

\* Required for saving

\*\* Required for completion

## Healthcare Worker Influenza Antiviral Medication Administration

\*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 ___ Treatment			___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	___ Y ___ N ___ Don't know
___ Prophylaxis ___ Treatment			___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	___ Y ___ N ___ Don't know
___ Prophylaxis ___ Treatment			___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	___ Y ___ N ___ Don't know
___ Prophylaxis ___ Treatment			___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	___ Y ___ N ___ 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)

- |  |   |  |
|--|---|--|
| <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 _____ (specify)         |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis  |  |
| <input type="checkbox"/> Dyspnea                     |   |  |

#### \*\*Adverse reactions to antiviral medication #2: (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 _____ (specify)         |

**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 306(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-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

**\*\*Adverse reactions to antiviral medication #3: (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                     |   |  |

**\*\*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
_____ / ____ / ____	_____ / ____ / ____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Comments**