Pre-assessment action plan for respiratory infections in aged care facility residents

This pre-assessment supports prevention and testing of respiratory pathogens and access to antiviral medication for residents in aged care facilities. The pre-assessment should be completed by the resident's regular doctor (supported by the facility's registered nurse) at time of admission or health assessment and reviewed regularly.

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

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

Resident details

Resident's full name: _____

Facility: _____

DOB: ☐☐ / ☐☐ / ☐☐☐☐ (*dd/mm/yyyy*) Gender: ☐ Male ☐ Female ☐ Prefer not to say

Prevention

VACCINATION

COVID-19 vaccine:

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

Last COVID-19 infection date: ☐☐ / ☐☐ / ☐☐☐☐ (*dd/mm/yyyy*)

NEXT COVID-19 BOOSTER DOSE DUE*: ☐☐ / ☐☐ / ☐☐☐☐ (*dd/mm/yyyy*)

* If the resident has a confirmed COVID-19 infection after this checklist has been completed, the next vaccine due date may change (see ATAGI recommendations)

☐ Resident is up to date with COVID-19 vaccination ☐ COVID-19 vaccination declined

Influenza vaccine:

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

☐ Resident 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

A testing plan should be discussed with the resident and/or the person responsible in accordance with the Guidance for Residential Aged Care Facilities on the public health management of Acute Respiratory Infections.

See below for considerations:

- Residents should do a RAT first as this will provide a quick result. If negative, they should get a full respiratory panel PCR immediately (or COVID-19, influenza, and RSV as a minimum).
- Provide the resident/facility with a pre-filled pathology form in case of symptoms.
- If the resident's RAT or PCR is **positive** for COVID-19 or influenza the facility 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 available in Australia for the treatment of confirmed COVID-19. Refer to the National Clinical Evidence Taskforce COVID-19 living guidelines for the latest treatment recommendations.

Nirmatrelvir plus ritonavir (Paxlovid™) is preferred to molnupiravir (Lagevrio®) for the treatment of COVID-19 in high-risk individuals, however its use is limited by contraindications and drug interactions. In the case of a contraindication, molnupiravir is recommended. The earliest possible antiviral treatment is associated with the most favourable outcomes and should be an aim of treatment.

See **Flowchart – Prescribing considerations for nirmatrelvir plus ritonavir (Paxlovid™).**

PBS eligibility should also be confirmed at the time of prescribing. Residents who do not meet PBS criteria but meet the National Clinical Evidence Taskforce COVID-19 for oral treatment may be able to access antivirals through NSW Health pharmacy departments with a Prescription and declaration form – oral antiviral medicines for COVID-19.

Nirmatrelvir plus ritonavir (Paxlovid™):

Refer to the CEC drug guideline and TGA approved Product Information:

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

Is the resident suitable for nirmatrelvir plus ritonavir? ☐ **Yes** ☐ **No**

Recommended dosing

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

Most recent eGFR: ☐☐ / ☐☐ / ☐☐☐☐ (*dd/mm/yyyy*)

Adequate renal function (eGFR ≥ 60mL/min)	☐ Nirmatrelvir 300 mg + ritonavir 100 mg every 12 hours for 5 days
Moderate renal impairment (eGFR ≥ 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

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Treatment (cont.)

Molnupiravir (Lagevrio®):

Refer to the CEC drug guideline and TGA approved Product Information:

Is the resident suitable for molnupiravir? ☐ **Yes** ☐ **No**

Recommended dosing

Molnupiravir 800 mg (4 x 200 mg capsules) every 12 hours for 5 days.

TREATMENT FOR INFLUENZA

Oseltamivir (Tamiflu®):

Can be used for treatment for confirmed influenza or prophylaxis to confirmed exposure. Refer to the eTG 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

Normal 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	Refer to the eTG 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: _____

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