

Advance Prescription for Oseltamivir (Tamiflu®)

(Preparation for Prophylaxis for Confirmed Influenza Outbreaks in Seniors' Residences)

Provide this prescription to your physician to complete.

Date <i>(dd-Mon-yyyy)</i>	Physician/Prescribing Pharmacist	
Patient Name		Date of Birth <i>(dd-Mon-yyyy)</i>
Personal Health Number	Pharmacy	
Facility Name		Patient Weight kg
Serum Creatinine <i>Serum creatinine test for residents/patients should be adequate if done within the past year, provided there has not been a sudden change in kidney function or change in weight.</i>		Date collected <i>(dd-Mon-yyyy)</i>

Prescription for prophylactic dose of Oseltamivir for ten (10) days* with two (2) refills for five (5) days each - dosage will be calculated based on the creatinine clearance level and the following guidelines:

Creatinine Clearance (mL/min)	Oseltamivir Oral Dose
Over 60 mL/min	75 mg once daily
Between 31-60 mL/min	30 mg once daily
Between 10-30 mL/min	30 mg every other day
Less than 10 mL/min or dialysis	Refer to AHS Guide for Outbreak Prevention and Control LTC,DSL, SL and Hospice Sites, see Appendix A https://www.albertahealthservices.ca/assets/healthinfo/flu/hi-flu-prov-hlsl.pdf

**Antivirals are recommended for seven days following the onset of illness in the last case in the outbreak, therefore the duration of the antivirals may be extended by means of the refills if the outbreak persists.*

Physician Signature	Date <i>(dd-Mon-yyyy)</i>
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For Pharmacy use only

EI Number	Date notified of outbreak
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Resident/Patient Advance Prescription confirmation

Please complete and return to resident.

Date <i>(dd-Mon-yyyy)</i>	
Physician name	
Pharmacy name	

Resident – please give this page to your facility administrator