

## PRE-SCREENING QUESTIONS

Date of Positive PCR test or RAT:

Day of symptom onset (Day 0 = day of onset):

- If **≤ day 5** since symptom onset → **Continue**
- If **> day 5** up to **≤ day 7** since symptom onset → **Complete assessment**, as may be eligible for remdesivir referral
- If **> day 7** or asymptomatic → **Ineligible** ●

Previous COVID-19 infection:

Less than 90 days since symptoms from previous infection have resolved → **Ineligible** ●

## PATIENT

Name:	DOB: Age <18 years → <b>Ineligible</b> ●	HSN:
Address:  <input type="radio"/> Northern location (NE1/2, NW1, AHA)	Ht:                      cm Wt:                      kg	BMI:                      kg/m <sup>2</sup> BMI ≥30 → <b>High risk</b> +
Telephone:	<input type="radio"/> Pregnant → <b>Ineligible</b> ●	<input type="radio"/> Breastfeeding → <b>Ineligible</b> ●
Emergency Contact Name: Phone Number:	If eligible, all sexes must use reliable contraception or abstain if engaging in heterosexual intercourse during treatment and 4 days post treatment. If unwilling → <b>Ineligible</b> ●	
Allergies:	<input type="radio"/> Indigenous (patients to self-identify)	

## REVIEW OF SYMPTOMS

Are any red flag symptoms present?

- |  |   |
|--|---|
| <input type="radio"/> Difficulty breathing or worsening of respiratory symptoms                                | <input type="radio"/> Greater than 30 breaths per minute  |
| <input type="radio"/> Shortness of breath at rest or requiring supplemental oxygen                             | <input type="radio"/> Respiratory distress (difficulty speaking in full sentences, severe wheezing) |
| <input type="radio"/> High fever >40.5°C or fever >38.5°C for >72 hours  | <input type="radio"/> Tachycardia (heart rate greater than 100 beats/ minute)                       |
| <input type="radio"/> Severe dehydration, decreased urination or significant reduction in food or fluid intake | <input type="radio"/> Lethargy, confusion, altered mental state, difficulty waking up               |
| <input type="radio"/> Persistent pain or pressure in the chest   |   |

No → Continue

Yes → **!●EMERGENCY REFER**

Are symptoms typical of mild COVID-19 infection? (note: patient requires at least one of the symptoms listed)

- |   |  |
|---|--|
| <input type="radio"/> Cough                       | <input type="radio"/> Sore throat                                  |
| <input type="radio"/> Rhinitis or congestion      | <input type="radio"/> Loss of smell or taste, or taste disturbance |
| <input type="radio"/> Myalgia or arthralgia       | <input type="radio"/> Headache                                     |
| <input type="radio"/> Conjunctivitis              | <input type="radio"/> Shortness of breath                          |
| <input type="radio"/> Fatigue, malaise            | <input type="radio"/> Chills or rigors                             |
| <input type="radio"/> Fever ≥38.5°C for <72 hours | <input type="radio"/> GI symptoms (nausea, diarrhea, vomiting)     |

Yes → Continue

No → Refer for further assessment by primary care provider, or emergency refer

## VACCINATION STATUS

- Unvaccinated or under-vaccinated = 0 doses or 1 dose of a 2-dose vaccine  
 "Fully" vaccinated = 2 doses of a 2-dose vaccine or 1 dose of Janssen Jcovden™

## MEDICAL HISTORY

Liver disease with severe hepatic impairment

- If no → Continue       If yes → **Patient is ineligible** ●

Renal impairment (eGFR = )

- If >60 mL/min → Continue  
 If ≥30 mL/min to <60 mL/min (chronic kidney disease) → **High risk +**  
 If <30mL/min or patient on dialysis → **Complete assessment**, may be eligible for remdesivir referral

HIV infection

If not currently on antiretroviral therapy, or recent detectable viral load, AIDS-defining illness, or CD4 count less than 200, or suspicion of uncontrolled HIV

- If no → Continue       If yes → **Complete assessment**, may be eligible for remdesivir referral

- Cardiovascular or cerebrovascular disease (Hypertension, Coronary Artery Disease, Congestive Heart Failure, Congenital Heart Disease, Cardiomyopathy, Atrial Fibrillation, Hyperlipidemia, Stroke)  
 Diabetes mellitus (Type 1 and 2)  
 Chronic lung disease (COPD, Moderate to Severe Asthma, Cystic Fibrosis, Pulmonary Fibrosis, Pulmonary Hypertension)  
 Sickle cell disease  
 Neurodevelopmental disorders (e.g. Cerebral Palsy, Down Syndrome) or other conditions that confer medical complexity (e.g. genetic or metabolic syndromes and severe congenital abnormalities)

If yes to any → **High risk +**

Immunocompromised with **complex disease state**:

- Active treatment for cancer       Hematopoietic stem cell transplant  
 Moderate to severe primary immunodeficiency       Solid organ transplant  
 **Yes to any → Refer patient to the appropriate specialist only—Early COVID Therapeutics Team, Cancer Specialist or Transplant Specialist (Note: Transplant and Cancer patients—if unable to reach the specialist, call 811)**

Other medical conditions and/or further details:

## DRUG HISTORY

**Review:**     Cancer medication     Rx (PIP)     OTC     Samples     Herbals or supplements  
 Recreational drug use     Special Access Programme medications     Other (e.g. out-of-country/province, internet)

- Immunocompromised due to medication → Continue  
Refer to the medSask document "[Immunosuppressive/Immunomodulatory Medications](#)"

**List of medications (attach printed list if available & note any additional medications):**

## DRUG INTERACTIONS (DI)

No drug interaction(s) flagged → **Continue**

Drug interaction(s) identified → **Complete section below**

**DI(s) and Management Options** (see [table](#) for direction)

- A. Patient to monitor for side effects
- B. Hold medication x 7 days
- C. Prn use only - hold during treatment & 2 additional days
- D. Decrease dose of medication
- E. Prescribe an alternate medication
- F. Absolute contraindication → **Complete assessment**, may be eligible for remdesivir referral
- G. Unable to manage due to patient factors → **Complete assessment**, may be eligible for remdesivir referral

DI Identified	Management Strategy (indicate letter) / Additional Comments

## FINAL ELIGIBILITY CHECK

**Does your patient meet one of the following?**

Immunocompromised (these patients are eligible **regardless** of vaccination status)

Unvaccinated or under-vaccinated (0 doses or 1 dose of a 2-dose vaccine)

Age ≥18 to <55 with ≥1 high risk factor

Age ≥55

Fully vaccinated (2 doses of a 2-dose vaccine or 1 dose of Janssen Jcovden™)

Age ≥70 years of age with ≥3 high risk factors

Age ≥70 years of age and Indigenous [regardless of geographic location] with ≥2 high risk factors

Age ≥70 years of age and living in the north [NE1, NE2, NW1, AHA] with ≥2 high risk factors

**Yes → Continue**

**No → Patient is ineligible** ●

## TREATMENT

**All patients:** Non-pharmacologic: fluids, rest, cool-mist humidifier; OTC symptomatic treatment

**If > day 5 after onset of symptoms:** Refer to **Early COVID Therapeutics Team** (eligible for remdesivir up to day 7)

**If ≤ day 5 since symptom onset:** **Prescribe a 5-day course of Paxlovid™**

**Nirmatrelvir/  
Ritonavir  
in Adults  
≥18 years  
of age**

**Usual dosing:** 300mg (TWO x 150mg tablets) of nirmatrelvir with 100 mg (ONE x 100 mg tablet) of ritonavir every 12 hours

**Renal dosing (eGFR ≥30mL/min - <60mL/min):** 150mg (ONE\* x 150mg tablets) of nirmatrelvir with 100 mg (ONE x 100 mg tablet) of ritonavir every 12 hours

\*Pharmacy must provide renal dose carton or remove extra nirmatrelvir tablet and adjust labelling in renal dosing according to the guideline if using original dose carton

## PRESCRIPTION ISSUED

**Informed Consent Obtained**

Rationale for prescribing:

Rx:

Quantity:

Directions:

**COUNSELLING**  May have prescription filled at pharmacy of choice  PAR will be communicated to primary care provider as part of collaborative practice

- Non-pharmacologic management and reducing spread of the virus, including public health recommendations.
- Remind patients about importance of adhering to treatment, taking all tablets in a dose together, and how to handle missed doses. [See Paxlovid™ Patient Handout.](#)
- Educate patient on signs and symptoms that indicate worsening of condition and need for medical attention. [See At Home with COVID-19.](#)
- Advise of potential adverse effects and management strategies; and to immediately report any unusual/unexpected AEs.
- If manageable drug interactions, ensure the patient understands how to manage the interaction and is able to manage.

**FOLLOW UP VIA TELEPHONE SCHEDULED IN 2 DAYS:**

- Symptoms improving or not worsening → Encourage completion of antiviral therapy, symptomatic treatment as needed
- Symptoms worsening or patient has deteriorated → Refer to emergency department
- Adverse effects
- If patient had manageable DI(s), confirm management strategy with the patient

Additional comments:

**PRESCRIBER INFORMATION**

Name:	Signature:
Pharmacy or Practice Site:	Date:
Telephone:	Fax:
<b>Primary Care Provider:</b>	<b>Fax:</b>
<b>Pharmacy Name:</b>	<b>Fax:</b>

**Community prescribers:** Assessment record must be **completed in entirety to be considered a valid prescription.**  
Send the **ENTIRE** document to the patient's pharmacy.

**Pharmacist prescribers:** Send the **ENTIRE** document to the patient's primary care practitioner for notification.

**For remdesivir and other referrals to the Early COVID Therapeutics Team:**  
Email the **ENTIRE COMPLETED** document to: [c19meds@saskhealthauthority.ca](mailto:c19meds@saskhealthauthority.ca) or FAX to: 306.766.3395

AE= adverse effect; DI= drug interaction; GI= gastrointestinal; OTC= over-the-counter; PIP= pharmaceutical information program; Rx= prescription

- prescriber to stop, as patient is ineligible for Paxlovid™ or remdesivir therapy.
- High risk+** = high risk factor

