

Pre-assessment action plan for respiratory infections

This pre-assessment supports prevention and testing of respiratory pathogens and access to antiviral medication for adults **who are at higher risk of severe disease** from respiratory infections (e.g. COVID-19 and influenza). The pre-assessment should be **completed by the person's regular doctor before** they become unwell. It may also be used for people who are **travelling interstate, internationally or on cruise vessels** to support decision making for antiviral medicines.

An assessment and prescription by a doctor will still be required at the time of illness.

Date completed: / / (dd/mm/yyyy)

Patient details

Patient's full name: _____

DOB: / / (dd/mm/yyyy)

Gender: Male Female Another term: (please specify) _____

Prevention

VACCINATION

COVID-19 vaccine:

Last dose received: / / (dd/mm/yyyy)

NEXT ELIGIBLE FOR A COVID-19 VACCINE DOSE*: / / (dd/mm/yyyy)

* See [ATAGI recommendations](#) for latest advice on COVID-19 vaccine dosing schedule based on the patient's age and presence of risk factors for severe disease.

Patient is up to date with COVID-19 vaccination COVID-19 vaccination declined

Influenza vaccine:

Last dose received: / / (dd/mm/yyyy)

Patient is up to date with seasonal influenza vaccination Influenza vaccination declined

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Testing

TESTING ADVICE FOR COVID-19, INFLUENZA AND OTHER RESPIRATORY PATHOGENS

People at higher risk of severe disease should discuss with their doctor what test should be done if they develop symptoms (runny nose, sore throat, cough, fever).

See below for considerations:

- Patients should do a RAT first as this will provide a quick result. If negative, they should get a PCR test immediately if they are at higher risk of severe disease.
- Consider providing them with a pre-filled pathology form for a COVID-19, influenza and other respiratory pathogen PCR test in case they do get symptoms.
- If the patient's RAT or PCR is **positive** for COVID-19 or influenza, they should contact a doctor for a review and prescription (if indicated) as soon as possible, and within 5 days for COVID-19 antivirals, and within 48 hours for influenza antivirals, since symptom onset or positive test.

Treatment

TREATMENT FOR COVID-19

Nirmatrelvir plus ritonavir (Paxlovid™) and **molnupiravir** (Lagevrio®) are oral antivirals available in Australia for the treatment of confirmed COVID-19.

Nirmatrelvir plus ritonavir (Paxlovid™) is usually the **preferred** treatment of COVID-19 in high-risk individuals. In the case of a contraindication, molnupiravir (Lagevrio®), may be prescribed ([TGA approved Product Information](#)). Refer to the [National Clinical Evidence Taskforce COVID-19](#) living guidelines for the current treatment recommendations. If oral antivirals are not appropriate and treatment is required, patient should be referred to an appropriate NSW Health service for consideration of remdesivir.

[PBS eligibility](#) should be confirmed at the time of prescribing.

Nirmatrelvir plus ritonavir (Paxlovid™):

See [Flowchart – Prescribing considerations for nirmatrelvir plus ritonavir](#) (Paxlovid™).

Refer to the [CEC drug guideline](#) and [TGA approved Product Information](#).

And a drug interaction checker: e.g., <https://www.covid19-druginteractions.org/checker>

Is the patient suitable for nirmatrelvir plus ritonavir (Paxlovid™). **Yes** **No**

If treatment with nirmatrelvir plus ritonavir (Paxlovid™) is **not** suitable due to contraindication, please document the alternate treatment plan:

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Treatment (cont.)

Recommended dosing if nirmatrelvir plus ritonavir (Paxlovid™) is indicated:

Note: Nirmatrelvir plus ritonavir (Paxlovid™) dosing requires adjustment in renal impairment. If there is a concern or a change in the patient's condition, then renal function should be checked prior to prescribing.

Most recent eGFR: _____ Date: / / (dd/mm/yyyy)

Adequate renal function (eGFR \geq 60mL/min)	Nirmatrelvir 300 mg + ritonavir 100 mg every 12 hours for 5 days
Moderate renal impairment (eGFR \geq 30 to $<$ 60 mL/min)	Nirmatrelvir 150 mg + ritonavir 100 mg every 12 hours for 5 days
Severe renal impairment (eGFR $<$ 30 mL/min)	USE IS CONTRAINDICATED

Source: [TGA approved Product Information](#)

TREATMENT FOR INFLUENZA

Oseltamivir (e.g. Tamiflu®):

Can be used for treatment of confirmed influenza or prophylaxis to confirmed exposure. Refer to the [Therapeutic Guidelines](#) and [TGA approved Product Information](#) for the latest treatment recommendations.

Is the patient suitable for treatment and/or prophylaxis with oseltamivir? **Yes** **No**

Recommended dosing

Adequate renal function	For treatment of confirmed influenza	Oseltamivir 75 mg twice daily for 5 days
	For prophylaxis after confirmed exposure	Oseltamivir 75 mg once daily for 10 days
Impaired renal function (GFR \leq 30 mL/min)	Refer to the Therapeutic Guidelines and TGA approved Product Information for dose adjustment	

For advice on preparing and administering oseltamivir in patients with swallowing difficulties or enteral feeding tubes, see [Information for clinicians](#).

Additional documents

The following supporting documentation has been attached to the patient's file (if applicable):

- A pre-prepared pathology form, after discussion on how and when it should be used
- Updated health summary, medication list, and any relevant pathology results (e.g., renal function)
- A copy of the patient's drug interaction summary

Medical practitioner

Doctor's name (print): _____

Contact number: _____