

**2022-2023 MAGIC ACE 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

1. 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. If patient has had COVID in the past 3 months, a rapid COVID test should be completed, but not a PCR test.
2. Collect hearty, posterior nasopharyngeal (NP) specimen after vigorous cough from patient.
3. Test any resident with symptoms of COVID-19 or influenza for both viruses.
4. Call provider to update on symptoms and specimen ordered.
5. 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.

Positive COVID result: Notify provider of result and symptoms to address treatment as soon as possible.

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____

2022-2023 ACE 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
___	11 to 30 mL/min	11 to 30 mL/min	30 mg oral once daily for 5 days
___	≤10 or End Stage Renal Disease NOT on hemodialysis	≤10 or End Stage Renal Disease NOT on hemodialysis	Tamiflu is not recommended
___	Hemodialysis		30 mg oral immediately then 30 mg after every hemodialysis session x 3
___	Continuous ambulatory peritoneal dialysis		Single 30 mg oral dose immediately

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.		
___	10 mg (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 • Separate dose from elemental products (Calcium, Magnesium, Iron, Zinc, Selenium, MVI, Aluminum) 	<ul style="list-style-type: none"> • Cannot be crushed (swallow whole)- do not give with swallowing difficulties • Can be used in patients with Oseltamivir intolerance from GI side effects • Start <48 hours of symptom onset
___	Weight: 20–79.9 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: _____

2022-2023 ACE 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. Offer influenza vaccine to all unvaccinated patients.

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
___	11 to 30 mL/min	11 to 30 mL/min	30 mg oral <i>every other day</i> for 2 weeks
___	≤10 or End Stage Renal Disease NOT on hemodialysis	≤10 or End Stage Renal Disease NOT on hemodialysis	Tamiflu is not recommended
___	Hemodialysis		30 mg oral immediately and after every other hemodialysis cycle for 2 weeks
___	Continuous ambulatory peritoneal dialysis		30 mg oral once immediately, then 30 mg once weekly for 2 weeks

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____