

# Prophylactic Oseltamivir (Tamiflu®) during Influenza Outbreak

## Outbreak prophylaxis in AHS owned and operated sites

**Prophylactic oseltamivir (Tamiflu®):** In the event of a **confirmed** Influenza A or B outbreak at an AHS site, the Medical Officer of Health may order prophylactic oseltamivir for patients/resident. To prepare for this event, standing orders are completed in LTC ahead of outbreak season and process is established for both acute and long term care AHS sites

### Acute care

1. Standing orders are not completed in acute care due to rapid patient turnover.
2. When an influenza-like illness (respiratory) outbreak is declared in acute care, Pharmacists will work with nursing staff and Physicians to prepare oseltamivir prophylaxis orders for each patient on the affected unit.
  - a. Prophylactic Tamiflu shall **NOT** be administered until the outbreak is confirmed as Influenza A or B and direction is given by the Medical Officer of Health

### Long term care

1. Standing orders are completed by nursing and physicians for all long term care residents prior to outbreak season (August/September) (sample attached).
  - a. IPC will prompt this work during their outbreak education blitz
2. When an influenza-like illness (respiratory) outbreak is declared in long term care, Pharmacists and nursing staff will ensure that each resident has a current standing order.
  - a. Prophylactic Tamiflu shall **NOT** be administered until the outbreak is confirmed as Influenza A or B and direction is given by the Medical Officer of Health

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## Tamiflu® standing order form for AHS long term care



### Influenza Outbreak Prophylaxis Orders

Place Label Here

Ht: _____ cm		Allergies													
Wt: _____ kg		Diagnosis													
Date (dd-Mon-yyyy)		Time		Physician Orders		CP	CE	R	MP	MR	Sign				
<input type="checkbox"/> This order set expires one year from the date of signing <input type="checkbox"/> This order set is to be kept on patient's chart <input type="checkbox"/> Document height and weight in space provided above															
<b>Outbreak Prophylaxis</b>															
<input type="checkbox"/> Prophylactic oseltamivir (Tamiflu®) during outbreak of influenza A or B. (Pharmacist to clarify dose based on CrCl or eGFR)															
Physician Signature _____															
<b>Pharmacist to complete (Choose ONE Prophylaxis dose option below)</b>															
<input type="checkbox"/> Oseltamivir 75 mg PO <b>once daily</b> for 10 days, or duration of outbreak, whichever is longer.															
<input type="checkbox"/> Oseltamivir 30 mg PO <b>once daily</b> for 10 days, or duration of outbreak, whichever is longer.															
<input type="checkbox"/> Oseltamivir 30 mg PO <b>every other day</b> for 10 days, or duration of outbreak, whichever is longer.															
<input type="checkbox"/> Oseltamivir _____ mg PO _____ for 10 days, or duration of outbreak, whichever is longer.															
<input type="checkbox"/> Oseltamivir _____															
<input type="checkbox"/> No Therapy recommended															
Pharmacist Signature: _____															

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CP - Careplan; CE - Computer Entry; R - Requisition; MP - Medication Profile; MR - Medication Record

### Influenza Outbreak Prophylaxis Orders

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