

MAGIC Alliance for Clinical Excellence (ACE) Influenza Protocol 2023-2024

We are pleased to present the 2023-2024 MAGIC ACE Influenza Protocol for recognition, diagnosis, treatment, and prophylaxis for use in Skilled Nursing and Assisted Living facilities. We acknowledge patients are better treated with a standardized process, as it shortens the drug-to-patient time during confirmed cases and outbreaks in facilities. We encourage this protocol to be used by the Director of Nursing, Medical Director, and clinical team to plan for influenza season.

Please complete the following prior to distributing the protocol to your staff:

- With your Medical Director, determine which renal function calculation (GFR or CrCl) will be used to help facilitate quicker initiation of prophylaxis treatment. If CrCl is used (preferred by drug manufacturers), it is imperative to determine who would complete the CrCl calculations prior to utilizing the protocol order set.
- With your lab company, determine how testing will be completed for Influenza.

We encourage offering vaccination against COVID-19 and Influenza now and even after a facility outbreak, as it would protect against future outbreaks. High-dose or adjuvanted influenza vaccine (Fluzone High-Dose, Flublok, or Fluad) is preferred for people aged 65 and older if available.

Please monitor relevant sources such as the Center for Disease Control (CDC) and the Minnesota Department of Health (MDH) for evolving recommendations for managing Influenza and COVID-19. The following resource was utilized for updating this year's influenza protocol:

CDC Influenza Antiviral Medications: Summary for Clinicians

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Medication package inserts: [Xofluza](#), [Tamiflu](#), [Relenza](#)

This document does not indicate an exclusive course of action or standard of care or replace the need to apply clinical judgment to each individual presentation, circumstance, and care site. The authors have made considerable effort to ensure the guidance is accurate and up to date. Users of these documents are strongly recommended to confirm that the information contained within them, especially drug doses, is correct by way of independent sources and clinical judgment. The authors accept no responsibility for any inaccuracies, information perceived as misleading, or the success or failure of any treatment regimen detailed in the guidance.

We look forward to keeping this protocol up-to-date and having an annual revision process. Please contact us if you have questions about this protocol.

MAGIC Alliance for Clinical Excellence (ACE)

<https://www.minnesotageriatrics.org>

**2023-2024 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 **Rapid A and B Influenza and COVID-19 antigen test**.
2. Collect hearty, posterior nasopharyngeal (NP) specimen after vigorous cough for influenza swab; nasal swab for COVID test.
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 a 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.

NURSING ORDER - PRECAUTIONS

If pending or negative results, but still symptomatic, or if patient is refusing testing, start respiratory droplet precautions until asymptomatic x 24 hours or per provider order.

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____

2023-2024 ACE Influenza Antiviral TREATMENT Order (ICD-10 J09.X2)

Name: _____ DOB: ___/___/___

LAB ORDERS

Most Recent: GFR_____ or CrCl_____ Date_____	
<ul style="list-style-type: none"> 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:		<ul style="list-style-type: none"> Start treatment <48 hours of symptom onset if able 	
___ Capsule (can be opened and mixed with sweetened liquid if needed) ___ Liquid			
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 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 Start <48 hours of symptom onset 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 crush tablet (must swallow whole). Can be used in patients with Oseltamivir intolerance from GI side effects. Not recommended in severely immunosuppressed. 	
___	Wt: ≥80 kg; give 80 mg tab po x 1 dose	___	Wt: 20-79.9 kg; give 40 mg tab po x 1 dose
Suspension:		___	Wt: <20 kg, give 2mg/kg po x 1 dose
___	Wt: 20-79.9 kg; give 40 mg (20 ml) po x 1 dose	___	Wt: ≥80 kg; give 80 mg (40 ml) po x 1 dose

Nurse signature: _____ Date/time: _____

Provider Signature: _____ Date: _____

2023-2024 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.

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 _____

CHEMOPROPHYLAXIS ORDERS

Oseltamivir (Tamiflu) *Dispense Generic*. Select Dosage Form:

___ Capsule (can be opened and mixed with sweetened liquid if needed)

___ Liquid

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: _____