Physician Name: 
Medical Clinic: 
Phone: 
Fax: 

Physician Name: 
Pharmacist Name: 
Pharmacy: 
Phone: 
Fax: 

**Subject:** Physician Antiviral Prophylaxis Standing-Orders for the Control of Influenza Outbreaks in non-AHS Long Term Care Facilities Which Do Not Contract with AHS Pharmacies. (2018-2019 influenza season)

Dear Physician:

You have been identified as the physician for one or more Long Term Care Facility residents identified on the following page. When an influenza outbreak is confirmed, the Medical Officer of Health will recommend oseltamivir antiviral prophylaxis for all residents. Facility pharmacists will provide oseltamivir to residents utilizing physician standing-orders, according to the dosage table located at: [www.ahs.ca/assets/info/hp/phys/cen/if-hp-phys-moh-cz-antiviral-dosing-recommendations.pdf](http://www.ahs.ca/assets/info/hp/phys/cen/if-hp-phys-moh-cz-antiviral-dosing-recommendations.pdf)

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 the second page of this fax (Fax Letter from Physician to Long Term Care Facility Pharmacist Section) and return-fax standing-orders for oseltamivir, and as appropriate, creatinine clearance to the Long Term Care Facility Pharmacist.**

Thank you for your assistance and attention.

Long Term Care Facility Pharmacist
Physician/Long Term Care Facility Pharmacy Antiviral Prophylaxis Standing-Order Template (non AHS facilities which do not contract with AHS pharmacies)

Fax Message

Date: 

Pages: 1 (including cover page)

To: 

From: 

Pharmacist Name: 

Physician Name: 

Pharmacy Name: 

Medical Clinic: 

Phone: 

Phone: 

Fax: 

Fax: 

Physician Standing Orders for Oseltamivir and, as appropriate, creatinine clearance for Residents in Long Term Care Facilities

<table>
<thead>
<tr>
<th>Resident Name (last, first)</th>
<th>ULI</th>
<th>M/F</th>
<th>DOB (YYYY/MON/DD)</th>
<th>Oseltamivir Prophylaxis Standing Order</th>
<th>Creatinine Clearance Standing Order (suspected/known renal impairment)</th>
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Physician Instructions:
If you wish to provide standing orders for oseltamivir and, as appropriate, creatinine clearance please place an “X” in the appropriate bolded column. Please sign and date and return-fax this page to the Long Term Care Facility Pharmacist indicated above.

Physician Signature:______________________________________________

Date: ____________________________

2018-10