OKLAHOMA DEPARTMENT OF CORRECTIONS
MSRM 140117.01.11.4
NURSING PRACTICE PROTOCOL
(R-2/20)

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)

<table>
<thead>
<tr>
<th>TEMP</th>
<th>Pulse</th>
<th>Resp.</th>
<th>BP</th>
<th>Wt</th>
<th>O2 sats.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fever</td>
<td>☐ Resp illness</td>
<td>☐ Cough</td>
<td>☐ Sore throat</td>
<td>☐ Joint aches</td>
<td>☐ Muscle aches</td>
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<tr>
<td>☐ General weakness</td>
<td>☐ Dyspnea</td>
<td></td>
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</table>

| Lungs (right) | ☐ Clear | ☐ Crackles | ☐ Wheezing | ☐ Rhonchi | ☐ Diminished |
| Lungs (left) | ☐ Clear | ☐ Crackles | ☐ Wheezing | ☐ Rhonchi | ☐ Diminished |

| Appearance | ☐ No distress | ☐ Mild distress | ☐ Moderate distress | ☐ Severe distress | ☐ Anxious | ☐ 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
(Confidential Information)