

PAXLOVID WORKSHEET (for referrals) – updated April 11, 2022

- Self-referred:
- Referred by:

Patient Name:  
 Sex:  
 DOB:  
 HCN #:  
 Address:  
 Telephone:

Dear Dr. \_\_\_\_\_,  
 Your patient was seen on \_\_\_\_\_ in the COVID, Cold, and Flu Care Clinic @ Mississauga Medical Arts and below is a summary of that assessment:

<b>SYMPTOMS</b>	
Patient has at least one of the following: <input type="checkbox"/> <b>Fever (37.8 degrees or higher) and/or chills</b> <input type="checkbox"/> <b>Cough</b> <input type="checkbox"/> <b>Shortness of breath</b> <input type="checkbox"/> <b>Decrease/loss of taste or smell</b>	<b>OR</b> Patient has at least two of the following: <input type="checkbox"/> <i>Sore throat</i> <input type="checkbox"/> <i>Headache</i> <input type="checkbox"/> <i>Extreme fatigue</i> <input type="checkbox"/> <i>Lethargy or malaise</i> <input type="checkbox"/> <i>Runny nose/nasal congestion</i> <input type="checkbox"/> <i>Muscle aches/joint pain</i> <input type="checkbox"/> <i>Nausea, vomiting, and/or diarrhea</i>
OTHER:	
Date of onset of symptoms ( <i>must be &lt; 5 days of onset</i> ):	
Time of onset of symptoms:                      AM                      PM	

**COVID-19 TEST STATUS (OFF-SITE)**

- Date of COVID-19 test:     Positive                       Negative
- Test Type:                       RAT     PCR     ID Now
- No test done

**VACCINATION STATUS**

- 0     1     2     3 or more

**Medications** (*please specify or attach list*)

**Past Medical History**

- Pharmacy team reviewed medication profile, drug interactions, and allergies
- Pharmacy team recommendations reviewed by physician
- Specialist consult
  - Name:
  - Speciality:
- Allergies:

**ELIGIBILITY CRITERIA FOR TREATMENT (OVER AGE 18 ONLY)**

# of days since symptoms started:       1       2       3       4       5       > 5 (*not eligible*)

**AND at least one criterion under 1) or 2) below:**

- (1) Immunocompromised Individuals with expectation for 1-year survival prior to SARS-CoV-2 infection and with at least one of the following:
  - Receipt of treatment for solid tumors and hematologic malignancies (including individuals with lymphoid malignancies who are being monitored without active treatment)
  - Receipt of solid-organ transplant AND taking immunosuppressant therapy
  - Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
  - Moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome)
  - Advanced or untreated HIV infection
  - Active treatment with high dose corticosteroids (i.e.  $\geq 20$  mg prednisone or equivalent per day for at least  $\geq 2$  weeks)
  - Receiving alkylating agents, antimetabolites, transplant-related immunosuppressant drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

<b>2) Number of Vaccines</b>		
<b>Age</b>	<b><math>\leq 2</math> doses</b>	<b><math>\geq 3</math> doses</b>
18 – 59	<input type="checkbox"/> <b>Eligible if <math>\geq 1</math> risk factor</b>	<input type="checkbox"/> <b>Not Eligible</b>
60 – 69	<input type="checkbox"/> <b>Eligible</b>	<input type="checkbox"/> <b>Not Eligible</b>
$\geq 70$	<input type="checkbox"/> <b>Eligible</b>	<input type="checkbox"/> <b>Eligible</b>

**Risk Factors:**

- Obesity (BMI  $\geq 30$  kg/m<sup>2</sup>)
- Diabetes
- Heart disease, HTN, congestive heart failure
- Chronic respiratory disease, including cystic fibrosis
- Cerebral palsy
- Pregnant and unvaccinated
- Intellectual disability of any severity
- Sickle cell disease
- Moderate or severe kidney disease (eGFR < 60 mL/min)
- Moderate or severe liver disease (e.g., Child's Pugh Class B or C cirrhosis)

**COVID TEST COMPLETED (IN OFFICE)**

- Positive       Negative

**Test Type:**       RAT       ID NOW

**eGFR Value (if eligible for treatment)**

Past eGFR:      Date:

Current eGFR:      Date:

PHYSICAL EXAM	
Vital Signs	O2: _____ TEMP: _____ BP: _____ HR: _____ RR: _____
Exam	
Assessment and Plan	
<b>COVID TEST</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Additional tests:	<input type="checkbox"/> Throat swab <input type="checkbox"/> Chest x-ray <input type="checkbox"/> Bloodwork
<input type="checkbox"/> <b>Patient is eligible for PAXLOVID treatment</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Age over 18 (AGE TODAY: _____ )</li> <li><input type="checkbox"/> Symptoms started less than 5 days ago</li> <li><input type="checkbox"/> PCR/ID NOW/ RAT covid test completed</li> <li><input type="checkbox"/> eGFR verified</li> <li><input type="checkbox"/> Patient consent reviewed</li> <li><input type="checkbox"/> Patient provided informed verbal consent <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input type="checkbox"/> No. (<i>Reason</i>)</li> </ul> </li> <li><input type="checkbox"/> PAXLOVID patient information sheet provided</li> <li><input type="checkbox"/> O2 sat provided</li> <li><input type="checkbox"/> COVID @ home referral completed</li> <li><input type="checkbox"/> PAXLOVID prescription faxed to pharmacy for dispensing and delivery</li> <li><input type="checkbox"/> PAXLOVID prescription dispensed on site</li> </ul> <input type="checkbox"/> <b>Patient is eligible for PAXLOVID treatment but medication not dispensed:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> &gt; 5 days <input type="checkbox"/> Drug interactions</li> <li><input type="checkbox"/> Referred to ID <input type="checkbox"/> eGFR &lt; 30</li> </ul> <input type="checkbox"/> <b>Patient is not eligible for PAXLOVID treatment</b> <input type="checkbox"/> <b>PATIENT REFERRED FOR OTHER THERAPIES</b>	
Patient instructed to go to ER or call 911. If symptoms are worsening, especially if chest pain, difficulty breathing, or drowsiness. Patient instructed to follow up with primary care provider and/or specialist providing ongoing care. Self-isolation advice/handout provided.	

Sincerely,

Dr.