

Pharmacist protocol for supplying Tamiflu (Oseltamivir) for the treatment of influenza like illness

The Patient Group Direction is only to be implemented following official notification, via the HPA cascade, that influenza-like illness is circulating in the community.

Date notification received:

Pharmacy Stamp:	Date:
	Patient Name:
	DOB:
	Postcode:

Work through the following table to see whether the patient should receive Tamiflu in line with NICE guidance

Questions	Assessment Are any of the following present?
Age of the patient	>65 >1 and <65 with co-morbidity
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"/> Cardio-vascular 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 <input type="checkbox"/> Chlorpropamide, methotrexate, phenylbutazone, probenecid
What are the symptoms?	
Fever <input type="checkbox"/> Feeling hot? <input type="checkbox"/> Sweating / shivering? <input type="checkbox"/> Sudden onset	Marked fever of sudden onset

<p>Cough</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you have a cough? <input type="checkbox"/> Are you coughing anything up? <input type="checkbox"/> What colour is the sputum? 	<p>Unproductive cough Productive cough Coloured sputum, blood stained</p>
<p>Breathlessness</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you any difficulty breathing apart from nasal congestion? 	<p>Breathing difficulties Chest pain at the time of Consultation</p>

<p>Loss of consciousness</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you fainted or lost consciousness? 	<p>Loss of consciousness (emergency referral) Delirium</p>
<p>Rash</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you have a rash anywhere on your body? 	<p>Rash (emergency referral if rash is purpuric with/without accompanying photophobia)</p>
<p>Sore throat</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you any difficulty swallowing? 	<p>Difficulty swallowing</p>
<p>General aches and pains</p> <ul style="list-style-type: none"> <input type="checkbox"/> Muscle and joint aches? <input type="checkbox"/> Headache? 	<p>Joint aches and pains Headache</p>
<p>Lethargy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you feeling tired and lethargic 	<p>Lethargy Tiredness</p>
<p>Fluid intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you eating or drinking anything? 	<p>Not drinking fluids Loss of appetite</p>
<p>Nausea/vomiting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you feeling sick? Have you been sick? 	<p>Nausea Vomiting</p>
<p>Medicines already tried</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have you taken any pain killers or cough or cold remedies; e.g. 	<p>Taken: Analgesics Cold remedies NB. Caution in advising paracetamol if cold remedies have already been taken. Reinforce maximum dose.</p>

ACTION

BLUE	RED	BLACK
<p>Supply Oseltamivir if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Influenza is circulating at >30 cases per 100 000 <input type="checkbox"/> Patients are >65 or >1 but <65 with co-morbidity <input type="checkbox"/> Presented within 48 hours of onset of most of blue symptoms and can start treatment within 48 hours <p>Advise rest and fluids</p>	<p>Patients who fulfil any of the red conditions should be referred to a doctor for further advice.</p>	<p>Patients in the black category do not fit the criteria for oseltamivir and do not require referral to the doctor. Advise home care if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> There are blue symptoms which suggest cold or flu <p>Advise</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rest <input type="checkbox"/> Adequate fluid intake <input type="checkbox"/> Analgesics <input type="checkbox"/> Cough/cold remedies

TREATMENT

- At risk adults and adolescents (13 years & over):
 - 75mg twice a day for 5 days

- At risk children (1 – 12 years):
 - Body weight >40kg: 75mg twice a day for 5 days
 - Body weight 23-40kg: 60mg twice a day for 5 days
 - Body weight 15-23kg: 45mg twice a day for 5 days
 - Body weight ≤15kg: 30mg twice a day for 5 days

Supply	<input type="checkbox"/> Tamiflu 75mg capsules x 10 <input type="checkbox"/> Tamiflu 60mg/5ml Suspension x 75ml
Batch number	

Referral:.....

 (Include reasons for referral)

Advice given:.....

The above information is correct to the best of my knowledge. I have been counselled on the use of oseltamivir and understand the advice given to me by my pharmacist. I give permission to my pharmacist to pass on this information to my GP.

Patient's signature: _____ Date: _____

The action specified was based on the information given to me by my patient, which, to the best of my knowledge, is accurate.

Pharmacist's signature: _____ Date: _____

Time taken to complete consultation:mins