

Extra resources

My COVID-19 action plan

Keep this action plan somewhere easy to find.

Fill out the symptom checklist at least every day while you are isolating, or for as long or as frequently as advised by your GP or nurse. It will help you track how you are feeling. It will also help your GP or nurse track your symptoms and determine whether your management plan needs changing.

It is a good idea to share it with a household member or a friend you trust who can check in with you each day while you are in isolation.

If you need to speak with any healthcare professional or call for an ambulance, show them this plan.

My details

Name:

Age:

Date of birth:

I am isolating:

at home alone with household members with a visiting carer

Relevant medical history (physical and mental):

My usual medicines are:

I have been prescribed these medicines by my GP (or other health professional) to manage my COVID-19 symptoms:

COVID-19 vaccination status: Fully vaccinated Partially vaccinated Unvaccinated

Date of first dose _____ second dose _____ third or booster dose _____

Allergies and adverse reactions:

Date of onset of symptoms:

Date of test confirming COVID-19 positive status:

Advanced care plan: Yes No

Emergency contact:

Relationship:

Contact details:

My care team

My general practice is:

Their phone number is:

My GP's name is:

My nurse's name is:

If I need my GP/nurse and they are unavailable, I will call:

My scheduled telehealth check-ups

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Managing my symptoms*

If I have mild symptoms, such as:

- aches and pains
- sore throat
- dry cough
- runny nose

I will manage these symptoms by:

- getting enough rest
- staying active (staying within my house and/or garden)
- eating well
- maintaining a good fluid intake
- taking any medicines discussed with my GP (or other health provider)
- taking paracetamol or ibuprofen for symptom relief.

I will continue to monitor and document my symptoms in the My daily symptom diary.

*Your GP might change these parameters if the patient is a child, or depending on your medical history.