NURSE VISIT-INFLUENZA LIKE ILLNESS

INITIAL ASSESSMENT

Chief Complaint:

Vitals

Blood pressure cuff used: □ Adult Standard □ Adult Small □ Adult Large □ Thigh
Pregnant: □ yes □ no

Comments

☐ Medications entered by MA
Undersignature: Click here to sign

SUBJECTIVE

Personal Protective Equipment (N-95 mask, gown, gloves, eye wear)
☐ PPE used during this visit

HPI

< Enter text here >

Indications for appointment
If any are positive make an appointment with a provider. Send this note to that provider when it is signed.

☐ ☐ fever > 102.0 or >100.0 for more than 3 days
☐ ☐ shortness of breath
☐ ☐ chest pain
☐ ☐ headache severe enough to prevent daily activities
☐ ☐ asthma, diabetes, liver or kidney disease, other chronic illness or immunosuppression
☐ ☐ possible pregnancy
☐ ☐ patient with severe ILI symptoms or at risk of complications (clinician judgment)
☐ ☐ health care worker/student on clinical rotation
☐ ☐ patient requests appointment

< Enter text here >

Appointment: □ made with provider

Date of symptom onset:

Criteria for ILI
Influenza-like illness is defined as fever >/=100°F or 37.8°C AND (cough and/or sore throat) in the absence of a KNOWN cause other than influenza.

Temperature: ☐

Tmax:
Symptoms

☐ ☐ sore throat
☐ ☐ cough
☐ ☐ myalgia

< Enter text here >
Additional Signs and Symptoms
In addition to their clinical relevance, these criteria are being tracked for epidemiologic purposes. Please indicate +/- for as many of the items as possible.
- rhinorrhea
- conjunctivitis
- dyspnea
- nausea
- vomiting
- diarrhea
- headache
- seizure

Epidemiologic Factors
- seasonal influenza immunization (2009-2010 season)
- H1N1 influenza immunization (2009-2010 season)
- exposure to patients in a healthcare setting (as student or healthcare worker)
- travel outside the U.S. in the 10 days prior to onset of symptoms

If yes to recent travel, list countries. Notify UHS epidemiologist and obtain H1N1 test if travel was to Southeast Asia or other high-risk countries and patient meets ILI criteria.

Living situation:

Name of group residence:

< Enter text here >

Current OTC and Product Use
This area is for documentation of OTC medication used for a limited time. If an OTC medication is used on a daily or chronic pm basis it should be entered in Medications per AAHC.
- acetaminophen
- NSAID
- antihistamine
- decongestant
- cough suppressant
- combination remedy for URI symptoms
- sinus rinse
- eye drops
- anti-diarrhea or anti-nausea medication
- laxative
- PPI or H2blocker
- wart treatment
- herbal/homeopathic/supplemental preparation
- other

< Enter text here >

< Enter text here >

Medications (required)

☐ Medications not reviewed

< Enter text here >

Allergies (required)

Problem List-PMH, FH, SH

RN signature: Click here to sign

JW Madison - University Heath Services
Physical Exam

General appearance
☐ In no acute distress  ☐ Appears ill  ☐ Toxic

Eyes

☐ discharge
☐ lid edema/puffiness
☐ redness

Ears

TMs

☐ bulging
☐ erythema
☐ retraction

Canals

☐ cerumen impaction
☐ erythema
☐ swelling
☐ drainage

Additional ear exam

☐ tragal tenderness
☐ pain with pinna traction
☐ auricular node enlargement

Nose

☐ erythematous mucosa
☐ purulent discharge
☐ sinus tenderness

Oropharynx

☐ No tonsils (s/p tonsillectomy)
☐ pharyngeal erythema
☐ purulent post nasal drainage
Procedure:

Tonsil enlargement:
- [ ]
- [x]

Tonsillar exudate:
- [ ]
- [x]

Uvula deviation:
- [ ]
- [x]

Neck:
- [ ] supple

Anterior cervical lymphadenopathy:
- [x]

Posterior cervical lymphadenopathy:
- [ ]

Lungs:
- [ ] lungs clear bilaterally and breath sounds equal
- [ ] crackles, rhonchi or wheezing

Skin:
- [ ] no rash

Additional pertinent exam findings:
- [ ]

ASSESSMENT:
- [ ]

Diagnosis (required):
Influenza-like illness is defined as fever >100F or 37.8C AND (cough and/or sore throat) in the absence of a KNOWN cause other than influenza.
- [x] Diagnose INFLUENZA-LIKE ILLNESS
- [ ] Diagnose UPPER RESPIRATORY INFECTION
- [ ] Diagnose VIREAL RESPIRATORY INFECTION, ACUTE
- [ ] Diagnose NO DIAGNOSIS

Encounter Code (required):
- [ ] E&M NURSE CLINICIAN, NEW PATIENT
- [ ] E&M NURSE CLINICIAN, ESTABLISHED PATIENT
- [ ] E&M NURSE CLINICIAN, ESTABLISHED PROBLEM

Per Nursing Protocol: [ ]

W Madison - University Health Services
Antiviral Therapy
Tamiflu is the treatment of choice for H1N1. The cost is ~$75 for a course of treatment.
Do not use Relenza (zanamivir) in patients with asthma or other pulmonary diseases.

☐ RxTamiflu 75 MG CAPS; TAKE ONE CAPSULE TWICE A DAY FOR 5 DAYS; QTY 10; 0 REFILLS
☐ RxRelenza Diskhaler 5 MG/BUSTER IN AEPE; TWO INHALATIONS TWICE DAILY FOR 5 DAYS; QTY 20 BLISTERS; 0 REFILLS
☐ RxRimantadine HCI 100 MG TABS; TAKE ONE TABLET TWICE A DAY FOR 5 DAYS; QTY 10; 0 REFILLS
☐ RxAmantadine HCI 100 MG TABS; TAKE ONE TABLET TWICE A DAY FOR 5 DAYS; QTY 10; 0 REFILLS

Influenza treatment guidelines
Seasonal influenza (updated 4-29-2009)
Treatment:
- Relenza dischelet (zanamivir) 5 mg/blistet, two inhalations twice daily for 5 days (do not use in patients with asthma or other pulmonary disease)
  OR
- Tamiflu (oselamvir) 75 mg. twice daily for 5 days AND amantadine 100 mg. twice daily for 5 days
  OR
- Tamiflu (oselamvir) 75 mg. twice daily for 5 days AND rimantadine 100 mg. twice daily for 5 days (currently not available)

H1N1 Influenza (updated 09-08-2009)
Treatment: - Tamiflu (oselamvir) 75 mg. twice daily for 5 days
  OR
- Relenza dischelet (zanamivir) 5 mg/blistet, two inhalations twice daily for 5 days (do not use in patients with asthma or other pulmonary disease)

Potential side effects of antivirals
- Pregnancy category C, consult with provider before prescribing in pregnancy
- See this web page for detailed discussion: http://www.cdc.gov/flu/professionals/antivirals/side-effects.htm
- Relenza: the most common adverse events reported are diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis, cough, headache, dizziness, and ear, nose, and throat infections. Each of these symptoms was reported by less than 5% of persons in the clinical treatment studies combined.
- Tamiflu: nausea, vomiting (may be less of a problem if taken with food). Transient neuropsychiatric events (self-injury or delirium) have been reported in Japan. FDA advises that persons receiving oseltamivir be monitored for abnormal behavior.
- Amantadine and Rimantadine: both can cause CNS and GI side effects. Incidence of nervousness, anxiety, insomnia, difficulty concentrating and lightheadedness is higher with amantadine. (6% rimantadine, 13% amantadine, 4% placebo had one or more CNS sx.). SE generally mild. Amantadine should be voided in persons with untreated acute angle glaucoma.
- Amantadine dose should be adjusted for pts. with cr. cl. < or = to 50 ml.
- Rimantadine dose should be reduced to 100 mg/d in setting of severe hepatic dysfunction or cr. cl. <10 and individuals >65 yrs. (if they experience side effects on 100 mg).
Symptom Management and Infection Control
☐ encouraged to increase fluid (including electrolye solution such as Gatorade)
☐ adequate rest
☐ frequent handwashing, cover mouth with sleeve when coughing
☐ home isolate until 24 hours after fever has resolved
☐ instructed to call if worse, T>102, not improving or short of breath
☐ secure massage sent to patient (ILI Web Links to Pt Ed)
☐ ILI Handout packet: "What You Can Do About the Flu", self-care/isolation/cleaning (recommendations and checklist), ILI letter to colleagues and letter for residence halls when appropriate
< Enter text here >

OTC Medication
☐ analgesic (e.g. acetaminophen, ibuprofen, naproxen)
☐ cough medicine (e.g. dextromethorphan)
☐ decongestant (e.g. pseudoephedrine)
< Enter text here >

Immunizations

PPD

Patient Education
To access the UHS Patient Education Material library click on Web Links at the top of the template.

Medication education:
☐ Use and side effects of medication(s) prescribed at this visit were reviewed
☐ Patient was given printed handouts on medications
< Enter text here >

Handouts given:
☐ Ankle ☐ Asthma ☐ Canker Sores ☐ Drink smart ☐ Resources to help you quit smoking ☐ Ear infection ☐ Ear wax removal
☐ Eustachian tube dysfunction ☐ Gastroenteritis ☐ GERD with heartburn ☐ High blood pressure ☐ Influenza ☐ Low back pain
☐ Meningitis ☐ Mono ☐ Nasal rinses ☐ Pink eye ☐ Sinusitis ☐ Smart choices for drinking ☐ Sore throat ☐ Swimmer's Ear
☐ TMJ ☐ Upper respiratory infection ☐ Urinary tract infection (in women) ☐ Wound care
< Enter text here >

Web links provided:
To copy a web link URL, double-click the URL, Ctrl C to copy, click below, Ctrl V to copy into note
< Enter text here >

Other:
< Enter text here >

Disposition (required)
Return visit:
☐ Follow-up PRN
☐ Return pm if worsening or persistent symptoms
< Enter text here >

Provider Consult

UW Madison - University Health Services

Printed 3/9/2010 by naranum
**Additional Physical Exam**

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<th>Physical Exam</th>
<th>Normal</th>
<th>Abnormal</th>
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<td>Eyes</td>
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<td>Ears</td>
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**Assessment/Plan**

For Nurse Visit consult the consulting provider must enter the correct Encounter Code based on their involvement and the nature of the visit. The provider must also sign the note. The signature below is optional.

Provider signature: Click here to sign

**Transcription**

For STAT transcription requests (turn around time within an hour) you must enter 6 on your telephone keypad (instead of 5) to end the call AND you must call Ambulance at 828-8400 to leave a message informing them you have a pending STAT dictation. Include the T-link and other identifying information in the message. Contact HIM staff if you do not receive the transcription within an hour.