

Preamble: This recommendation is not inclusive of all scenarios that may present in Primary Care. Its advice is reliant on the providers' clinical discretion and scope of practice including clinic operational circumstances. Most patients with confirmed COVID-19 do not require treatment; those at increased risk for poor outcomes **and** meet the treatment criteria may benefit from treatment. For now, unattached patients can be referred to Health Link (1-844-343-0971); the Outpatient COVID Treatment Program via [RAAPID](#) is available for testing and prescribing advice.

Practical considerations¹

- If a patient performs an at-home RAT², verify how the test was done including timing, and how the results presented. Positive results can be accepted for treatment based on provider's clinical discretion, and patients can be asked to show a photo or the test itself.
- Ensure the test results are recent and positive.
- Consider the possibility of a false positive RAT² result such as reactions with other liquids/foods.
- If RAT² is negative and clinical suspicion remains high, collect and send swab for PCR⁴/molecular testing at clinic or collection, or send patient to testing/assessment site.

Key Resources

- Refer to [Clinical Resource Guide](#) for treatment eligibility criteria and the [Paxlovid™ pharmacy location map](#)

<p>Patient Presentation: *Must meet Paxlovid™ criteria and fall within the treatment window (< 5 days from symptom onset)</p>	<p>COVID-19 Testing options for Paxlovid™ prescribing (attached patients) *Options reliant on provider's clinical discretion including clinic(s) operational circumstances</p>
<p>Symptomatic (with viral respiratory illness), test <i>not</i> completed <u>*COVID-19 core symptoms</u> *Advice reliant on provider's clinical discretion including clinic operational circumstances</p>	<p>Pre-testing: Provider confidence in patient's skill and ability to successfully administer an at home RAT²</p> <ol style="list-style-type: none"> 1. Are you confident in the patient's ability and the patient has access to a RAT²? <ol style="list-style-type: none"> a) Yes Proceed with at home RAT² options: <ul style="list-style-type: none"> • Request patient to self-administer test and if possible, share a photo of the completed results OR • Ask patient to bring RAT² kit to office and observe administration by patient OR • Virtual option (if possible) to have a HCP³ observe home RAT² administration by patient b) No/ other reason (i.e., patient does not have access to at-home RAT²)

1. Practical Considerations: adapted from [PracticeTool1_AssessmentGuideforClinicians.pdf \(bccdc.ca\)](#)
 2. RAT: Rapid Antigen test. Optimal RAT positivity is 2-5 days from symptom onset. RAT kits can be ordered through your local lab ordering processes
 3. HCP: Health Care Provider
 4. PCR: Polymerase chain reaction
 5. POCT= point of care test. Can be a rapid antigen test or other COVID-19 test approved by Health Canada for point of care use such as IDnow, rapid PCR, etc

	<p>Proceed with options based on clinic operational circumstance:</p> <ul style="list-style-type: none"> • Ask patient to come to office for a POCT⁵ performed by a HCP³ OR • Collect sample in clinic and send to laboratory for testing using the “COVID-19 and other respiratory viruses requisition” OR • Send for testing at collection/testing site <ul style="list-style-type: none"> ○ AHS online booking tool <p>2. Review results and document as per practice standards</p>
<p>Symptomatic with Positive test results</p> <p>*Advice reliant on provider’s clinical discretion including clinic operational circumstances</p>	<p>1. Was the swab result determined by a lab? Yes- proceed as if positive, refer to lab result No- proceed to #2.</p> <p>2. At-home RAT² was completed AND you are confident in patient’s skill and ability to successfully administer an at-home RAT¹</p> <p>a. Yes: Proceed with options:</p> <ul style="list-style-type: none"> • Proceed with reviewing RAT² results. <p>b. No/other reason Proceed with options:</p> <ul style="list-style-type: none"> • Ask patient to come to office for a POCT⁵ performed or RAT² observed by HCP³ OR • Collect sample in clinic, send to laboratory for testing (using the “COVID-19 and other respiratory viruses requisition”) OR • Send patient for testing at collection/testing site <ul style="list-style-type: none"> ○ AHS online booking tool <p>3. Review results and document as per practice standards</p>
<p>Symptomatic with Negative at-home RAT²</p>	<p>1. Are you confident in patient’s skill and ability to successfully obtain self-administered RAT² result?</p> <p>a. Yes</p> <ul style="list-style-type: none"> • Proceed with ruling out a False Negative result (steps 2- 4 below) • Consider diagnosis of influenza and need for antivirals

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<p>*Advice reliant on provider's clinical discretion including clinic operational circumstances</p>	<ul style="list-style-type: none"> b. No/ other reason <ul style="list-style-type: none"> • Ask patient to test by one of the below options OR consider diagnosis of influenza and need for antivirals and review results <ul style="list-style-type: none"> • Conduct HCP³ administered POCT⁵ OR • Collect sample in clinic and send to laboratory for PCR³ testing (“COVID-19 and other respiratory viruses requisition”) OR • Consider sending patient for testing at collection/testing site <ul style="list-style-type: none"> ○ AHS online booking tool <p>2. Repeat RAT² after prior negative RAT². Use the following options based on the clinic(s) operational circumstance</p> <ul style="list-style-type: none"> • Ask for repeat at-home RAT² (if possible, share photo or observe self-administration) OR • Bring in RAT² kit to office and watch administration by patient OR • Conduct HCP³ administered POCT⁵ OR • Collect sample in clinic and send to laboratory for PCR testing (“COVID-19 and other respiratory viruses requisition”) OR • Consider sending patient for testing at collection/testing site <ul style="list-style-type: none"> ○ AHS online booking tool <p>3. Review results and document as per practice standards</p> <p>4. If 2nd RAT² test still negative and COVID-19 diagnosis still likely, get a PCR⁴ test at a collection/testing site or by collecting and sending swab to lab. Consider diagnosis of influenza and need for antivirals.</p>
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If testing for influenza or another respiratory virus is indicated, a [nasopharyngeal swab](#) must be collected in clinic and submitted to the lab with the indications provided on the COVID-19 and other respiratory pathogens requisition. ONLY COVID-19 testing is available at assessment centers.

For further information on respiratory virus testing in Alberta see: <https://www.albertahealthservices.ca/assets/wf/lab/if-lab-hp-bulletin-covid-19-and-other-respiratory-virus-testing-changes.pdf>

For the COVID-19 and other respiratory viruses requisition see: <https://www.albertahealthservices.ca/frm-21701.pdf>

For influenza activity in Alberta see: <https://www.alberta.ca/stats/influenza/influenza-statistics.htm>

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