

**2021-2022 MAGIC CPAC Influenza Protocol for
Recognition, Diagnosis, Treatment & Prophylaxis for use in
Skilled Nursing & Assisted Living Facilities**

Name: _____ DOB: ___/___/___

SCREENING

Clinical Symptoms (check all that apply):

Major: ___ Acute onset of nonproductive cough ___ Sudden onset of fever >100°F

Minor: ___ Nasal Congestion or rhinorrhea ___ Sore Throat ___ Chills ___ Headache

___ Myalgia ___ New confusion or delirium ___ New Fatigue

___ Acute change in bowel habits ___ Anorexia

TESTING

If 1 major or ≥ 2 minor presenting symptoms are present, nursing to use this protocol to write a verbal order for **A and B rapid influenza and COVID-19** test. Do not test for COVID if patient has had a positive COVID test in the last 3 months.

1. Collect hearty, posterior nasopharyngeal (NP) specimen after vigorous cough from patient
2. Test any resident with symptoms of COVID-19 or influenza for both viruses
3. Call provider to update on symptoms and specimen ordered
4. If testing for influenza is unavailable, update the provider who may initiate treatment based on symptoms.

RESULTS

Negative: Continue monitoring for additional symptoms or other residents in the facility with positive results. Presumptive diagnosis may be made based on symptoms (consider change to treatment).

Positive result for Influenza A or B: Begin antiviral treatment as soon as possible (<48 hours of symptom onset if able). Select the antiviral treatment option on the treatment order form.

Pending: If influenza is suspected, it is not necessary to wait for laboratory confirmation to initiate treatment orders.

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____

2021-2022 CPAC Influenza Antiviral TREATMENT Order (ICD-10 J09.X2)

Name: _____ DOB: ___/___/___

LAB ORDERS

Most Recent: GFR _____ or CrCl _____ Date _____

- Long Term Care and Assisted Living: It is helpful to identify patient's GFR or CrCl at the beginning of influenza season to allow for faster ordering of antiviral treatment at the time of diagnosis.
- Medical director will identify the use of GFR or CrCl in skilled facilities, and the provider will identify GFR or CrCl in Assisted Living facilities without a medical director. **Of note, CrCl preferred by drug manufacturer.**

Check the following labs orders:

___	Order BMP for next lab day if not present within the last 6 months. ICD-10 Dx: CKD N18.9 <ul style="list-style-type: none"> • When new results obtained, verify patient is on the accurate dosage based on updated kidney function. If dose adjustment needed, complete new treatment order for remainder of treatment.
___	BMP not ordered <ul style="list-style-type: none"> • BMP present within the past 6 months • Hospice patients: use last known BMP for dosing
___	Patients on Warfarin, order INR within 5 days of starting treatment. INR ordered on _____

TREATMENT ORDERS

Provider will identify the medication and facility nurse will identify the dosage

Oseltamivir (Tamiflu) *Dispense Generic*. Select Dosage Form: ___ Tablet ___ Liquid (patients with swallowing difficulties)			<ul style="list-style-type: none"> • Start treatment <48 hours of symptom onset if able
Check Dosage	GFR (Circle if using)	CrCl (Circle if using)	Order
___	>60 mL/min	>60 mL/min	75 mg oral twice daily for 5 days
___	>30 to 60 mL/min	>30 to 60 mL/min	30 mg oral twice daily for 5 days
___	10 to 30 mL/min	10 to 30 mL/min	30 mg oral once daily for 5 days
___	HD*: ≤10 mL/min	HD*: CrCl ≤10 mL/min	30 mg oral immediately then 30mg after every HD session x 3
___	If on Continuous ambulatory peritoneal dialysis		A single 30mg oral dose immediately
___	End Stage Renal Disease, NOT on hemodialysis		Tamiflu is not recommended

OR

Zanamivir (Relenza)	<ul style="list-style-type: none"> • For uncomplicated Influenza • Do not use if patient has asthma, COPD, or Lactose allergy • Must be able to use inhaler 	<ul style="list-style-type: none"> • No renal dose adjustment is necessary • Can be used in patients with Oseltamivir intolerance from GI side effects • Start <48 hours of symptom onset
Dosage timing: Day 1 doses must be >2 hours apart. Day 2 (and subsequent) doses should be 12 hours apart.		
___	10mg (two inhalations) twice daily for 5 days	

OR

Baloxavir (Xofluza)	<ul style="list-style-type: none"> • For uncomplicated Influenza • Not recommended in severely immunosuppressed • Avoid use if CrCl<50; not studied • Cannot be crushed (swallow whole)- do not give with swallowing difficulties 	<ul style="list-style-type: none"> • Can be used in patients with Oseltamivir intolerance from GI side effects • Separate dose from elemental products (Calcium, Magnesium, Iron, Zinc, Selenium, MVI) • Start <48 hours of symptom onset
___	Weight: 40 -79.9 kg – give 40 mg po x 1 dose	
___	Weight: ≥80 kg – give 80 mg po x 1 dose	

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____

2021-2022 CPAC Influenza Antiviral PROPHYLAXIS Order (ICD Z29.9)

The facility should promptly initiate antiviral chemoprophylaxis with oral oseltamivir to all exposed individuals (e.g. roommates) of residents with confirmed influenza. When at least 2 residents are ill within 72 hours of each other with laboratory-confirmed influenza, the facility should expand antiviral chemoprophylaxis to non-ill residents living on the same unit as the residents with influenza (outbreak affected units), regardless of influenza vaccination status.

Name: _____ DOB: ___/___/___

LAB ORDERS

Most Recent: GFR _____ or CrCl _____ Date _____

- Long Term Care and Assisted Living: It is helpful to identify patient's GFR or CrCl at the beginning of influenza season to allow for faster ordering of antiviral prophylaxis treatment at the time of an outbreak.
- Medical director will identify the use of GFR or CrCl in skilled facilities, and the provider will identify GFR or CrCl in Assisted Living facilities without a medical director. **Of note, CrCl preferred by drug manufacturer.**

Check the following labs orders:

___	Order BMP for next lab day if not present within the last 6 months. ICD-10 Dx: CKD N18.9 <ul style="list-style-type: none"> • When new results are obtained, verify the patient is on the accurate dosage based on updated kidney function. If dose needs to be adjusted, complete a new treatment order for the remainder of prophylaxis dosing.
___	BMP not ordered <ul style="list-style-type: none"> • BMP present within the past 6 months • Hospice patients: use the last known BMP for dosing
___	Patients on Warfarin, order INR within 5 days of starting treatment. INR ordered on _____

PROPHYLAXIS TREATMENT ORDERS

Oseltamivir (Tamiflu) *Dispense Generic*. Select Dosage Form:
 ___ Tablet ___ Liquid (patients with swallowing difficulties)

Length of Treatment:

- Conclude prophylaxis 7 days after the last resident exhibits symptoms
- Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building.

Check Order	GFR (Circle if using)	CrCl (Circle if using)	Order
___	>60 mL/minute	>60 mL/minute	75 mg oral once daily for 2 weeks.
___	>30 to 60 mL/min	>30 to 60 mL/min	30 mg oral once daily for 2 weeks.
___	>10 to 30 mL/min	>10 to 30 mL/min	30 mg oral <i>every other day</i> for 2 weeks.
___	Hemodialysis: ≤10 mL/min	Hemodialysis: ≤10 mL/min	30 mg oral immediately and after <i>alternate</i> hemodialysis cycles for 2 weeks
___	If on continuous ambulatory peritoneal dialysis:		30mg oral once immediately and then 30mg once weekly for 2 weeks
___	End Stage Renal Disease, NOT on hemodialysis		Tamiflu is not recommended

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____