

**+ SARS-COV2 test AND <7 days since onset of symptoms  
AND MILD (or asymptomatic) disease**

**NO**

**YES**

**Does patient meet at least one of:**

- On chemotherapy for active malignancy
- Recipient of Solid organ or Hematopoietic Stem Cell Transplant (OLT or HSCT)
- Untreated HIV or HIV with CD4<200
- Prednisone > 20mg per day x >2 weeks
- Severe Primary immunodeficiency (CVID, Di-George, Wiskott-Aldrich, HyperIgE syndrome,..)
- Known hypogammaglobulinemia
- On TNF-blocker or other biologic agent that is immunosuppressive or immunomodulator

**NO**

**YES**

Did patient receive  $\geq 3$  doses of mRNA vaccines

**Candidate for pre-emptive therapy**

**YES**

**NO**

**Does patient meet at least one of:**

- Age > 75
- ESRD on Dialysis

**NO**

**YES**

Did patient receive  $\geq 2$  doses of mRNA vaccines

**Candidate for pre-emptive therapy**

**YES**

**NO**

**Does patient meet at least one of:**

- Cardiovascular disease (CAD, CHF (NYHA II-IV, arrhythmia)
- Lung disease (moderate-severe asthma, COPD, CF, pulmonary fibrosis)
- Sickle cell disease or other hemoglobinopathy
- Diabetes
- Pregnancy
- Obesity (BMI  $\geq 35$ )
- Down Syndrome (trisomy 21)
- Age > 60y
- Age 50-60 with cardiovascular or respiratory disease

**NO**

**YES**

**Not candidate for pre-emptive therapy**

**Not candidate for pre-emptive therapy**

**Not candidate for pre-emptive therapy**

**Not candidate for pre-emptive therapy**

**Candidate for pre-emptive therapy**

# CANDIDATE for Pre-emptive therapy

Most responsible physician (MRP) to check for [drug-drug interactions](#) for Nirmatrelvir/ritonavir (PAXLOVID) vs all medications taken by patient

Minor or no interactions AND  
eGFR > 30mL/min

MRP to prescribe ([Prescription link](#))  
nirmatrelvir/ritonavir (Paxlovid)

If eGFR > 60mL/min: 300/100mg po BID x 5 days  
If eGFR 30-60mL/min: 150/100mg po BID x 5 days  
If eGFR < 30mL/min: AVOID

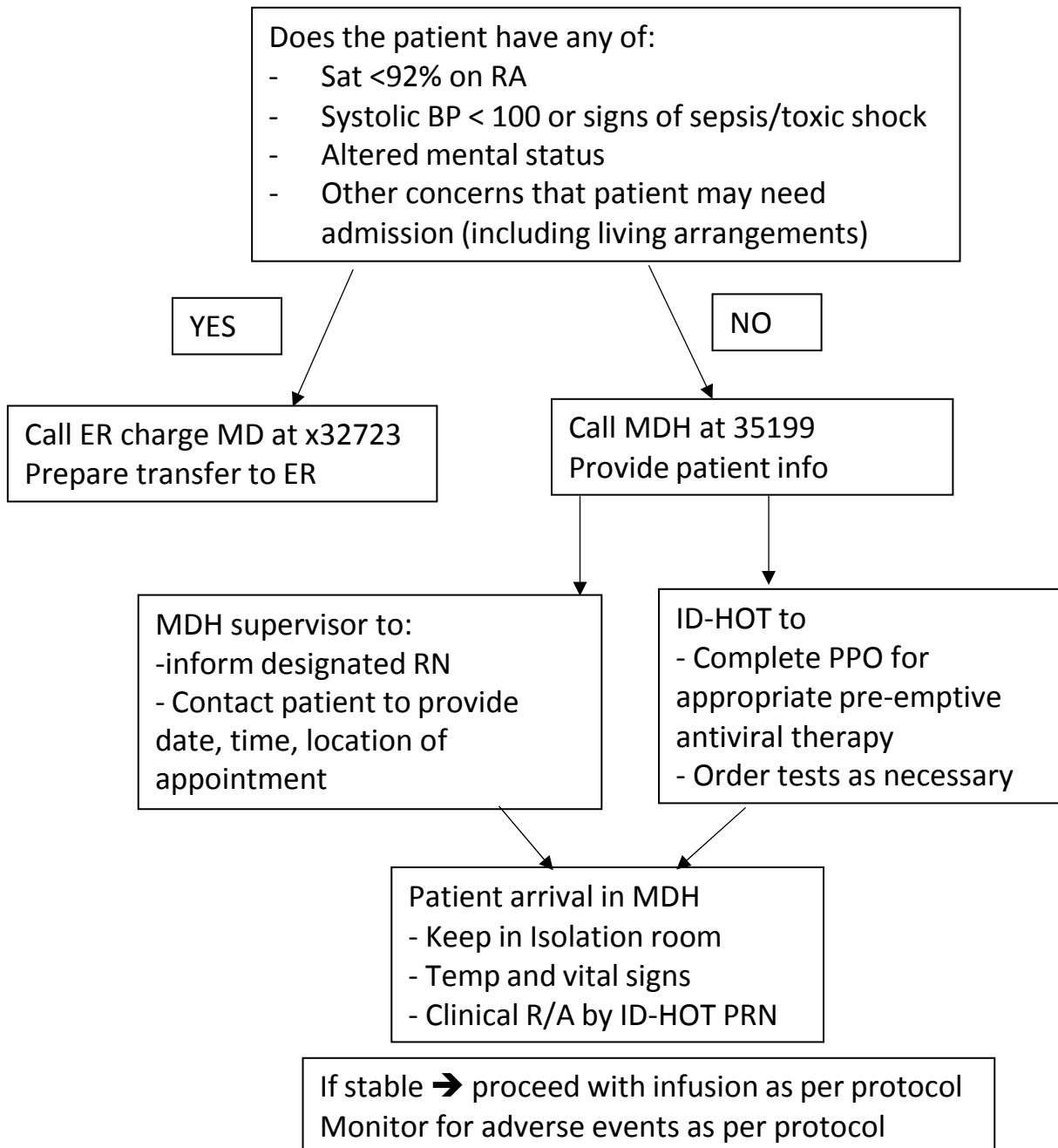
Serious risk of  
interactions) AND  
eGFR > 30mL/min

Call ID HOT and Medical Day hospital (x35199)  
**Remdesivir 200 mg IV day 1, then 100 mg IV day 2 and 3**  
First dose in Medical day Hospital, subsequent 2 doses at home via CLSC (if possible)

eGFR < 30mL/min

Call ID HOT and Medical Day hospital (x35199)  
**Remdesivir:** 100 mg IV (no loading dose) x 3 days  
All doses to be given in Day Hospital or ER with close monitoring of bloods

# Procedure for Medical Day Hospital (MDH) ONLY for patients approved by ID-HOT



## Discharge instructions:

- Remain in self-isolation as per public health guidelines specific to the condition
- Follow-up as per ID-HOT
- Present to ER if clinical worsening (fevers, shortness of breath, chest pain, worsening cough, ..)
- COVID vaccination to be scheduled as per Public health guidelines