

Patient specific direction (PSD) for adults with no known chronic renal impairment

Prescriber's details (name, registration number, work address and contact details)	Address of patients to whom this PSD relates

TREATMENT of seasonal influenza or avian influenza

I authorise the supply of 10 oseltamivir 75mg capsules to each of the patients listed below for oral administration.

The dose will be ONE capsule TWICE A DAY for 5 days

Name	Date of birth	NHS or hospital number

Signature of prescriber	Date

PROPHYLAXIS of SEASONAL influenza

I authorise the supply of 10 oseltamivir 75mg capsules to each of the patients listed below for oral administration.

The dose will be ONE capsule ONCE A DAY for 10 days

[illegible]

Signature of prescriber	Date
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PROPHYLAXIS of AVIAN influenza

I authorise the supply of 10 oseltamivir 75mg capsules to each of the patients listed below for oral administration.

The dose will be ONE capsule TWICE A DAY for 5 days

Name	Date of birth	NHS or hospital number

Signature of prescriber	Date

This form should be sent to the organisation that will dispense it (such as a community pharmacy or a hospital pharmacy). Where circumstances mean that it will not arrive promptly an electronic copy can be used to give advance notice of the supplies required, but the signed original must also be sent.

Cornwall and Isles of Scilly Integrated Care Board whose member practice the patients are registered with will reimburse the cost of medication and remunerate for the work involved.

Patient specific direction (PSD) for other patients to be treated with oseltamivir

Prescriber's details (name, registration number, work address and contact details)	Address of patients to whom this PSD relates

TREATMENT of seasonal or avian influenza

I authorise the supply of oseltamivir capsules to each of the patients listed below for oral administration:

Name	Date of birth	NHS or hospital number	Dose (strength and frequency)	Duration of treatment

Signature of prescriber	Date

PROPHYLAXIS of seasonal or avian influenza

I authorise the supply of oseltamivir capsules to each of the patients listed below for oral administration:

Name	Date of birth	NHS or hospital number	Dose (strength and frequency)	Duration of treatment

Signature of prescriber	Date

This form should be sent to the organisation that will dispense it (such as a community pharmacy or a hospital pharmacy). Where circumstances mean that it will not arrive promptly an electronic copy can be used to give advance notice of the supplies required, but the signed original must also be sent.

Cornwall and Isles of Scilly Integrated Care Board whose member practice the patients are registered with will reimburse the cost of medication and remunerate for the work involved.

Patient specific direction (PSD) for patients to be treated with zanamivir

Prescriber's details (name, registration number, work address and contact details)	Address of patients to whom this PSD relates
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TREATMENT of SEASONAL influenza

I authorise the supply of zanamivir inhalation powder 5mg/dose to each of the patients listed below for inhaled administration.

The dose will be TWO inhalations TWICE A DAY for 5 days

Name	Date of Birth	NHS or hospital number

Signature of prescriber	Date
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PROPHYLAXIS of SEASONAL influenza

I authorise the supply of zanamivir inhalation powder 5mg/dose to each of the patients listed below for inhaled administration.

The dose will be TWO inhalations ONCE A DAY for 10 days

Name	Date of Birth	NHS or hospital number

Signature of prescriber	Date

This form should be sent to the organisation that will dispense it (such as a community pharmacy or a hospital pharmacy). Where circumstances mean that it will not arrive promptly an electronic copy can be used to give advance notice of the supplies required, but the signed original must also be sent.

Cornwall and Isles of Scilly Integrated Care Board whose member practice the patients are registered with will reimburse the cost of medication and remunerate for the work involved

Instructions for administering capsules to patients who have difficulty swallowing or do not wish to swallow gelatine capsules

Tamiflu® Capsules: Opening the capsules and masking the flavour

The dose is given by opening the capsule and mixing its contents with no more than one teaspoon of a suitable sweetened food product. The bitter taste can be masked by products such as sugar water, chocolate syrup, cherry syrup, dessert toppings (like caramel or fudge sauce). The mixture should be stirred and given entirely to the patient. The mixture must be swallowed immediately after its preparation.

Source [Tamiflu Summary of Product Characteristics](#)

Version history

Version number	Date	Updates
1.0	March 2023	Initial version
2.0	February 2025	Combined previously separate forms for prophylaxis of seasonal and avian influenza. Updated to reflect new UKHSA recommended prophylaxis dose for avian influenza .

Review date: March 2027