30a McLaren THUMB REGION

McLaren Thumb Region
1100 S. Van Dyke
Bad Axe, MI 48413 • 989-269-9521

EMERGENCY PHYSICIAN RECORD
♦Flu Like Sx / Flu Exposure♦

DATE:_____ TIME SEEN:_____ on arrival RM:____ *EMS Arrival*

*TRANSFER FROM:*_____ ☐ *see transfer record*

HISTORIAN: patient spouse paramedics_____

__HX / __EXAM LIMITED BY:_____

☐ unable to obtain

HPI

chief complaint: *fever *flu exposure cough sore throat body / muscle aches sinus pain chills _____

onset / duration: ____hrs / days ago

constant sudden-onset
intermittent episodes
lasting_____
worse / persistent
since _____

context:
*exposure to flu type A / B / novel H1N1 *suspected / confirmed / unknown*
recent travel_____ days ago location:_____
CO exposure _____ recent tick bite / camping_____

severity: mild moderate severe (1/10)_____

associated symptoms:

fever / chills_____	earache_____
runny nose_____	chest pain_____
sinus pain / drainage_____	shortness of breath_____
sore throat / hoarseness_____	*mild moderate severe*
cough *dry / productive*_____	hurts to breathe_____
allergy / hay fever_____	headache_____
sweating_____	weakness_____
body / muscle aches_____	lethargic_____
	nausea / vomiting_____
	diarrhea_____

worsened by: deep breath physical activity_____

Similar symptoms previously_____

Recently seen / treated by doctor / hospitalized_____

*=*see CDC protocols on page 4* ^=*high risk condition*

ROS

EYES
eye problems *redness itching*____

MS
joint pain *(R / L)*_____

SKIN
rash_____

GI
abdominal pain_____

GU
problems urinating_____

*LNMP*_____ *^preg premenstrual tampon usage*_____

CVS
palpitations_____

NEURO
fainting _____
dizziness_____

PSYCH
confusion_____
anxiety / depression

LYMPH
ankle swelling *(R / L)*_____
swollen glands

☐ except as marked positive, all systems above reviewed and found negative

▪ *CONST / ENT / CVS / RESP / NEURO components also addressed in HPI*

PAST HX __no chronic diseases

^cardiac disease *Afib CAD CHF MI*
^diabetes *Type 1 Type 2*_____
diet / oral / insulin _____
hypertension_____
^cancer *chemo / rad tx*_____
^lung disease_____
asthma COPD pneumothorax pseudomonas bronchiectasis pneumonia bronchitis TB
^stroke_____

DVT / PE risk factors: *cast cancer recent surgery leg swelling bedridden paralysis prior DVT/PE (R / L)*____
GI bleed / ^cirrhosis_____
^hepatitis / ^HIV_____

__old records reviewed / summary:_____

Surgeries / Procedures __none

cardiac bypass / stent _____ hysterectomy / BTL / C-section___
cholecystectomy_____

Immunizations: influenza / H1N1 / pneumovax *UTD / referred to PCP*

Medications __none see nurses note
aspirin coumadin clopidogrel NSAID

Allergies __NKDA
see nurses note

SOCIAL HX attends school *name*_____

Work hx / animal exposure:_____
# of people living in home_____ lives in *house apt other*_____
smoker_____ppd / never / past / quit: _____ago
tobacco: *use / dependence*_____ nicotine: *use / dependence*_____
drugs_____ alcohol *(recent / heavy / occasional) screening*_____

FAMILY HX __negative DVT / PE_____

T-SYSTEM © 2014 - 2018 T-System, Inc.

Circle (positives), backslash negatives, check √ normals

6230.163.07-18

☐ Nursing Assessment Reviewed ☐ Vitals Reviewed _____

*V/S BP*_____ *HR*_____ *RR*_____ *Temp*_____

PHYSICAL EXAM

General Appearance

__no acute distress
__alert

__mild / moderate / severe distress_____
__anxious / lethargic_____

EENT

__eyes nml inspection
__nml ENT inspection
__lids & conjunct. nml
__PERRL
__ears nml

__pain on percussion over sinuses_____
frontal / maxillary / ethmoid
__scleral icterus / pale conjunctivae_____
__conjunctival erythema / exudate_____
__EOM palsy *(R / L)* / anisocoria_____
__TM erythema / dullness *(R / L)*_____
__loss of TM landmarks *(R / L)*_____
__TM obscured by cerumen / exudate *(R / L)*

__nose nml

__rhinorrhea / mucosal edema_____
__purulent nasal drainage_____

__pharynx nml
__airway nml

__mouth ulcerations_____
__pharyngeal erythema_____
__tonsillar exudate / swelling_____
__peritonsillar mass / trismus_____
__muffled / hoarse voice_____

NECK

__nml inspection
__supple

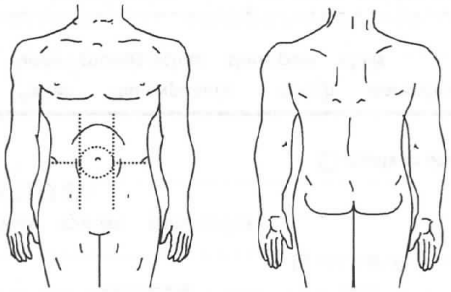
__lymphadenopathy_____
__meningismus_____
__Kernig's sign / Brudzinski's sign_____

RESPIRATORY

__no resp. distress
__breath sounds nml

__respiratory distress_____
__splinting / retractions / accessory muscle use
__prolonged expirations_____
__decreased air movement / stridor_____
__wheezes / rales / rhonchi *(R / L)*_____

T=Tenderness
R=Rebound
m=mild
mod=moderate
sv=severe



ABDOMEN / GU

__non-tender
__no organomegaly
__no distension

__tenderness / guarding :
generalized RUQ LUQ RLQ LLQ ____
__hepatomegaly / splenomegaly / mass_____
__abnml bowel sounds_____
__catheter present_____

CVS

__reg. rate & rhythm
__heart sounds nml

__irregularly irregular rhythm_____
__extrasystoles *(occasional / frequent)*_____
__tachycardia / bradycardia_____
__JVD present_____
__murmur *grade* ___ */6* *sys / dias*_____
__gallop (S3 / S4)_____
__decreased pulse_____

SKIN

__color nml, no rash
__warm, dry
__intact

__cyanosis / diaphoresis / pallor_____
__skin rash _____
__embolic lesions / signs of IVDA_____
__pressure ulcer: *location*_____
depth / stage: 1 2 3 4 _____

EXTREMITIES

__non-tender
__nml ROM
__no pedal edema

__calf tenderness / Homan's sign *(R / L)*_____
__joint swelling *(R / L)*_____
__pedal edema *(R / L)*_____

NEURO / PSYCH

__oriented x4
__CN's nml *(2-12)*
__motor nml
__sensation nml
__mood / affect nml

__disoriented to: _____
person place time situation
__facial palsy *(R / L)*_____
__weakness / sensory loss *(R / L)*_____
__depressed mood / affect_____

PROGRESS

*Time*_____ unchanged improved re-examined
air movement: good fair poor

T-SYSTEM © 2014 - 2018 T-System, Inc.

6230.16

Circle (positives) backslash negatives, check √ normals

XRAYS / CT

CXR

Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist

__nml / NAD __no infiltrates __nml heart size __nml mediastinum

abnml:_____

Chest CT

Interpretation: ☐ By me ☐ Viewed by me ☐ Discsd w/ radiologist

__nml / NAD _____

abnml:_____

LABS

	CBC	Chemistries	UA
*RIDT_____	normal except	normal except	normal except
*DFA / IFA_____	WBC_____	Na_____	dip:_____
*RT-PCR_____	Hgb_____	K_____	
*RMA_____	Hct_____	CO2_____	**ABGs**
Mono Spot_____	Platelets_____	Gluc_____	RA / ___LO2
Strep Screen_____	segs_____	BUN_____	pH_____
Cultures sent	bands_____	Creat_____	pCO2_____
blood x_____	lymphs_____		pO2_____
sputum_____		Troponin_____	
*viral_____		D-Dimer_____	

Pulse Ox ____% on RA / ____L O_2 Interp: nml / hypoxic Time:_____

TREATMENT

__pt. does not meet CDC recommendations for antiviral treatment

__flu exposure __chemoprophylaxis provided

__patients positive for influenza A / B / A&B

__treated with: *Zanamivir* _____

Oseltamivir _____

Peramivir _____

PROGRESS - Continued

*Time*_____ unchanged improved re-examined

air movement: good fair poor

_____

_____

_____

_____

_____

_____

_____

_____

_____

__EGDT for sepsis considered_____

♦ **Severe Sepsis** - ≥ *18 y / <3 hrs / lactate / BC / antibiotic / IV bolus*_____

<6 hrs / IV bolus / vasopressors / vol. status assess / focused exam or (2 below)

*CVP / ScvO2 / US / dynamic assess. of fld response*_____

♦ **Pharyngitis** - *3y -18y / strep A test / antibiotic*_____

♦ **Bronchitis** - *18y - 64y / No antibiotic*_____

♦ **Sinusitis** - *≥18y / No CT / No antibiotic / amoxicillin w or wo clavulanate*_____

♦ **BP Screen** - ≥ *18 y / screening / follow-up documented*_____

__measure exclusions: *not eligible / refused / indicated / not indicated / prescribed / dispensed / contraindicated / not available*_____

*=*see CDC protocols on page 4*

__Discussed with Dr._____Time:_____

will see patient in: ED / hospital / office

Counseled patient / family regarding: *lab / rad. results diagnosis need for follow-up*

Additional history from: *family caretaker paramedics*

__Rx given_____

_____

__Tobacco cessation: *discussed: plan / trigger / challenges / gave Rx*____

__Alcohol cessation: *discussed: plan / risk / coping measures*_____

CRIT CARE TIME *(excluding separately billable procedures)* _____ *min*

CLINICAL IMPRESSION

Initial visit unless marked: ☐ subsequent ☐ sequelae

Resp / ENT

Asthma / Reactive airway dz : *acute exacerbation*
status asthmaticus :
hx of: mild / mod / severe dz
: *intermittent persistent*

Bronchospasm, acute

♦ Bronchitis: *acute RSV*
chronic: simple mucopurulent

Cold (Nasopharyngitis)

COPD: *w/: exacerbation*
♦ *acute bronchitis*

Epiglottitis: *acute w/ obstruction*

Herpes gingivostomatitis

Herpes pharyngotonsillitis

Influenza: *A / B / A & B* _____

Laryngitis

Otitis media: R / L :
acute recurrent chronic :
serous suppurative
w/ TM perf: central marginal

♦ Pharyngitis: *acute Strep*

Pneumonia: interstitial atypical
bronchopneumonia
lobar *aspiration*
viral: *RSV influenza: A / B / A&B*
bacterial: _____

Pneumothorax: *R / L tension*

Pulm edema: *acute w/ CHF*

Pulm embolism *w/ cor pulmonale*

Rhinitis, allergic: *seasonal perennial*

♦ Sinusitis:
acute recurrent chronic
maxillary frontal ethmoid

Tonsillitis: *acute recurrent chronic*
: *Strep GC Herpes*
mono: EBV CMV

URI

Other

Endocarditis, infective: *acute subacute*

Meningitis: *viral bacterial:*
H influ Pneumo Strep Staph

Mononucleosis: *EBV CMV*
w/: splenomegaly hepatomegaly

Pyelonephritis: *acute chronic*

♦ SIRS / Sepsis, severe
w/: hypotension
shock DIC alt. mental
hypoxia resp. distress

Tick borne dz:
Rocky Mtn spotted fever
Lyme disease Tick paralysis

UTI: cystitis: acute chronic :
w/ hematuria

Viral syndrome

Signs / Symptoms / Labs

Cough

Fever

Headache

Neutropenia

Skin rash: *purpura petechiae*

_____

_____

_____

_____

DISPOSITION DECISION TIME-_____ ☐ home ☐ transfer_____

☐ admit __**POA** *pressure ulcer / UTI (foley)* _____

CONDITION- ☐ unchanged ☐ improved ☐ stable_____

Care transferred to Dr_____ Time:_____

_____ *MD / DO*

☐ Template Complete ☐ See Addendum (Dictated / Template #_____)

T-SYSTEM © 2014 - 2018 T-System, Inc.

Circle (positives), backslash negatives, check √ normals

6230.163.07-18

♦ Reportable Measure

CDC WEBSITE http://www.cdc.gov/flu/professionals/index.htm

INFLUENZA VIRUS TESTING METHODS *(Source: CDC)*

Method[1]	Types Detected	Acceptable Specimens[2]	Test Time	CLIA Waived[3]
Viral tissue cell culture (conventional; yields live virus)	A and B	NP[4] swab, throat swab, NP[2] or bronchial wash, nasal or endotracheal aspirate, sputum	3-10 days	No
Rapid cell culture (shell vials; cell mixtures; yields live virus)	A and B	As above	1-3 days	No
Immunofluorescence, Direct (DFA) or Indirect (IFA) Florescent Antibody Staining [antigen detection]	A and B	NP[4] swab or wash, bronchial wash, nasal or endotracheal aspirate	1-4 hours	No
RT-PCR[5] (singleplex and multiplex; real-time and other RNA-based) and other molecular assays [influenza viral RNA or nucleic acid detection]	A and B	NP[4] swab, throat swab, NP[2] or bronchial wash, nasal or endotracheal aspirate, sputum	Varies by assay (Generally 60-80 minutes and 4-8 hours)	No
Rapid Molecular Assay [influenza viral RNA or nucleic acid detection]	A and B	NP[4] swab, nasal aspirate, wash, swab	Approximately 20 minutes[7]	Yes/No[7]
Rapid Influenza Diagnostic Tests[6] (antigen detection)	A and B	NP[4] swab, (throat swab), nasal wash, nasal aspirate	<15 min.	Yes/No

1. Serologic (antibody detection) testing is not recommended for routine patient diagnosis.
2. Ref: Leland, et al. 2007, *Clin Micro Rev* 20: 49-78. Approved respiratory specimens vary among FDA cleared influenza assays.
3. Ref: http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html
4. NP = nasopharyngeal
5. Reverse transcription polymerase chain reaction, including FDA-approved test systems, reference laboratory testing using ASR or lab-developed reagents
6. Chromatographic- and/or fluorescence-based lateral flow and membrane-based immunoassays
7. Rapid molecular assays can provide results in approximately 20 minutes. Alere i Influenza A&B was FDA cleared for use with both nasal swabs (direct) and NP or nasal swabs in VTM[8]. It was CLIA-waived for use with nasal swabs (direct) only. Roche Cobas Influenza A/B was cleared and CLIA-waived by FDA for use with nasopharyngeal swabs only.
8. VTM = Viral transport media

(Source: CDC)

Anti Viral Information*: Influenza A & B		
Drug	Treatment	Chemoprophylaxis **
Oseltamivir	75 mg twice daily for 5 days	75 mg once daily for 7 days
Zanamivir	10 mg (two 5 mg inhalations) twice daily for 5 days	10 mg (two 5 mg inhalations) once daily for 7 days
Peramivir	single 600 mg dose IVPB over 15 – 30 mins (> 18 yrs old)	N / A

* When considering use of influenza antiviral medications, clinicians must consider the patient's age, weight, and renal functions; presence of other medical conditions; indications for use (i.e., chemoprophylaxis or therapy); and the potential for interaction with other medications.
Antiviral recommendations might change over time. Influenza antiviral medications used for treatment are most beneficial when initiated within the first 2 days of illness. Clinicians should consult the package insert of each antiviral medication for specific dosing information, approved indications and ages, contraindications/warnings/precautions, and adverse effects.

Influenza viral surveillance data might help guide antiviral choices if oseltamivir resistance becomes more prevalent among circulating influenza viruses. Consult guidance from local or state public health laboratories or CDC for further information regarding currently circulating viruses. CDC viral surveillance data are updated weekly during the influenza season and is available at FluView.

For more information on safety, effectiveness, and dosing for oral oseltamivir inhaled zanamivir, and IVPB peramivir, visit Antiviral Drugs (http://www.cdc.gov/flu/professionals/antivirals/index.htm) or consult the package inserts.

** Duration of prophylaxis may vary based upon scenario. For pts in hospitals and institution settings a minimum of 2 wks is recommended, and continuing up to 1 week after the last known case was identified. For additional information see http://www.cdc.gov/flu/professionals/antivirals/index.htm

- CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis so as to limit the possibilities that antiviral resistant viruses could emerge. Indiscriminate use of chemoprophylaxis might promote resistance to antiviral medications, or reduce antiviral medication availability for treatment of persons at higher risk for influenza complications or those who are severely ill.
- Antiviral chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the first exposure to an infectious person.
- An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some persons.
- The following are examples where antiviral medications can be considered for chemoprophylaxis against influenza after exposure to an infectious person:
  - persons at higher risk for influenza complications or those who are severely ill;
  - persons at high risk of influenza complications during the first two weeks following vaccination;
  - people with severe immune deficiencies or on immunosuppressive medications;
  - people at high risk for complications from influenza who cannot receive influenza vaccine due to a contraindication;
  - residents of institutions, such as long-term care facilities, during influenza outbreaks in the institution.

ADDITIONAL NOTES:

T-SYSTEM © 2014 - 2018 T-System, Inc.