



Healthcare Worker Influenza Antiviral Medication Administration

OMB No. 0920-0666
Exp. Date 02-29-2008

* Facility ID #: _____ * Med Admin ID #: _____

Healthcare Worker Demographics:

* HCW ID #: _____
HCW Name, Last: _____ First: _____ Middle: _____
* Gender: _____ * Date of Birth: ____ / ____ / _____

Information about the Antiviral Medication

Infectious agent: Influenza

| * Indication (select one) | * # | * Antiviral medication (enter code from right) | * Start date | * Stop date | * Adverse reactions? |
|---------------------------|-----|--|--------------|-------------|----------------------|
| ___ Prophylaxis | | | ___/___/___ | ___/___/___ | __Y__N |
| ___ Treatment | | | mm dd yyyy | mm dd yyyy | __Don't know |
| ___ Prophylaxis | | | ___/___/___ | ___/___/___ | __Y__N |
| ___ Treatment | | | mm dd yyyy | mm dd yyyy | __Don't know |
| ___ Prophylaxis | | | ___/___/___ | ___/___/___ | __Y__N |
| ___ Treatment | | | mm dd yyyy | mm dd yyyy | __Don't know |
| ___ Prophylaxis | | | ___/___/___ | ___/___/___ | __Y__N |
| ___ Treatment | | | mm dd yyyy | mm dd yyyy | __Don't know |

Antiviral medications

AMAN – amantadine (Symmetrel®)
RIMAN – rimantadine (Flumadine®)
ZANAM – zanamivir (Relenza®)
OSELT – oseltamivir (Tamiflu®)

Adverse reactions to antiviral medication

#1: (select all that apply)

- | | | |
|---------------------------------|--|-----------------------------------|
| ___ Acute respiratory failure | ___ Facial edema | ___ Pulmonary edema |
| ___ Anaphylactic reactions | ___ Hallucinations | ___ Seizure |
| ___ Arrhythmia | ___ Heartblock | ___ Serious skin rash |
| ___ Bronchospasm | ___ Hypotension, orthostic hypotension | ___ Suicide or self-harm attempts |
| ___ Cardiac arrest | ___ Leukopenia/neutropenia | ___ Swelling of face or tongue |
| ___ Cardiac failure | ___ Life threatening overdose | ___ Syncope |
| ___ CHF, peripheral edema | ___ Malignant arrhythmia | ___ Tachycardia |
| ___ Coma | ___ Mydriasis (in patients with untreated angle closure glaucoma) | ___ Toxic epidermal necrolysis |
| ___ Convulsions | ___ Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | ___ Urinary retention |
| ___ Decline in lung function | ___ Oropharyngeal edema | ___ Other _____ |
| ___ Delirium, delusions, stupor | ___ Psychosis | (specify) |
| ___ Dyspnea | | |

Adverse reactions to antiviral medication #2: (select all that apply)

- | | | |
|---------------------------------|--|-----------------------------------|
| ___ Acute respiratory failure | ___ Facial edema | ___ Pulmonary edema |
| ___ Anaphylactic reactions | ___ Hallucinations | ___ Seizure |
| ___ Arrhythmia | ___ Heartblock | ___ Serious skin rash |
| ___ Bronchospasm | ___ Hypotension, orthostic hypotension | ___ Suicide or self-harm attempts |
| ___ Cardiac arrest | ___ Leukopenia/neutropenia | ___ Swelling of face or tongue |
| ___ Cardiac failure | ___ Life threatening overdose | ___ Syncope |
| ___ CHF, peripheral edema | ___ Malignant arrhythmia | ___ Tachycardia |
| ___ Coma | ___ Mydriasis (in patients with untreated angle closure glaucoma) | ___ Toxic epidermal necrolysis |
| ___ Convulsions | ___ Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | ___ Urinary retention |
| ___ Decline in lung function | ___ Oropharyngeal edema | ___ Other _____ |
| ___ Delirium, delusions, stupor | ___ Psychosis | (specify) |
| ___ Dyspnea | | |

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Adverse reactions to antiviral medication #3: (select all that apply)

Assurance of Confidentiality: The information collected by this surveillance system that would identify any individual or institution is collected with the understanding that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution, in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Management and Budget, Paperwork Project Director, Paperwork Reduction Project (0905-0047), Washington, DC 20503.

CDC 57.75GG (Front) Ver. 1.1, Rev. 10/01/2005

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Facial edema | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reactions | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Heartblock | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Hypotension, orthostic hypotension | <input type="checkbox"/> Suicide or self-harm attempts |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Leukopenia/neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> CHF, peripheral edema | <input type="checkbox"/> Malignant arrhythmia | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Decline in lung function | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | <input type="checkbox"/> (specify) |
| <input type="checkbox"/> Dyspnea | | |

Adverse reactions to antiviral medication #4: (select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Facial edema | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reactions | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Heartblock | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Hypotension, orthostic hypotension | <input type="checkbox"/> Suicide or self-harm attempts |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Leukopenia/neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> CHF, peripheral edema | <input type="checkbox"/> Malignant arrhythmia | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Decline in lung function | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | <input type="checkbox"/> (specify) |
| <input type="checkbox"/> Dyspnea | | |

Custom

| | | | |
|-------|---------------------|-------|---------------------|
| Label | _____ / ____ / ____ | Label | _____ / ____ / ____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |

Comments