Oseltamivir
30mg capsule, 6mg/mL oral suspension
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Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:
• The use of interpreter services where necessary,
• Advising consumers of their choice and ensuring informed consent is obtained,
• Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
• Documenting all care in accordance with mandatory and local requirements

Dose and Indications

Consult Infectious Diseases prior to use

Treatment for suspected or confirmed influenza virus

Oral
Start within 48 hours after onset of symptoms (ideally within 24 hours)

Total treatment duration 5 days. Longer treatment may be required (see practice points)

<table>
<thead>
<tr>
<th>Corrected Gestational Age</th>
<th>Dose (mg/kg/dose)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational Age PLUS Postnatal Age (weeks)</td>
<td>&lt;38 weeks</td>
<td>1mg/kg/dose</td>
</tr>
<tr>
<td>38 weeks to 40 weeks</td>
<td>1.5mg/kg/dose</td>
<td>12 hourly</td>
</tr>
<tr>
<td>&gt;40 weeks</td>
<td>3mg/kg/dose</td>
<td>12 hourly</td>
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</table>
Post exposure prophylaxis for prevention of influenza virus

Oral

*Post-exposure prophylaxis is not recommended unless the clinical situation is deemed critical; due to limited data on use in this age group*

Start treatment within 48 hours of exposure to influenza virus

Total treatment duration for prophylaxis is 10 days.

<table>
<thead>
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<th>Corrected Gestational Age</th>
<th>Dose (mg/kg/dose)</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>&lt;37 weeks</td>
<td>1mg/kg/dose</td>
<td>24 hourly</td>
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<tr>
<td>≥ 37 weeks</td>
<td>2mg/kg/dose</td>
<td>24 hourly</td>
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Preparation and Administration

**Oral suspension**

Oseltamivir powder for suspension is reconstituted according to manufacturer’s guide to produce a 6mg/mL oseltamivir oral suspension.

The reconstituted suspension is stored at room temperature and should be discarded 10 days after reconstitution. Shake solution well prior to use.

**Oral capsules**

If commercial oral suspension not available:

Disperse the contents of a 30mg capsule in 5mL of sterile water (to make a solution of oseltamivir 6mg/mL). Give required dose and discard any remaining solution.

May be given with or without feed. Giving with feeds may improve taste.

<table>
<thead>
<tr>
<th>Dose</th>
<th>Volume</th>
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<tbody>
<tr>
<td>3mg</td>
<td>0.5mL</td>
</tr>
<tr>
<td>6mg</td>
<td>1mL</td>
</tr>
<tr>
<td>9mg</td>
<td>1.5mL</td>
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**Adverse Effects**

**Common**

Gastrointestinal disturbance (nausea, vomiting, diarrhoea, stomach pain and cramps)

**Rare**

Angioedema, altered tone and conscious state, gastrointestinal haemorrhage, haemorrhagic colitis, hepatic disorders (e.g. hepatitis, increased liver enzymes), skin reactions (rash, severe cutaneous adverse reactions (SCARs), thrombocytopenia, visual impairment
Monitoring

> Observe for changes in neurological state

Practice Points

> Longer treatment duration may be necessary for patients, who are critically ill, have respiratory failure, immunosuppressed or who have prolonged illness.
> Consider dose reduction in renal impairment.

Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
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<th>Reason for Change</th>
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<td>17/09/20</td>
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<td>Original Commissioning and Performance approved guideline</td>
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