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 [at encounter]**: _____*lbs* (_____*kg*)

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

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)	**REFER TO MEDICAL PROVIDER URGENT OR EMERGENCY CARE**
Altered Mental Status: ☐ Yes ☐No	☐Yes
Blood Pressure _____ Respiratory Rate _____ % Oxygen Saturation (SpO_2) _____ Temperature _____ ☐Temporal ☐Oral ☐Tympanic	☐ For adults 18 and older: BP < 90/60 mmHg ☐For ages 10-17 years: SBP < 90 mmHg ☐ For ages 5-9 years: SBP < 70 mmHg + (age in years x 2) ☐ Respiratory rate > 25 breaths/min adult OR > 20 breaths/min <18 y/o ☐ Oxygen Saturation (SpO_2): < 92 via pulse oximetry ☐ Temperature: > 102°F (temporal), > 103 °F (oral), > 104 °F (tympanic)
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.	

CLIA-WAIVED POCT TEST RESULTS (not required for influenza prophylaxis evaluation)	
☐	Negative for Influenza
☐	Positive for Influenza *(notify the patient's PCP, if provided, within 72 hours)*
☐	Point of Care (POC) Testing Not Performed
PLAN OF CARE	
☐	Influenza Testing & Counseling Provided – No Treatment Indicated
☐	Influenza Exposure Evaluated – No Prophylaxis Indicated
☐	Influenza Treatment & Counseling Provided – Adult (18 years and older)
☐	Influenza Prophylaxis and Counseling Provided– Adult (18 years and older)
☐	Influenza Treatment and Counseling Provided– Pediatric (under 18 years old)
☐	Influenza Prophylaxis and Counseling Provided – Pediatric (under 18 years old)
☐	Individual Referred to Medical Provider, Urgent or Emergency Care Facility

Comments/Notes:

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Adult (18 years and Older) Therapy Options		
Influenza Treatment		
☐Oseltamivir	Dispense: ☐75mg #10 ☐Renal Impairment ☐CrCl >30 to 60 ml/min: 30mg bid ☐CrCl >10 to 30 ml/min: 30mg daily	Take one (75mg) by mouth twice daily for 5 days
☐Zanamivir	Dispense: ☐1 inhaler	2 inhalations by mouth twice daily for 5 days
☐Baloxavir	Dispense: ☐40mg x1(≥ 40kg to<80kg) ☐80mg x1(≥ 80kg)	Take one tablet by mouth now
Influenza Prophylaxis		
☐Oseltamivir	Dispense: ☐75mg #7	Take one (75mg) by mouth once daily for 7 days
☐Zanamivir	Dispense: ☐1 inhaler	2 inhalations by mouth once daily for 7 days
☐Baloxavir	Dispense: ☐40mg x1 (≥ 40kg to<80kg) ☐80mg x1(≥ 80kg)	Take one tablet by mouth now
Refills	**NONE**	

Children & Adolescents (5-17 Years of Age) Therapy Options		
Influenza Treatment		
☐Oseltamivir (5 years and up)	Dispense: Weight-based dosing ☐15kg or less: 30mg #10 ☐>15kg to 23kg: 45mg #10 ☐>23kg to 40kg: 60mg #10 ☐>40kg: 75mg bid #10	Sigs: ☐15kg or less: 30mg by mouth twice daily x 5 days ☐>15kg to 23kg: 45mg by mouth twice daily x 5 days ☐>23kg to 40kg: 60mg by mouth twice daily x 5 days ☐>40kg: 75mg by mouth twice daily x 5 days
☐Zanamivir (7 years and up)	Dispense: ☐1 inhaler	2 inhalations by mouth twice daily for 5 days
☐Baloxavir (5 years and up)	Dispense: Weight-based dosing ☐< 20kg: 2mg/kg by suspension x 1 ☐ ≥ 20kg to<80kg: 40mg x ☐ ≥ 80kg: 80mg x1	Sigs: ☐< 20kg: 2mg/kg suspension single dose now ☐ ≥ 20kg to<80kg: 40mg now (tablet or suspension) ☐ ≥ 80kg: 80mg now (tablet or suspension)
Influenza Prophylaxis		
☐Oseltamivir (5 years and up)	Dispense: Weight-based dosing ☐15kg or less: 30mg #7 ☐>15kg to 23kg: 45mg #7 ☐>23kg to 40kg: 60mg #7 ☐>40kg: 75mg bid #7	Sigs: ☐15kg or less: 30mg by mouth daily x 7 days ☐>15kg to 23kg: 45mg by mouth daily x 7 days ☐>23kg to 40kg: 60mg by mouth daily x 7 days ☐>40kg: 75mg by mouth daily x 7 days
☐Zanamivir (5 years and up)	Dispense: ☐1 inhaler	2 inhalations by mouth once daily for 7 days
☐Baloxavir (5 years and up)	Dispense: Weight-based dosing ☐< 20kg: 2mg/kg by suspension x 1 ☐ ≥ 20kg to<80kg: 40mg x1 ☐ ≥ 80kg: 80mg x1	Sigs: ☐< 20kg: 2mg/kg suspension single dose now ☐ ≥ 20kg to<80kg: 40mg now (tablet or suspension) ☐ ≥ 80kg: 80mg now (tablet or suspension)
Refills	**NONE**	

Pharmacist Provider

Printed Name:	Phone:
Signature:	Date: