

Tool 4: Influenza Pre-Printed Order Template

This Pre-Printed Order Template is an example of enabling orders for each resident to cover standard recommendations regarding viral respiratory illness prevention and management. Every resident should have a completed pre-printed order by the end of September each year. These are to be reviewed annually and signed by the Medical Director for the Care Community or the most responsible provider. You may choose any format that works for you to design your pre-printed seasonal orders if it meets the requirements of the regulatory bodies for a valid pre-printed order.

- This TEMPLATE is to assist in development of pre-printed orders appropriate for your Care Community and has pre-printed orders for influenza preparedness, prevention, and response (including immunization, treatment, and prophylaxis). Many facilities utilize a single order to cover all items in the Pre-Printed Order template, including those that only used in an outbreak situation on the recommendation of the Medical Health Officer. In such situations, the physician still must review all items in the Order and clearly note any exceptions.
- For Fraser Health-operated facilities served by the Lower Mainland Pharmacy, use the Pre-Printed Routine Orders and the Pre-Printed Influenza Outbreak Orders
- Refer to [Tool 3](#) for Influenza DST for guidance about anti-viral dosages
- This template also contains a reminder that a single dose of pneumococcal vaccine is indicated at age 65 years. If there is no acceptable record of having received pneumococcal vaccine, a dose should be given on moving into Long Term Care. If a resident has received a dose of pneumococcal vaccine and has any of the health conditions listed on the template, a one-time revaccination at 5 years after the initial dose is recommended

PHYSICIAN ORDERS *TEMPLATE*
RESIDENTIAL INFLUENZA PROTOCOL

RESIDENT ADDRESSOGRAPH

MANDATORY ORDERS: PRECEDED BY BULLET ●
OPTIONAL ORDERS: CHECK APPROPRIATE BOXES
 CROSS OFF and INITIAL IF NOT APPLICABLE

Drug and Food Allergies:				
MRP Pneumococcal Vaccine Records	Year Given	Given, but Year Unknown	Not known if Ever Given	Not Given
Initial dose				
Once Only Re-vaccination				

INFLUENZA SEASON PROTOCOL

INDICATION	MD ORDER FOR MEDICATION OR TEST	PLEASE CHECK ✓	
Influenza Prevention	Annual influenza vaccination ¹	<input type="radio"/> YES	<input type="radio"/> NO
Pneumococcal Pneumonia Prevention¹	Pneumococcal polysaccharide vaccination: Given at age 65 or on admission, whichever comes first Once only revaccination at 5 years: refer to BCCDC Immunization Manual for eligibility	INITIAL DOSE <input type="radio"/> YES <input type="radio"/> NO	5 YR BOOSTER DOSE <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
COVID-19 Prevention	Primary series + booster dose within the last 6 months	PRIMARY SERIES COMPLETED <input type="radio"/> YES	BOOSTER DOSE DATE:
Influenza Outbreak Preparation¹	Serum Creatinine level for calculation of estimated Creatinine Clearance (for residents not known to have impaired renal function, a result within the past 12 months as of the start of the viral illness season is acceptable) Nasal swab for viral testing (to determine cause of outbreak)		

Influenza Outbreak Response¹	Antiviral Treatment^{2,4} of Cases (if can be done within time frame for benefit) and Antiviral Prophylaxis^{2,4} of Well Residents	<input type="radio"/> YES	<input type="radio"/> NO
Influenza A (sensitive to Oseltamivir) and Influenza B Outbreak²	OSELTAMIVIR^{2,4} For symptomatic patients: Oseltamivir treatment x 5 days For patients without new or worse cough Oseltamivir prophylaxis for 8 days if no new cases develop in outbreak area after 5 days of prophylaxis. If new cases develop between days 6 to 8 of prophylaxis, Medical Health Officer will determine duration.	<input type="radio"/> YES <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> NO
Influenza A (sensitive to Oseltamivir) and Influenza B Outbreak² AND Influenza (resistant to Oseltamivir) IF recommended by public health)	ZANAMIVIR^{2,3,4} {Note: Zanamivir can only be used for patients who can use a diskhaler} For symptomatic patients IF advised by Public Health due to resistance to Oseltamivir: Zanamivir treatment x 5 days For patients without new or worse cough IF advised by Public Health due to resistance to Oseltamivir: Zanamivir prophylaxis for 8 days if no new cases develop in outbreak area after 5 days of prophylaxis. If new cases develop between days 6 to 8 of prophylaxis, duration will be determined by Medical Health Officer	<input type="radio"/> YES <input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> NO

¹ As per Fraser Health Viral Respiratory Outbreak Protocol ² Use on recommendation of Fraser Health Medical Health Officer
³ There may be some restriction of use recommended ⁴ Recommended doses summarized in the Viral RI Outbreak Protocol and Toolkit

DATE:	MD SIGNATURE:
IF "NO" TO ANY OF THE OUTBREAK RESPONSE ORDERS, INDICATE REASON AND PROVIDE CONTACT NUMBER	

