



2306 Muscatine Ave.
Iowa City, IA 52240
Phone: 319-337-3526
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INFLUENZA SCREENING EVALUATION

PATIENT DEMOGRAPHIC INFORMATION

Patient Name _____ Parent(s) Name if applicable _____
 Date of Birth _____ Age _____ Primary Phone Number _____
 Street Address _____ Email Address _____
 City, State Zip Code _____ Preferred to be contacted via:
 Primary Phone Number Email
 Patient/Guardian Signature _____ Date _____

MEDICAL HISTORY

Allergies: None Penicillin Erythromycin Sulfa Other: _____
 Current prescription/over the counter/herbal medications include:

 As needed medications include: _____
 Antiviral agent for influenza prescribed currently or within the previous two weeks (Y/N): _____
 Medical conditions: None Chronic heart or lung condition Compromised immune system
 Pregnancy Supplemental oxygen therapy Long-term aspirin therapy
 Other: _____
 Current primary care provider: _____

HISTORY OF CURRENT ILLNESS

Description of Symptoms:
 Sore throat Fever
 Myalgia Non-productive cough
 Malaise Nausea & Vomiting
 Rhinitis Headache
 Other: _____
 Time of onset: _____
 Actions taken: _____
 Rapid Test not completed because: _____

*** SCAN INTO PHARMCLIN WITH SOAP NOTE & INTO LIBERTY AS SCRIPT ***



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OBJECTIVE DATA

VITALS

Blood Pressure: _____ Pulse: _____ Respiratory Rate: _____ Temperature: _____

Rapid Antigen Test: BD Veritor™ System

RESULT:

Lot #: _____ Expiration: _____

Positive

Manufacturer: Becton, Dickinson, and Company

Negative

ASSESSMENT

- Patient is **eligible** to receive pharmacist-prescribed Tamiflu
- Patient is **NOT eligible** to receive pharmacist-prescribed Tamiflu because: _____

PLAN

- Refer patient to healthcare provider for additional work-up
- Influenza vaccine education

Supportive Care:

- Fluids
- Bed Rest
- Viracid/OrthoMune

Tamiflu x 5 days:

Adults 18 years and older:

- 75 mg twice daily

Patients 6 years to < 18:

- 15 kg or less: 30 mg twice daily
- > 15 kg to 23 kg: 45 mg twice daily
- > 23 kg to 40 kg: 60 mg twice daily
- > 40 kg: 75 mg twice daily

Adults 18 years and older with renal impairment

- CrCl > 60 ml/min: no dosage adjustment necessary
- CrCl > 30 to 60 ml/min: 30mg twice daily
- CrCl > 10 to 30 ml/min: 30mg once daily

FOLLOW-UP

Follow-up phone call (within 36-72 hours): ____/____/____

Pharmacist Signature

Date

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