California Correctional Health Care Services

Institution: _____ **Encounter Form: URI / Rhinitis / Pharyngitis**

Name:_____ CDC#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Pain: Scale of 0-10 (0=no pain 10=worst pain): _____

Area of pain: _____

Quality of pain: _____

What makes it better? _____

History of prior pain / duration:_____

_____

Accompanying symptoms:

❑ Headache ❑ Cough (productive) (circle) YES/NO If yes check below:

❑ Clear ❑ Yellow ❑ Green ❑ Blood-tinged

❑ Other :_____

❑ Sneezing/nasal congestion ❑ Watery eyes

❑ Itchy palate/throat ❑ Loss of taste / smell ❑ Earache

❑ Sore/swollen throat ❑ Chest congestion ❑ SOB

❑ Fever/chills ❑ Malaise ❑ Muscular aches ❑ Stiff neck

❑ Exposed to others with similar symptoms

History of: ❑ Asthma ❑ Bronchitis ❑ Smoking ❑ COPD ❑ Tuberculosis ❑ Diabetes ❑ HIV infection

Allergies: _____

Current medications:_____

_____

OBJECTIVE:

VS: Temp_____ Pulse_____ Resp_____ BP_____

Peak Flow_____O2 Sat_____

Frontal maxillary sinus: ❑ tender ❑ non-tender

Eyes: ❑ Clear ❑ Watery ❑ Red

Ears: ❑ Clear ❑ Drainage ❑ Cerumen

Tympanic membrane: ❑ Normal ❑ Erythema ❑ Bulging ❑ Retracted ❑ Drainage

(describe right vs. left) _____

_____

_____

Nose: ❑ Clear ❑ Congested ❑ Erythema ❑ Edema

Drainage: ❑ Clear ❑ Purulent

Throat/Uvula: ❑ Red ❑ Enlarged tonsils ❑ Exudate ❑ No abnormalities

Neck: ❑ Stiff ❑ Lymphadenopathy ❑ Adenitis ❑ No abnormalities

Lungs Fields: ❑ Clear ❑ Wheezes ❑ Crackles ❑ Diminished breath sounds ❑ Absent

Describe right vs left):_____

_____

ASSESSMENT:

❑ Risk for bacterial infection as evidenced by/related to: _____

❑ Ineffective breathing pattern as evidenced by/related to: _____

PLAN:

PCP referral completed: (circle) YES / NO If yes:

❑ **STAT** ❑ Urgent ❑ Routine

If patient presents with tender, enlarged cervical lymph nodes, stiff neck, severe sore throat or marked erythema and swelling of the throat, deviated uvula, difficulty breathing, drooling, fever > 101.5 F, purulent nasal discharge and tenderness over the involved sinus, severe headache, or confusion refer patient to a physician **STAT.**

❑ Orders received by phone from POC.

PCP notified (name / time) _____

PCP Responded (time)_____

ALLERGIC RHINITIS

❑ Chlorpheniramine 4mg 1 tab PO Q4-6 hours PRN congestion while symptoms persist; not to exceed 6 tabs in 24 hours;

❑ Advise patient to return to RN clinic if purulent drainage or fever develops.

VIRAL RHINITIS

❑ Acetaminophen 325mg 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours.

❑ Chlorpheniramine 4mg 1 tab PO Q4-6 hours PRN congestion while symptoms persist; not to exceed 6 tablets in 24 hours.

❑ Warm salt water gargles PRN.

❑ If no improvement after 3 days, instruct the patient to return to the RN clinic for follow-up.

EDUCATION:

❑ Assess patient's potential for understanding the health information to be provided.

❑ Provide patient education consistent with the assessment of the condition.

❑ Document the education provided and the patient's level of understanding on the nursing protocol encounter form.

_____

Signature/Title

❑ Refer patient to other resources as needed. Document all referrals on the nursing protocol

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- ❑ Advise the patient to resubmit a Health Care Request Form (CDC 7362) if purulent drainage, fever, sinus pain, or difficulty breathing develops.

Patient instructions:

- ❑ Use of medications
- ❑ Drink plenty of fluids
- ❑ Return to clinic in 3 days if no improvement
- ❑ Patient Health Care Education Forms given to patient: (specify)_____
- ❑ Resubmit a Health Care Service Request Form (CDC 7362) if symptoms persist, condition deteriorates, purulent drainage; fever; sinus pain; difficulty breathing; or _____
- ❑ Patient verbalized understanding of instructions

DISPOSITION:

Time released _____

- ❑ Condition on release: _____
- ❑ Returned to housing unit
- ❑ Housing reassignment to: _____
- ❑ Referred for follow-up
  - ❑ PCP clinic ❑ RN clinic
- ❑ Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived at TTA_____

List name(s) of RN protocols used: _____

Signature/Title

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes

4. Comments: