

PHARMACIST ASSESSMENT – INFLUENZA

Patient		
Name:	HSN:	
Address:	DOB:	Gender: Male Female
Telephone:	.. Pregnant à high risk of serious disease .. Lactating .. Kidney dysfunction à CrCL = - may need to adjust antiviral dose	
Weight:	Height:	
Patient Factors: .. Age < 5 or > 65 years .. Aboriginal person .. Resident in long-term care facility .. Yes to any à patient at increased risk of serious influenza disease		
Medical History: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> .. Asthma, COPD, other chronic pulmonary diseases .. Cardiovascular disease (excluding hypertension) .. Malignancy .. Chronic kidney disease .. Diabetes mellitus or other metabolic disease .. Blood disorder e.g. anemia .. Immunosuppression due to disease .. Yes to any à patient at increased risk of serious influenza disease </div> <div style="width: 48%;"> .. Obesity (BMI ≥ 40) .. Conditions that compromise handling of respiratory secretions (cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, etc.) </div> </div>		
Other relevant medical history:		
Drug History/Drug Allergies: .. Immunosuppression due to drug therapy .. Long-term ASA therapy in child less than 18 years of age .. Yes to any à patient at increased risk of serious influenza disease .. Potential drug-induced symptoms .. Yes à consider discontinuation, alternative drug and/or consult prescriber		
Other relevant medication history (eg., allergies to antivirals):		
Review of Symptoms		
Red flag symptoms: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> .. Respiratory distress - difficulty breathing, wheezing, chest pain on breathing, hypoxia (cyanosis – bluish skin, nailbeds; tachycardia, tachypnea) .. Increased shortness of breath in patients with COPD, asthma, heart failure .. Severe headache, neck pain or stiffness, photophobia .. Persistent symptoms - no improvement or worsening after 5 days .. Yes to any à Refer .. No à Continue </div> <div style="width: 48%;"> .. Severe throat pain, dysphagia, drooling .. Barking cough, stridor, dysphonia .. Cough for > 3 weeks .. High fever (>40.5 ° C) or fever lasting for > than 3 days .. Signs, symptoms of dehydration .. Lethargy, confusion .. Patient appears very unwell </div> </div>		

Symptoms consistent with:

- Common cold – runny nose, sneezing, watery eyes, throat irritation, nasal congestion – short duration
- Allergic rhinitis - runny nose, sneezing, watery eyes, throat irritation, nasal congestion – intermittent symptoms
- Sinusitis - persistent purulent nasal secretions, facial tenderness or pain, myalgia uncommon
- Mononucleosis – fever, pharyngitis, swollen glands, fatigue with gradual onset and persistent symptoms
- Streptococcal pharyngitis – acute onset sore throat and fever, no cough or other upper respiratory symptoms
 - **Yes to any à Consider alternate diagnosis, treat according to condition-specific recommendations +/- refer**
 - **No à Continue**

Symptoms consistent with mild uncomplicated influenza:

- Fever, cough, sore throat, rhinorrhea, muscle pain, headache, chills, malaise, occasionally diarrhea, vomiting
- No shortness of breath or worsening of comorbid conditions
 - **Yes to both à Proceed to treatment**
 - **No à Refer if signs /symptoms of moderate, progressive, severe or complicated influenza (red flags)**

Treatment • May have prescription filled at pharmacy of choice • PAR will be communicated to primary care provider as part of collaborative practice

- **No risk factors:** Non-pharmacologic: fluids, rest, cool-mist humidifier; OTC: acetaminophen or ibuprofen
- **Risk factors, 48 hours or more after onset of symptoms:** As above
- **Risk factors, less than 48 hours after onset of symptoms, influenza circulating in community: IF AN INFLUENZA EPIDEMIC OR PANDEMIC HAS BEEN DECLARED BY THE CHIEF MEDICAL HEALTH OFFICER FOR SASKATCHEWAN, a 5 day course of antiviral can be prescribed:**
 - **Oseltamivir:** Adult 75 mg BID; pediatric 3 mg/kg/dose BID (see guideline). Adjust dose if CrCl < 60ml/min (see guideline)
 - **Zanamivir:** Adults, children ≥ 7 years of age 10 mg (two 5 mg inhalations) once daily

Prescription Issued for minor ailment

Rationale for prescribing:

Rx:

Quantity:

Directions:

PseudoDIN 00951322

Follow up scheduled in 3 days:

- **In pharmacy • Telephone**
- Assess for significant improvement in all symptoms
- If symptoms worsening or not improving, refer
- If improving, encourage finishing five day course of antiviral
- Assess for side effects

Prescribing Pharmacist

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Primary Care Provider:

Fax:

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with **influenza**. After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics:

Name:	HSN:	Weight: Height:
Address:	DOB:	Gender: Male Female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding CrCL =	

Prescription Issued on _____

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information:

I will follow-up with the patient on _____ **and discuss these items:**

- .. Assess for significant improvement in all symptoms
- .. If symptoms worsening or not improving, refer
- .. If improving, encourage finishing five day course of antiviral
- .. Assess for side effects

Prescribing Pharmacist:

Name:	Signature:
Pharmacy:	Telephone:
Email:	Fax:

Primary Care Provider notified:

Name:	Fax:
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