

**Physician/Long Term Care Facility Pharmacist Antiviral Prophylaxis Standing-Order Template
(Non-AHS facilities which do not contract with AHS pharmacies)**

Fax from Facility Pharmacist to Physician Section

Fax Message

Date:

Pages: 2 (including cover page)

To:

From:

Physician Name:	Pharmacist Name:
Medical Clinic:	Pharmacy:
Phone:	Phone:
Fax:	Fax:

Subject: Physician Antiviral Prophylaxis Standing-Orders for the Control of Influenza Outbreaks in **non-AHS Long Term Care Facilities Which Do Not Contract with AHS Pharmacies.**

Dear Physician:

You have been identified as the physician for one or more long term care facility residents identified on the following page. When an influenza outbreak is confirmed, the Medical Officer of Health will recommend oseltamivir antiviral prophylaxis for all residents. Facility pharmacists will provide oseltamivir to residents utilizing physician standing-orders (dosing information is available at: https://www.rochecanada.com/PMs/Tamiflu/Tamiflu_PM_E.pdf; additional, detailed information on the use of antivirals for treatment and prophylaxis is available at the Association of Medical Microbiology and Infectious Disease Canada website (see *Resources* section and *Influenza subsection*): <https://ammi.ca/en/resources>).

- Prophylaxis is administered until at least 7 days after the onset of the last resident case. Most outbreaks do not exceed 15 days.
- If residents or staff become ill while on prophylaxis, you may consider increasing the dosage for treatment purposes.

Please review the line-listing of residents on the second page of this fax (*Fax Letter from Physician to Long Term Care Facility Pharmacist Section*) and return fax of standing-orders for oseltamivir and, as appropriate, creatinine clearance to the Long Term Care Facility Pharmacist.

Thank you for your assistance and attention.

Long Term Care Facility Pharmacist

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CONFIDENTIAL

This fax is intended for the individual/organization to which it is addressed and should not be distributed, copied, or disclosed to anyone else.
This communication may contain personal, confidential, or privileged information and is subject to federal and provincial privacy legislation.
Thank you for your cooperation and assistance.

Fax from Physician to Long Term Care Pharmacy Section

Fax Message

Date:

Pages: 1 (including cover page)

To:

From:

Physician Name:	Pharmacist Name:
Medical Clinic:	Pharmacy:
Phone:	Phone:
Fax:	Fax:

Physician Instructions:

If you wish to provide standing orders for oseltamivir and, as appropriate, creatinine clearance, please place an “X” in the appropriate bolded column.

Resident Name (last, first)	ULI	M/F	Date of Birth (dd-Mon-yyyy)	Oseltamivir Prophylaxis Standing Order	Creatinine Clearance Standing Order (suspected/known renal impairment)

Please sign and date and return-fax this page to the long term care facility pharmacist indicated on pg.1.

Physician Signature: _____

Date: _____