



SCANNED TO PHARMACY

STAT MEDICATION

Date: _____ Time: _____

1. Admit to ICU Medical Telemetry Other _____

2. Isolation/Precautions:

Place in negative pressure room use N95 respirator with airborne, droplet and contact precautions.

If negative pressure room is not available Place in standard room, use N95 respirator, droplet and contact precautions.

3. RN to notify:

Infection Control at ext. # 38835 of admission – leave message and include patient's name, medical record #, admission date.

4. Tests:

H1N1 swab (if not done in ED).

5. Vaccinations:

H1N1 vaccination (when available).

6. Medications:

Oseltamivir (Tamiflu®) (First Line agent; ACOG recommended for pregnant and nursing mothers, Pregnancy Risk Factor C)

Age Group		Treatment	Prophylaxis
Adults		<input type="checkbox"/> Oseltamivir (Tamiflu®) 75 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) 75 mg PO/NG Daily x 10 Days
Children (Equal or Greater than 12 months old)	40 kg or Greater	<input type="checkbox"/> Oseltamivir (Tamiflu®) 75 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) 75 mg PO/NG Daily x 10 Days
	24-40 kg	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 60 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 60 mg PO/NG Daily x 10 Days
	16-23 kg	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 45 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 45 mg PO/NG Daily x 10 Days
	15 kg or LESS	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 30 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 30 mg PO/NG Daily x 10 Days
Children (LESS than 12 months old)	6-11 Months	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 25 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 25 mg PO/NG BID x 5 Days
	3-5 Months	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 20 mg PO/NG BID x 5 Days	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 20 mg PO/NG BID x 5 Days
	Less than 3 Months	<input type="checkbox"/> Oseltamivir (Tamiflu®) (Suspension) 12 mg PO/NG BID x 5 Days	Not recommended unless situation judged critical due to limited data on use in this age group

Zanamivir (Relenza®) (NOT recommended in patients with lactose allergy or patients with chronic respiratory disease; Pregnancy Risk Factor C)

Age Group	Treatment	Prophylaxis
Adults	<input type="checkbox"/> Zanamivir (Relenza®) Two 5 mg inhalations by mouth BID x 5 Days	<input type="checkbox"/> Zanamivir (Relenza®) Two 5 mg inhalations by mouth Daily x 10 Days
Children	Recommended for Children 7 years old or older <input type="checkbox"/> Zanamivir (Relenza®) Two 5 mg inhalations by mouth BID x 5 Days	Recommended for Children 5 years old or older <input type="checkbox"/> Zanamivir (Relenza®) Two 5 mg 2 inhalations by mouth Daily x 10 Days

7. Other: _____

See additional orders sets: _____

Physician Signature: _____ Physician # _____

Authorization for therapeutic substitution is given unless checked here



A Sutter Health Affiliate

**H1N1 Orders
(Suspected and Confirmed)**

Patient Identification