## **ADVANCED COVID-19 TREATMENT PLAN**

Name:	Date:	
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Prescriber:	PHN #:	
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Prescriber Contact Information:		
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Pharmagy (calact location):		
Pharmacy ( <u>select location</u> ):		

The colors on the traffic light will help you manage illness from COVID-19



**GREEN** means Go Zone!

Use standard measures to protect yourself against COVID-19

YELLOW means Caution Zone! Follow these steps when feeling sick

**RED** means Danger Zone! Seek urgent medical attention

Patient: Please retain an electronic copy of this action plan to access all linked resources.

Doctor: There is a new temporary fee code for in-person or virtual patient care related to COVID-19 assessment and treatment

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Following these steps will protect me from COVID-19		
Discuss my eligibility for vaccine	☐ Getting all my doses of the COVID-19 vaccine will give me the best protection. I am eligible for my next vaccine on: ☐ I can check my vaccine history on <a href="https://www.healthgateway.gov.bc.ca/">https://www.healthgateway.gov.bc.ca/</a>	
Assessing my risk of hospitalization from COVID-19	☐ I have asked my care provider to assess my risk of hospitalization from COVID-19 and discuss my recommendations for treatment.  ☐ Treatment is recommended and I will discuss the options below.  ☐ Treatment is not recommended at this time, and will reassess if my health condition changes.	
GO	I have no signs and symptoms of COVID-19. To prepare, I will:	
<ul> <li>I have:</li> <li>No signs and symptoms of COVID-19</li> <li>Been in contact with a sick person but I am not sick</li> <li>Traveled or are traveling but have no symptoms of COVID-19</li> <li>Stable health otherwise</li> </ul>	□ I will obtain 5 rapid antigen tests from my local pharmacy to have on hand.  □ There are treatments that may reduce my chance of being hospitalized with COVID-19. I will discuss which treatment option best suits me with my care provider:  □ Nirmatrelvir/ritonavir (Paxlovid). My medications were reviewed, and I know the modifications I need to make for Paxlovid.  □ Remdesivir (a 2 or 3 dose IV treatment because I cannot take Paxlovid). I will call my care provider for a referral to an infusion clinic if I test positive.  I can learn more about COVID-19 treatments by visiting https://www2.gov.bc.ca/gov/content/covid-19/vaccine/treatments	
CAUTION	I have signs and symptoms of COVID-19. I will:	
I have any of these:  • Fever or chills  • Cough  • Loss of sense of smell or taste  • Difficulty breathing  • Sore throat	<ul> <li>☐ Use a rapid antigen test to perform a test for COVID-19.</li> <li>☐ If my rapid test is <b>negative</b> and I continue to feel unwell:</li> <li>☐ I will repeat a <u>rapid antigen test</u> the next day (for up to 5 days since my symptoms started).</li> <li>☐ I can also contact my doctor, nurse practitioner, or 8-1-1 who will decide whether a <u>PCR</u> test or further in-person assessment is required.</li> </ul>	
<ul> <li>Loss of appetite</li> <li>Runny nose</li> <li>Sneezing</li> <li>Extreme fatigue or tiredness</li> <li>Headache</li> <li>Body aches</li> <li>Nausea or vomiting</li> <li>Diarrhea</li> </ul>	☐ If my rapid antigen test or PCR is <b>positive</b> :  ☐ I will contact my care provider to discuss and initiate the treatment plan above. I will alert them to any new medication(s) I am taking since this action plan was completed.  ☐ I can follow the self-isolation and self-monitoring guide on how I can safely manage symptoms at home. <a href="http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation#Self-isolation">http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation#Self-isolation</a>	
DANGER	Take action – get help	
<ul> <li>I find it hard to breathe</li> <li>I have chest pain</li> <li>I can't drink anything</li> <li>I feel very sick or confused</li> </ul>	□ Seek medical attention right away. Call 911 or go to your local emergency.	