OKLAHOMA DEPARTMENT OF CORRECTIONS  
DISASTER TRIAGE GUIDELINES  
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. _______

- Fever
- Resp illness
- Cough
- Sore throat
- Joint aches
- Muscle aches
- General weakness
- Dyspnea

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

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:
- Temperature above 101° F. plus
- Any one of the above symptoms

INITIAL MANAGEMENT: IF FEBRILE WITH SYMPTOMS
- Collect nasal/pharyngeal swabs to send to OSHD (keep refrigerated @ 4°C/39.2°F, place in viral transport media)
- 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)

First Aid: IF AFEBRILE
- Acetaminophen 500-650mg for pain tid for 7 days
- Tessalon Perles 100mg PO one or two capsules 3 times a day for 7 days, CTM 4mg po TID for 7-10 days
- Increase oral fluids, especially water

Assessment:
- Alteration in comfort related to mild upper respiratory congestion

Progress Note: ______________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Offender Education:
- Instruct patient to return to clinic if fever develops, increase fluids, medication use. Inmate verbalizes understanding of instructions.

Signature/credentials: ___________________________ Date: _________ Time: _________

Signature/credentials: ___________________________ Date: _________ Time: _________

Offender Name                 DOC #
(Last, First)