

Pharmacist protocol for supplying Relenza (Zanamivir) for flu-like illness

Name of patient:

Work through the following table to see whether or not the patient should receive Relenza in line with NICE guidance

Questions	Assessment Are any of the following present?
Age of the patient	>65 <65 with co-morbidity Child <12 (Note – Relenza not recommended in this age group. May or may not require referral to a doctor depending on overall condition)
Pregnancy <input type="checkbox"/> Are you pregnant or breast-feeding?	Pregnant or unsure Breast-feeding
Duration When did symptoms start?	<48 hours >48 hours but <1 week >1 week
Previous history/ co-morbid conditions <input type="checkbox"/> Are you normally fit and well? <input type="checkbox"/> Do you have any existing medical conditions?	Any of the following conditions <input type="checkbox"/> Asthma requiring regular medication <input type="checkbox"/> COPD <input type="checkbox"/> Heart disease excluding uncomplicated hypertension <input type="checkbox"/> Immunosuppressed (treatment, illness such as asplenia or splenic dysfunction) <input type="checkbox"/> Diabetes Mellitus
Prescribed medication <input type="checkbox"/> What medicines are you taking? <input type="checkbox"/> Provides an indication of history if not clearly given by patient <input type="checkbox"/> If unsure, check list of common drugs prescribed for these conditions	<input type="checkbox"/> Respiratory drugs <input type="checkbox"/> Cardiovascular drugs <input type="checkbox"/> Immunosuppressants (including anti cancer drugs), oral corticosteroids <input type="checkbox"/> Drugs for diabetes
What are the symptoms?	
Fever <input type="checkbox"/> Feeling hot? <input type="checkbox"/> Sweating/ shivering?	Marked fever
Cough <input type="checkbox"/> Have you got a cough? <input type="checkbox"/> Are you coughing anything up? <input type="checkbox"/> What colour is the sputum?	Unproductive cough Productive cough, coloured sputum, blood stained
Breathlessness <input type="checkbox"/> Have you any difficulty breathing apart from nasal congestion?	Breathing difficulties, chest pain
Loss of consciousness <input type="checkbox"/> Have you fainted or loss consciousness?	Loss of consciousness, delirium
Rash <input type="checkbox"/> Do you have a rash anywhere on your body?	Rash
Sore throat <input type="checkbox"/> Have you any difficulty swallowing?	Difficulty swallowing

General aches and pains <input type="checkbox"/> Muscle and joint aches? <input type="checkbox"/> Headache?	Joint aches and pains Headache
Lethargy <input type="checkbox"/> Are you feeling tired and lethargic	Lethargy, tiredness
Fluid intake <input type="checkbox"/> Are you eating or drinking anything?	Not drinking fluids Loss of appetite
Nausea/ vomiting <input type="checkbox"/> Are you feeling sick? Have you been sick?	Nausea Vomiting
Medicines already tried <input type="checkbox"/> Have you taken any pain killers or cough or cold remedies; e.g. Paracetamol, aspirin, ibuprofen	Taken: Analgesics Cold remedies NB. Caution in advising paracetamol if cold remedies have already been taken. Reinforce maximum dose.

ACTION

BLUE	RED	BLACK
Supply Zanamivir if: <input type="checkbox"/> Flu is circulating and <input type="checkbox"/> Patients are >65 or <65 with co-morbidity and <input type="checkbox"/> Has presented within 48 hours of onset with most of blue symptoms Advise rest and fluids	Patients who fulfil any of the red conditions should be referred to a doctor for further advice	Patients in the black category do not fit the criteria for Zanamivir and do not require referral to the doctor. Advise home care if: <input type="checkbox"/> There are blue symptoms which suggest cold or flu Advise <input type="checkbox"/> Rest <input type="checkbox"/> Adequate fluid intake <input type="checkbox"/> Analgesics <input type="checkbox"/> Cough/ cold remedies

Obtain patient/ patient's representative agreement for the appropriate choice of action by requesting patient/ representative sign the declaration below:

I the undersigned patient/ patient's representative agree that the advice given to me is in line with the protocol above.

I do/ do not pay prescription charges (please circle) and have made a payment of £6 to the Pharmacy.

Signed:

Pharmacist

Patient/ patient's representative

Date

Batch number of Relenza supplied

Expiry