

## 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.** *CDC 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  $\geq 18$  years. People who engage in sexual activity that may result in conception should use effective contraception during and following [treatment with molnupiravir](#).