

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 will still be 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 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

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 respiratory syncytial virus 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 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. 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 resident 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:

Or is the resident recommended for molnupiravir 800 mg (4 x 200 mg capsules) every 12 hours for 5 days (see [TGA approved Product Information](#))? **Yes** **No**

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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 resident's condition, then renal function should be checked prior to prescribing.

Most recent eGFR: _____ Date: / / (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](#)

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 ≤ 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: _____