

PANDEMIC INFLUENZA

NOTE: ONLY FOR USE DURING A KNOWN INFLUENZA PANDEMIC NOT FOR USE DURING SEASONAL INFLUENZA

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Onset: _____

Objective Data: (VS)

TEMP _____ Pulse _____ Resp. _____ BP. _____ Wt. _____ O2 sats. _____

<input type="checkbox"/> Fever	<input type="checkbox"/> Resp illness	<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Joint aches	<input type="checkbox"/> Muscle aches
<input type="checkbox"/> General weakness	<input type="checkbox"/> Dyspnea				

Lungs (right)	<input type="checkbox"/> Clear	<input type="checkbox"/> Crackles	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Diminished
Lungs (left)	<input type="checkbox"/> Clear	<input type="checkbox"/> Crackles	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Diminished
Appearance	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress	<input type="checkbox"/> Anxious <input type="checkbox"/> Restless

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

Temperature above 101° F. plus Any one of the above symptoms

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

IF FEBRILE WITH SYMPTOMS: INITIAL MANAGEMENT:

- Collect nasal/pharyngeal swabs to send to OSHD (keep refrigerated @ 4°C/39.2°F, place in viral transport media) (this will require an order from the provider)
- Implement Infection Precautions (masks)
- Implement Droplet Precautions (use gloves/gowns)
- Implement Respiratory hygiene/cough etiquette (good hand washing, cough or sneeze in upper sleeve, not hands)
- Medical Lay-In/Restrictions

IF AFEBRILE

- Acetaminophen 325 mg 2 tablets p.o. 3 times a day for 4 days PRN for pain **OR**
- Ibuprofen 200 mg 2 tablets p.o. 3 times a day for 4 days PRN for pain
- Tessalon Perles 100 mg PO one or two capsules three times a day for 7 days **(this will require an order from the health care provider)**
- Chlorpheniramine (CTM) 4 mg p.o. 3 times a day for 8 days PRN
- Increase oral fluids, especially water
- Medical Lay-In/Restrictions
- Education/Intervention: Instruct patient to return to clinic if fever develops, increase fluids, medication use. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

DOC #