

Institution: _____

Encounter Form: URI / Rhinitis / Pharyngitis

Name: _____ CDCR# _____ 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

Lung 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 a 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 the patient to a physician **STAT**.

Orders received by phone from the physician-on-call.

PCP notified (name/time): _____

PCP Responded (time): _____

ALLERGIC RHINITIS

Nasacort® Allergy 24 hour (triamcinolone acetonide) 2 sprays in each nostril once daily; reduce to 1 spray in each nostril daily once allergy symptoms improve.

Advise the patient to return to the Registered Nurse (RN) clinic if purulent drainage or fever develops.

VIRAL RHINITIS

Acetaminophen 325mg 2 tabs PO every 4 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours.

Cetirizine 10mg 1 tab PO once daily, PRN congestion while symptoms persist.

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 the 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 in the health record.

Refer the patient to other resources as needed. Document all referrals in the health record.

Signature/Title

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Fill in the blanks and check all that apply

- Advise the patient to resubmit a CDC 7362, Health Care Services Request Form, 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 CDC 7362, Health Care Services Request Form, 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: _____
- Ambulance contacted (time): _____
- Ambulance arrived at TTA: _____

Additional comments: _____

List name(s) of RN protocols used: _____

Signature/Title

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