

Regional Order Set

**Oseltamivir for Influenza Outbreak
Declared by Medical Health Officer**

Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	Weight: _____ kg
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Vaccine history

Influenza vaccine: If already given, date: _____
 If not given, see **10-111-5122 Long Term Care Facilities Admission Orders**

Pneumococcal vaccine: If already given, date: _____
 If not given, see **10-111-5122 Long Term Care Facilities Admission Orders**

Laboratory

• Recent serum creatinine _____ micromol/L or GFR _____ mL/min Date: _____
 Serum creatinine (if not done within last 6 months)

Medications: Select one of the options (A, B, or C)

Note: **oseltamivir** doses may be initiated prior to serum creatinine result availability. Adjust dose when results are available. Experience with use of **oseltamivir** in patients with renal failure is limited. These regimens have been suggested based on the limited data available.

A: Treatment dosing regimens

Select one	GFR or CrCl (mL/min)	Adult oseltamivir treatment dosing*
<input type="checkbox"/>	greater than 60	75 mg PO twice daily for 5 days
<input type="checkbox"/>	31 to 60	75 mg PO once daily for 5 days
<input type="checkbox"/>	10 to 30	30 mg PO once daily for 5 days
<input type="checkbox"/>	Hemodialysis	75 mg PO after each dialysis session for 5 days
<input type="checkbox"/>	Continuous ambulatory peritoneal dialysis (CAPD)	30 mg PO x 1 dose

B: Prophylaxis dosing regimens

Select one	GFR or CrCl (mL/min)	Adult oseltamivir prophylaxis dosing*
<input type="checkbox"/>	greater than 60	75 mg PO once daily until outbreak is declared over
<input type="checkbox"/>	31 to 60	75 mg PO every 48 hours until outbreak is declared over
<input type="checkbox"/>	10 to 30	30 mg PO every 48 hours until outbreak is declared over
<input type="checkbox"/>	Hemodialysis	30 mg PO after every other dialysis session until outbreak is declared over
<input type="checkbox"/>	Continuous ambulatory peritoneal dialysis (CAPD)	30 mg PO once weekly until outbreak is declared over

C: No treatment or prophylaxis dose (state reason)

Do not give **oseltamivir**

Reason: _____

Physician signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

*Association of Medical Microbiology and Infectious Disease Canada Guideline. The use of antiviral drugs for influenza: A foundation document for practitioners. 2013

