60 mL/min	75 mg once daily	75 mg twice daily for 5 days
30-60 mL/min	30 mg once daily	30 mg twice daily for 5 days
10-29 mL/min	30 mg on alternate days	30 mg once daily for 5 days
<10 mL/min (renal failure)	30 mg once (Use with caution)	Single 75 mg dose (Use with caution)
Dialysis Patients	Contact Dialysis Unit for direction	Contact Dialysis Unit for direction

Section 4.0: Prescriber Information

Last Name:	**First Name:**
License Number:	**Telephone:**
Signature:	**Date:**