



REMINDER: COVID-19 remains a threat to older adults

1. ALL SNF RESIDENTS CONSIDERED ELIGIBLE TO RECEIVE COVID-19 TREATMENT

Providers should have a [low threshold to prescribe COVID-19 therapeutics](#) given the vulnerability of SNF residents to developing severe COVID-19. **Patients should be offered treatment even if they are vaccinated or have very mild symptoms.** *NIH Outpatient Treatment Guidelines* can be found [here](#).

2. [SIGNS AND SYMPTOMS MAY BE SUBTLE](#)

- **Behavior changes** like being more unsettled, expressing new delusions, wandering more than normal, eating/drinking less than usual, appearing sleepy.
- **Physical symptoms** like headache, warmer than usual or chills, hoarse voice/sore throat, shortness of breathing, eye infections, runny nose, new/changed cough, nausea or vomiting, unexplained diarrhea, muscle or body aches.
- **Non-standard COVID symptoms** common in older adults: delirium, falls, fatigue, lethargy, low blood pressure, painful swallowing, fainting, diarrhea, abdominal pain.

3. DRUG INTERACTIONS AND LAB TESTS OFTEN NOT TRUE BARRIERS

Many [drug-drug interactions](#) can be safely managed (e.g., with certain statins, calcium channel blockers, or direct oral anticoagulants). The following resources may be helpful:

- [Liverpool COVID-19 Drug Interactions website](#)
- [University of Waterloo/University of Toronto drug interaction guide](#)

Licensed physicians and advanced practice providers are not required to perform additional laboratory testing when prescribing Paxlovid. [Providers should use clinical judgement to determine if labs are necessary.](#)

4. [REBOUND RISK IS SMALL](#)

The potential for rebound or mild side effects does not outweigh the benefit of risk reduction for severe illness. Rebound occurs in the minority of people treated with a COVID-19 therapeutic agent, **as well as people who are not treated**; rebound is mild in >99% of cases.

5. [CONSIDER A STANDING ORDER FOR PAXLOVID](#)

An RN can assess the patient based on a standing workflow/order. Depending on the clinic workflow, the RN can sign and enter the provider's name or route the note to that provider to have them add a note that the case has been reviewed and the nirmatrelvir/ritonavir (Paxlovid) order has been approved.

6. [MOLNUPIRAVIR/LAGEVRIO](#) IS ALSO AN OPTION

When Paxlovid is not accessible or clinically appropriate, molnupiravir can be started within 5 days of symptom onset in patients aged ≥ 18 years. **There are no known significant drug-drug interactions.** People who engage in sexual activity that may result in conception should use effective contraception during and following [treatment with molnupiravir](#).