

2019-2020 MAGIC CPAC Influenza Protocol for Recognition, Diagnosis, Treatment & Chemoprophylaxis for use in Skilled Nursing & Assisted Living Facilities

To be used during influenza season (October 1st to April 30th)

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 presenting symptoms are present:

Nursing to use this protocol/order to write a verbal order for **A and B** rapid influenza diagnostic test and call provider to update of symptoms and specimen ordered. Collect *hearty*, **bilateral** posterior nasopharyngeal specimen with *appropriate swabs* after vigorous cough from patient.

Results: **Negative:** Continue monitoring of additional symptoms or other patients/residents in facility with positive results. Presumptive diagnosis may be made based on symptoms (Consider going to treatment).
Positive result for Influenza A or B: Begin antiviral treatment as soon as possible (<48 hrs of symptom onset if possible)

CPAC Influenza AntiViral Treatment Order: (ICD-10 J09.X2)

Lab Orders	Most Recent: GFR_____ or CrCL_____ Date_____
<input checked="" type="checkbox"/>	Order BMP for next lab day if not present within the last 6 months Dx. ICD-10: CKD N18.9
<input type="checkbox"/>	INR: Patient is on Warfarin. Order INR within 5 days of starting treatment. INR ordered on _____

Oseltamivir (Tamiflu) *Dispense Generic* for treatment: (start treatment <48 hrs of symptom onset if possible)
 Provider to choose GFR or CrCL. Circle which one is being chosen (CrCL preferred by drug manufacturer)

Check Order	GFR (Circle if using)	CrCL (Circle if using)	Order
<input type="checkbox"/>	>60 mL/min	>60 mL/min	75 mg oral twice daily for 5 days
<input type="checkbox"/>	>30 to 60 mL/min	>30 to 60 mL/min	30 mg oral twice daily for 5 days
<input type="checkbox"/>	10 to 30 mL/min	10 to 30 mL/min	30 mg oral once daily for 5 days
<input type="checkbox"/>	HD*: ≤10 mL/min	HD*: CrCL ≤10 mL/min	30 mg oral immediately then 30mg after every HD session x 3
<input type="checkbox"/>	If on Continuous ambulatory peritoneal dialysis		A single 30mg oral dose immediately

*Tamiflu is not recommended in persons with ESRD NOT on dialysis. *HD is Hemodialysis*

OR

Zanamivir (Relenza) for treatment: 10mg (two inhalations) twice daily for 5 days. *No renal dose adjustment is recommended.* (Started < 48 hrs of first symptoms)

See next page for PROPHYLAXIS and/or Facility Response for Outbreaks

Nurse signature of order received: _____ Date/time _____

Provider Signature: _____ Date: _____

2019-2020 CPAC Influenza Antiviral Chemoprophylaxis Order

Name: _____

DOB: __/__/__

CPAC Influenza Antiviral Chemoprophylaxis Order (ICD Z29.9)

- All eligible patients/residents in the facility based on geographical layout at the discretion of the medical director should receive chemoprophylaxis as soon as an outbreak is determined as defined by the CDC of one laboratory confirmed influenza positive case along with ANY other cases of acute respiratory illness in <72 hours.

Lab Orders	Most Recent: GFR _____ or CrCL _____ Date _____		
<u>X</u>	Order BMP for next lab day if non present within the last 6 months Dx. ICD-10: CKD N18.9		
___	INR: Patient is on Warfarin. Order INR within 5 days of starting treatment. INR ordered on _____		
Oseltamivir (Tamiflu) *Dispense Generic* for prophylaxis: Provider to choose GFR or CrCL. Circle which one is being chosen (CrCL preferred by drug manufacturer)			
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. Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building. Conclude chemoprophylaxis 7 days after the last resident/patient exhibits symptoms.
___	>30 to 60 mL/min	>30 to 60 mL/min	30 mg oral once daily for 2 weeks. Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building. Conclude chemoprophylaxis 7 days after the last resident/patient exhibits symptoms.
___	>10 to 30 mL/min	>10 to 30 mL/min	30 mg oral <i>every other day</i> for 2 weeks. Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building. Conclude chemoprophylaxis 7 days after the last resident/patient exhibits symptoms.
___	Hemodialysis: ≤10 mL/min	Hemodialysis: ≤10 mL/min	30 mg oral immediately and after <i>alternate</i> hemodialysis cycles for 2 weeks Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building. Conclude chemoprophylaxis 7 days after the last resident/patient exhibits symptoms.
___	If on continuous ambulatory peritoneal dialysis:		30mg oral once immediately and then 30mg once weekly for 2 weeks. Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building. Conclude chemoprophylaxis 7 days after the last resident/patient exhibits symptoms.
<i>Tamiflu is not recommended in persons with ESRD NOT on dialysis</i>			
OR			
___	Zanamivir (Relenza) for prophylaxis: 10mg (2 inhalations) once daily for 2 weeks (<i>No renal dose adjustment is recommended.</i>)		

Nurse signature of order received: _____ Date/time _____

Provider Signature: _____ Date: _____

Document reviewed and updated: Sept, 2019 Clinical Practice Alliance Committee of MAGIC

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2019-2020 CPAC Influenza DOSAGE ADJUSTMENTS Order

To be used to adjust treatment or prophylaxis order based on new Cr or
Change from Prophylactic dosing to Treatment dosing based on symptoms

Name: _____

DOB: ___/___/___

CPAC Influenza AntiViral Dose Adjustment Order: (ICD-10 J09.X2)

Lab Orders	Most Recent: GFR _____ or CrCL _____ Date _____		
___	INR: Patient is on Warfarin. Order INR within 1 week of starting treatment. INR ordered on _____		
Oseltamivir (Tamiflu) *Dispense Generic* for treatment: (start treatment <48 hrs of symptom onset if possible) Provider to choose GFR or CrCL. Circle which one is being chosen. (CrCL preferred by drug manufacturer)			
Check Order	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*: ≤10 mL/min	30 mg oral immediately then after every hemodialysis session x 3
___	If on Continuous ambulatory peritoneal dialysis		A single 30mg oral dose immediately
<i>Tamiflu is not recommended in persons with ESRD NOT on dialysis. *HD is Hemodialysis</i>			
OR			
___	Zanamivir (Relenza) for treatment: 10mg (two inhalations) twice daily for 5 days. <i>No renal dose adjustment is recommended.</i> (Started < 48 hrs of first symptoms)		

Oseltamivir (Tamiflu) *Dispense Generic* for prophylaxis:			
Provider to choose GFR or CrCL. Circle which one is being chosen (CrCL preferred by drug manufacturer)			
Contact medical director for direction on continued treatment after 2 weeks if indicated by ongoing symptoms in the building. Conclude chemoprophylaxis 7 days after the last resident/patient exhibits symptoms.			
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 30 mg once weekly after dialysis for 2 weeks
<i>Tamiflu is not recommended in persons with ESRD NOT on dialysis</i>			
OR			
___	Zanamivir (Relenza) for prophylaxis: 10mg (2 inhalations) once daily for 2 weeks. (<i>No renal dose adjustment is recommended.</i>)		

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