

Physician-CCH (Type A) Pharmacist Antiviral Prophylaxis Standing-Order Template
(Non-AHS facilities which do not contract with AHS pharmacies)

From CCH Pharmacist to Physician Section

Fax Message

Date:

Pages: 2 (including cover sheet)

To:	From:
Physician Name:	Pharmacist Name:
Medical Clinic:	Pharmacy:
Phone:	Phone:
Fax:	Fax:

Subject: Physician antiviral prophylaxis standing-orders for the control of influenza outbreaks in non-AHS CCH (type A) which do not contract with AHS pharmacies.

Dear Physician:

You have been identified as the physician for one or more continuing care home (CCH), type A, residents identified on the following page. When an influenza outbreak is confirmed, the Medical Officer of Health (MOH) will recommend Oseltamivir antiviral prophylaxis for all residents.

CCH pharmacists will provide Oseltamivir to residents utilizing physician standing-orders (dosing information is available at: www.rochecanada.com/PMs/Tamiflu/Tamiflu_PM_E.pdf; additional, detailed information on the use of antivirals for treatment and prophylaxis is available at the Association of Medical Microbiology and Infectious Disease Canada website (see *Influenza* subsection): <https://ammi.ca/en/resources>.

- Prophylaxis is administered until at least 7 days after the onset of the last resident case. Most outbreaks do not exceed 15 days.
- If residents or staff become ill while on prophylaxis, you may consider increasing the dosage for treatment purposes.

Please review the line-listing of residents on page 2 of this document (*From Physician to CCH Pharmacist Section*) and return fax of standing-orders for Oseltamivir and, as appropriate, creatinine clearance to the CCH pharmacist.

Thank you for your assistance and attention.

Continuing Care Home (Type A) Pharmacist

Physician-CCH (Type A) Pharmacist Antiviral Prophylaxis Standing-Order Template
 (Non-AHS facilities which do not contract with AHS pharmacies)

From Physician to CCH Pharmacy Section

Fax Message

Date:

Pages: 1 (including cover sheet)

To		From	
Pharmacist Name:		Physician Name:	
Pharmacy:		Medical Clinic:	
Phone:		Phone:	
Fax:		Fax:	

Physician Instructions: If you wish to provide standing orders for oseltamivir and, as appropriate, creatinine clearance, please place an "X" in the appropriate standing order columns.

Resident Name <i>(last, first)</i>	ULI	M/F	Date of Birth <i>(dd-Mon-yyyy)</i>	Oseltamivir Prophylaxis Standing Order "X"	Creatinine Clearance Standing Order <i>(suspected/known renal impairment)</i> "X"

Please sign, date, and fax this page to the continuing care home (CCH) pharmacist indicated on page 1.

Physician Signature: _____ Date: _____

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