Alberta Health Services

Advance Prescription for Oseltamivir (Tamiflu®)

(Preparation for Prophylaxis for Confirmed Influenza Outbreaks in Seniors' Residences)

Provide this prescription to your physician to complete.

Date *(dd-Mon-yyyy)*	Physician/Prescribing Pharmacist	
Patient Name		Date of Birth *(dd-Mon-yyyy)*
Personal Health Number	Pharmacy	
Facility Name		Patient Weight kg
Serum Creatinine *Serum creatinine test for residents/patients should be adequate if done within the past year, provided there has not been a sudden change in kidney function or change in weight.*		Date collected *(dd-Mon-yyyy)*

Antiviral (Oseltamivir) Dosing Recommendations

Most responsible care providers can access information on influenza antiviral treatment and prophylaxis from the following resources:

- Association of Medical Microbiology and Infectious Disease (AMMI) Canada resources on Influenza: https://ammi.ca/en/resources/
- TAMIFLU® Product Monograph, Roche Canada: https://www.rochecanada.com/PMs/Tamiflu/Tamiflu_PM_E.pdf
- AHS Healthcare providers can access Lexicomp through Pharmacy Services, Drug Information on AHS Insite

**Antivirals are recommended for seven days following the onset of illness in the last case in the outbreak, therefore the duration of the antivirals may be extended by means of the refills if the outbreak persists.*

Physician Signature	Date *(dd-Mon-yyyy)*

For Pharmacy use only

EI Number	Date notified of outbreak

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Resident/Patient Advance Prescription confirmation

Please complete and return to resident.

Date *(dd-Mon-yyyy)*	
Physician name	
Pharmacy name	

Resident – please give this page to your facility administrator