



Healthcare Worker Prophylaxis/Treatment Influenza

Facility ID #:		Med Admin #:				
Healthcare Worker Demographics						
*HCW ID#:						
*HCW Name, Last:		First:		Middle:		
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other			*Date of Birth: ___/___/_____			
*Work Location:		*Occupation:		Clinical Specialty:		
Information about the Antiviral Medication						
Infectious agent: Influenza			*For season: _____ (specify years)			
*Indication (select one)	*#	Influenza subtype	*Antiviral medication (Enter code from below)	*Start date	Stop date	*Adverse reactions
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment		<input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal <input type="checkbox"/> Unknown		___/___/___ mm dd yyyy	___/___/___ mm dd yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Antiviral medications						
AMAN-amantadine (Symmetrel®) RIMAN-rimantadine(Flumadine®) ZANAM-zanamivir (Relenza®) OSELT-oseltamivir (Tamiflu®)						
<p>Assurance of Confidentiality: The voluntarily provided 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)).</p> <p>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).</p> <p>CDC 57.210 (Front), v.6</p>						

Healthcare Worker Influenza Antiviral Medication Administration

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Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #1: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

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Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #5: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #6: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #7: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #8: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

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Information about the Antiviral Medication (cont.)

Adverse reactions to antiviral medication #9: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Adverse reactions to antiviral medication #10: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute respiratory failure | <input type="checkbox"/> Hemorrhagic colitis | <input type="checkbox"/> Pulmonary edema |
| <input type="checkbox"/> Anaphylactic reaction | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Serious skin rash |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypotension; orthostatic hypotension | <input type="checkbox"/> Suicide or self-harm attempt |
| <input type="checkbox"/> Behavior disturbances | <input type="checkbox"/> Leukopenia; neutropenia | <input type="checkbox"/> Swelling of face or tongue |
| <input type="checkbox"/> Bronchospasm | <input type="checkbox"/> Life threatening overdose | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac arrest | <input type="checkbox"/> Liver function test elevation | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Mydriasis (in patients with untreated angle closure glaucoma) | <input type="checkbox"/> Toxic epidermal necrolysis/Stevens Johnson Syndrome |
| <input type="checkbox"/> Coma | <input type="checkbox"/> Neuroleptic malignant syndrome with abrupt discontinuation or dose reduction | <input type="checkbox"/> Urinary retention |
| <input type="checkbox"/> Convulsions; seizure | <input type="checkbox"/> Oropharyngeal edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delirium, delusions, stupor | <input type="checkbox"/> Psychosis | |
| <input type="checkbox"/> Erythema multiforme | | |

Custom Fields

Label	Label
_____ / ____ / _____	_____ / ____ / _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments