FOR DON · MEDICAL DIRECTOR · ADMINS

DON'T LET THE TREATMENT WINDOW CLOSE

Goal: Move COVID antiviral treatment from a case-by-case scramble to a routine, protocol-driven process. Adapt these templates to your facility, get medical director sign-off, and roll out within one week. Every line below is meant to be edited.

1. NURSE-INITIATED ASSESSMENT & NOTIFICATION PATHWAY

STANDING ORDER - SIGNED BY MEDICAL DIRECTOR, VALID FACILITY-WIDE

1	RN/LPN	**Trigger:** Resident with new fever, cough, OR change in condition (confusion, fall, poor PO, lethargy). **Test for COVID without provider order** — antigen first; PCR if antigen negative, and no other explanation for change in condition.
2	RN	**If positive:** Document time of symptom onset, vitals, O2 sat, mental status, current creatinine/eGFR, complete med list. Confirm consent status (pre-admission file).
3	RN	**Notify the provider within 1 hour** via SBAR: "Positive COVID, day __ of symptoms. Requesting Paxlovid eligibility decision today." Use the after-hours pathway (below) outside business hours.
4	PROV	**Decision and order** within 4 hours of notification. Document rationale if treatment is declined (e.g., resident or DPOA preference, contraindication, > 5 days from onset).
5	RN	**Administer first dose from on-site stock (Pyxis/eKit)** if available. Do not wait for outside pharmacy delivery for the first dose.

2. PRE-ADMISSION CONSENT — VERBAL & WRITTEN

Obtain at admission with the routine consent packet, the same way flu vaccine consent is handled. Keep this consent its own page, separate from the family handout. Scan the signed form into the chart and attach it to the standing order so antivirals can start without tracking down family at diagnosis.

CONSENT FOR COVID-19 ANTIVIRAL TREATMENT

I understand that if my loved one or I test positive for COVID-19 during this stay, the team may recommend an antiviral pill (Paxlovid [nirmatrelvir-ritonavir]) for 5 days. I have been told:

- Treatment must start within **5 days of symptom start.**
- Common side effects: altered taste, loose stools.
- Some other medicines may be adjusted or paused temporarily during treatments.
- The team will contact me when treatment starts.

☐ **I consent** to start Paxlovid if eligible, without a separate phone call at the time of COVID diagnosis.

☐ **Call me first** before treatment begins at phone number: _____

☐ **I decline** antiviral treatment at this time.

_____	_____	_____
*Resident/ Healthcare Proxy signature	Witness Name and Signature	Date

*Document if it is obtained by phone and have actual signature within next 48 hours

3. AFTER-HOURS & WEEKEND ESCALATION

0-15 MIN	**RN calls the on-call provider directly.** Subject line: "COVID positive, treatment time-sensitive."
16-30 MIN	If no callback → call **backup on-call** per facility list. Document.
31-60 MIN	If still no provider → **contact the Medical Director or designated lead.** This is appropriate and expected.
PHARMACY	For DDI questions, call the **24/7 consulting pharmacy line** (post number at every nurses' station). Use the Liverpool DDI checker as backup.
FIRST DOSE	Pull from **on-site Pyxis/eKit.** Do not delay the first dose for outside pharmacy delivery.

4. FACILITIES READINESS CHECKLIST

PHARMACY & STOCKING	☐ Paxlovid stocked in Pyxis / on-site eKit (both dose strengths) ☐ Same-day STAT delivery agreement signed with consulting pharmacy ☐ 24/7 pharmacist phone line posted at every nursing station ☐ Antigen + PCR testing supplies stocked, billing pathway confirmed
EHR & ORDERS	☐ Paxlovid order set built (eGFR-tiered dosing, statin hold, DDI flags) ☐ Standing order signed by Medical Director on file ☐ Pre-admission consent form added to admission packet ☐ SBAR template for “COVID positive — treatment decision” available
STAFF EDUCATION	☐ RN/LPN trained on atypical symptom recognition (Tool 1 posted) ☐ Charge nurses trained on family Paxlovid script and Q&A ☐ Providers oriented to standing order and quick-ref card (Tool 3) ☐ CNAs briefed on “report any change immediately” expectation
QUALITY & FEEDBACK	☐ Monthly tracking: % eligible residents treated within 5 days ☐ Root-cause review of any missed window, no-blame format