

Pharmacist Assessment, Evaluation and Prescribing Protocol Form -**INFLUENZA**

Name: _____ Date of Birth (mm/dd/yyyy): _____ Age: _____ Visit Date: _____ (mm/dd/yyyy)

- FOR PHARMACY STAFF ONLY -

Meeting exclusion criteria **does not prohibit pharmacists** from conducting point-of-care influenza testing, nor from providing counseling on prevention strategies, symptom management, emergency warning signs, and guidance on when to seek further medical attention.

For weight-based antiviral dosing: Record individual's **Weight (as taken at time of assessment when possible):**

_____ lbs (_____ kg)

For assessment of severe obesity (BMI ≥ 40): Record individual's **Height:** _____ ft _____ in **Weight:** _____ lbs **BMI:** _____

<p>Calculate BMI https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm [TABLE] Calculate Your BMI NHLBI, NIH [CALCULATOR] PHYSICAL ASSESSMENT (not required for influenza prophylaxis evaluation)</p>		<p>REFER TO MEDICAL PROVIDER URGENT OR EMERGENCY CARE</p>	
<p>Altered Mental Status: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><input type="checkbox"/> Yes</p>	
<p>Blood Pressure _____ Respiratory Rate _____ % Oxygen Saturation (SpO₂) _____ Temperature _____ <input type="checkbox"/> Temporal <input type="checkbox"/> Oral <input type="checkbox"/> Tympanic</p>		<p><input type="checkbox"/> Ages 10 and up: BP < 90 mmHg <input type="checkbox"/> For ages 5-9 year: Systolic Blood Pressure < 70 + (age in years x 2) <input type="checkbox"/> Heart Rate > 140bpm ages 5-10 years OR >100 Ages 10 and up <input type="checkbox"/> Respiratory rate > 25 breaths/min adult OR > 20 breaths/min <18 y/o <input type="checkbox"/> Oxygen Saturation (SpO₂): < 90 via pulse oximetry <input type="checkbox"/> Temperature: > 102°F (temporal), > 103°F (oral), > 104°F (tympanic)</p>	
<p>For the purposes of this protocol, any vital signs absent or unable to be obtained should be considered abnormal. In such cases, the patient should be excluded from treatment and referred to their medical provider or urgent/emergency care facility, as clinically appropriate.</p>			
<p>CLIA-WAIVED POCT TEST RESULTS (not required for influenza prophylaxis evaluation)</p>			
<input type="checkbox"/>	Negative for Influenza (PCP, if provided may be notified)		
<input type="checkbox"/>	Positive for Influenza (PCP, if provided MUST be notified within 72h)		
<input type="checkbox"/>	Point of Care (POC) Testing Not Performed		
<p>PLAN OF CARE</p>			
<input type="checkbox"/>	Influenza Testing & Counseling Provided – No Treatment Indicated		
<input type="checkbox"/>	Influenza Exposure Evaluated – No Prophylaxis Indicated		
<input type="checkbox"/>	Influenza Treatment & Counseling Provided – Adult (18 years and older)		
<input type="checkbox"/>	Influenza Prophylaxis and Counseling Provided – Adult (18 years and older)		
<input type="checkbox"/>	Influenza Treatment and Counseling Provided – Pediatric (under 18 years old)		
<input type="checkbox"/>	Influenza Prophylaxis and Counseling Provided – Pediatric (under 18 years old)		
<input type="checkbox"/>	Individual Referred to Medical Provider, Urgent or Emergency Care Facility		

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Name: _____ Date of Birth (mm/dd/yyyy): _____ Age: _____ Visit Date: _____ (mm/dd/yyyy)

Comments/Notes:

Adult (18 years and Older) Therapy Options

Influenza Treatment

<input type="checkbox"/> Oseltamivir	Dispense: <input type="checkbox"/> 75mg #10 <input type="checkbox"/> Renal Impairment <input type="checkbox"/> CrCl >30 to 60 ml/min: 30mg bid <input type="checkbox"/> CrCl >10 to 30 ml/min: 30mg daily	Take one (75mg) by mouth twice daily for 5 days
<input type="checkbox"/> Zanamivir	Dispense: <input type="checkbox"/> 1 inhaler	2 inhalations by mouth twice daily for 5 days
<input type="checkbox"/> Baloxavir	Dispense: <input type="checkbox"/> 40mg x1 (≥ 40kg to <80kg) <input type="checkbox"/> 80mg x1 (≥ 80kg)	Take one tablet by mouth now

Influenza Prophylaxis

<input type="checkbox"/> Oseltamivir	Dispense: <input type="checkbox"/> 75mg #7	Take one (75mg) by mouth once daily for 7 days
<input type="checkbox"/> Zanamivir	Dispense: <input type="checkbox"/> 1 inhaler	2 inhalations by mouth once daily for 7 days
<input type="checkbox"/> Baloxavir	Dispense: <input type="checkbox"/> 40mg x1 (≥ 40kg to <80kg) <input type="checkbox"/> 80mg x1 (≥ 80kg)	Take one tablet by mouth now

Refills **NONE**

Children & Adolescents (5-17 Years of Age) Therapy Options

Influenza Treatment

<input type="checkbox"/> Oseltamivir (5 years and up)	Dispense: Weight-based dosing <input type="checkbox"/> 15kg or less: 30mg #10 <input type="checkbox"/> >15kg to 23kg: 45mg #10 <input type="checkbox"/> >23kg to 40kg: 60mg #10 <input type="checkbox"/> >40kg: 75mg bid #10	Sigs: <input type="checkbox"/> 15kg or less: 30mg by mouth twice daily x 5 days <input type="checkbox"/> >15kg to 23kg: 45mg by mouth twice daily x 5 days <input type="checkbox"/> >23kg to 40kg: 60mg by mouth twice daily x 5 days <input type="checkbox"/> >40kg: 75mg by mouth twice daily x 5 days
<input type="checkbox"/> Zanamivir (7 years and up)	Dispense: <input type="checkbox"/> 1 inhaler	2 inhalations by mouth twice daily for 5 days
<input type="checkbox"/> Baloxavir (5 years and up)	Dispense: Weight-based dosing <input type="checkbox"/> < 20kg: 2mg/kg by suspension x 1 <input type="checkbox"/> ≥ 20kg to <80kg: 40mg x <input type="checkbox"/> ≥ 80kg: 80mg x1	Sigs: <input type="checkbox"/> < 20kg: 2mg/kg suspension single dose now <input type="checkbox"/> ≥ 20kg to <80kg: 40mg now (tablet or suspension) <input type="checkbox"/> ≥ 80kg: 80mg now (tablet or suspension)

Influenza Prophylaxis

<input type="checkbox"/> Oseltamivir (5 years and up)	Dispense: Weight-based dosing <input type="checkbox"/> 15kg or less: 30mg #7 <input type="checkbox"/> >15kg to 23kg: 45mg #7 <input type="checkbox"/> >23kg to 40kg: 60mg #7 <input type="checkbox"/> >40kg: 75mg bid #7	Sigs: <input type="checkbox"/> 15kg or less: 30mg by mouth daily x 7 days <input type="checkbox"/> >15kg to 23kg: 45mg by mouth daily x 7 days <input type="checkbox"/> >23kg to 40kg: 60mg by mouth daily x 7 days <input type="checkbox"/> >40kg: 75mg by mouth daily x 7 days
<input type="checkbox"/> Zanamivir (5 years and up)	Dispense: <input type="checkbox"/> 1 inhaler	2 inhalations by mouth once daily for 7 days
<input type="checkbox"/> Baloxavir (5 years and up)	Dispense: Weight-based dosing <input type="checkbox"/> < 20kg: 2mg/kg by suspension x 1 <input type="checkbox"/> ≥ 20kg to <80kg: 40mg x1 <input type="checkbox"/> ≥ 80kg: 80mg x1	Sigs: <input type="checkbox"/> < 20kg: 2mg/kg suspension single dose now <input type="checkbox"/> ≥ 20kg to <80kg: 40mg now (tablet or suspension) <input type="checkbox"/> ≥ 80kg: 80mg now (tablet or suspension)

Refills **NONE**

Pharmacist Provider

Printed Name:	Phone:
Signature:	Date: