

**2020-2021 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 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. COVID testing (check one of the following):
 ___ If COVID antigen is available, complete this, and send NP specimen for influenza
 ___ If COVID antigen is not available, send NP specimen for both influenza and COVID
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.

Nurse signature of order received: _____ Date/time _____

Provider Signature: _____ Date: _____

2020-2021 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 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 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
—	10mg (two inhalations) twice daily for 5 days	

OR

Baloxavir (Xofluza)	<ul style="list-style-type: none"> • For uncomplicated Influenza • 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 of order received: _____ Date/time _____

Provider Signature: _____ Date: _____

2020-2021 CPAC Influenza Antiviral PROPHYLAXIS Order (ICD Z29.9)

All eligible residents in the facility based on geographical layout at the discretion of the medical director should receive prophylaxis 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.

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 of order received: _____

Date/time _____

Provider Signature: _____

Date: _____