

05a

Practice Name: \_\_\_\_\_

**PRIMARY CARE RECORD**  
**Flu Like Sx / Flu Exposure**  
 Fall 2009 – Spring 2010

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

HISTORIAN: patient spouse other \_\_\_\_\_

**chief complaint:** \*fever \*"flu" \*flu exposure \_\_\_\_\_  
 cough sore throat body aches sinus pain chills \_\_\_\_\_

**HPI**

<b>started / duration:</b> just prior to arrival today yesterday _____ _____ hrs / days ago	<b>onset / timing:</b> sudden onset _____ gradual onset _____ gone now _____ better worse _____
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**context:**  
 \*exposure to flu type A / B / novel H1N1 suspected / confirmed / unknown  
 recent travel \_\_\_\_\_ days ago location: \_\_\_\_\_  
 CO exposure \_\_\_\_\_ recent tick bite \_\_\_\_\_  
 recent camping \_\_\_\_\_  
 multiple patients presenting with similar complaints \_\_\_\_\_

**severity:** mild moderate severe (0 – 10) \_\_\_\_\_

**associated symptoms:**  
 \*fever / chills \*runny nose \*sinus pain / drainage  
 \*sore throat \*cough productive chest congestion wheezing  
 chest pain hoarseness dyspnea weakness nausea / vomiting

**modifying factors:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Similar symptoms previously \_\_\_\_\_  
 \_\_\_\_\_

Recently seen by doctor office / ER / hospitalized \_\_\_\_\_  
 \_\_\_\_\_

\*=see CDC protocols on back of order sheet

Name: \_\_\_\_\_ **New** **Est.**

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Age: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_ in BP \_\_\_\_\_

Temp: \_\_\_\_\_ T R A O RR: \_\_\_\_\_ Pulse \_\_\_\_\_ SaO<sub>2</sub> \_\_\_\_\_

Nurse / MA Sig \_\_\_\_\_

**ROS**

<b>EYES</b> eye problems redness itching _____	<b>CVS</b> palpitations _____
<b>MS / SKIN</b> joint pain _____	<b>LYMPH</b> leg / ankle swelling _____
muscle aches _____	swollen glands _____
rash _____	<b>NEURO / PSYCH</b> fainting _____
<b>GI / GU</b> abdominal pain _____	dizziness _____
diarrhea _____	confusion _____
problems urinating _____	anxiety / depression _____
LNMP _____ preg post- menop tampon usage _____	<input type="checkbox"/> all systems neg except as marked

reviewed and updated: \_\_\_\_\_ Past Hx \_\_\_\_\_ Family Hx \_\_\_\_\_ Social Hx \_\_\_\_\_  
 Location: \_\_\_\_\_ in chart Date: \_\_\_\_\_

**Past Hx** \_\_\_\_\_ negative \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ NKA \_\_\_\_\_

**CURRENT MEDS:** \_\_\_\_\_ none \_\_\_\_\_

**SOCIAL HX** attends daycare / school name \_\_\_\_\_  
 Work hx / animal exposure: occupation \_\_\_\_\_ employer \_\_\_\_\_  
 Est # of people with close contact in past 2 days \_\_\_\_\_  
 # of people living in home \_\_\_\_\_ lives in house apt other \_\_\_\_\_  
 smoker \_\_\_\_\_ PPD \_\_\_\_\_ drugs \_\_\_\_\_  
 alcohol (recent / heavy / occasional) \_\_\_\_\_

**FAMILY HX** \_\_\_\_\_

**PHYSICAL EXAM**

**General Appearance**  
 \_\_\_\_\_ no acute distress \_\_\_\_\_ mild / moderate / severe distress \_\_\_\_\_  
 \_\_\_\_\_ alert \_\_\_\_\_ anxious / lethargic \_\_\_\_\_

**HEENT**  
 \_\_\_\_\_ pain on percussion over sinuses \_\_\_\_\_  
 \_\_\_\_\_ nml ENT inspection \_\_\_\_\_ frontal / maxillary / ethmoid \_\_\_\_\_  
 \_\_\_\_\_ nml lids & conjun. \_\_\_\_\_ scleral icterus / pale conjunctivae \_\_\_\_\_  
 \_\_\_\_\_ PERLL \_\_\_\_\_ conjunctival erythema / exudate ( R / L ) \_\_\_\_\_  
 \_\_\_\_\_ nml ears \_\_\_\_\_ TM obscured by cerumen / exudate ( R / L ) \_\_\_\_\_  
 \_\_\_\_\_ TM erythema / dullness ( R / L ) \_\_\_\_\_  
 \_\_\_\_\_ TM bulging / retracted ( R / L ) \_\_\_\_\_  
 \_\_\_\_\_ effusion serous / suppurative ( R / L ) \_\_\_\_\_

\_\_\_\_\_ nml nose \_\_\_\_\_ rhinorrhea / mucosal edema \_\_\_\_\_  
 \_\_\_\_\_ purulent nasal drainage \_\_\_\_\_  
 \_\_\_\_\_ nml pharynx \_\_\_\_\_ mouth ulcerations \_\_\_\_\_  
 \_\_\_\_\_ pharyngeal erythema \_\_\_\_\_

\_\_\_\_\_ nml tonsil \_\_\_\_\_ tonsillar exudate / erythema \_\_\_\_\_  
 \_\_\_\_\_ peritonsillar mass \_\_\_\_\_  
 \_\_\_\_\_ muffled / hoarse voice \_\_\_\_\_

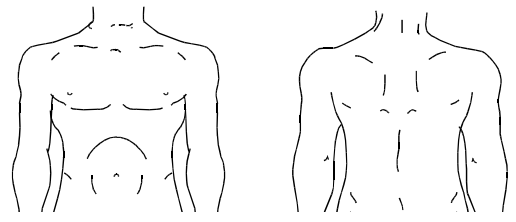
Pt. Name \_\_\_\_\_

**NECK**

\_\_ nml inspection  
\_\_ supple  
\_\_ thyromegaly  
\_\_ lymphadenopathy ant/post (R/L)  
\_\_ stiff neck / meningismus  
\_\_ JVD present

**RESPIRATORY**

\_\_ no resp. distress  
\_\_ nml breath sounds  
\_\_ respiratory distress  
\_\_ prolonged expirations  
\_\_ accessory muscle use  
\_\_ retractions  
\_\_ decreased air movement  
\_\_ stridor  
\_\_ wheezing / rales / rhonchi



T=tenderness R=rebound m=mild mod=moderate sv=severe  
Example- Tsv indicates severe tenderness.

**ABDOMEN**

\_\_ non-tender  
\_\_ no organomegaly  
\_\_ tenderness  
\_\_ hepatomegaly / splenomegaly / mass  
\_\_ abnml bowel sounds

**CVS**

\_\_ reg. rate & rhythm  
\_\_ nml heart sounds  
\_\_ irregularly irregular rhythm  
\_\_ extrasystoles occasional / frequent  
\_\_ tachycardia / bradycardia  
\_\_ murmur grade \_\_\_ /6 syst / diast  
\_\_ gallop ( S3 / S4 )

**SKIN**

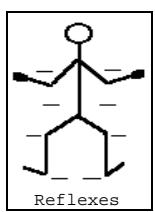
\_\_ nml color, no rash  
\_\_ nml temp, dry  
\_\_ no petechiae  
\_\_ cyanosis / pallor / diaphoresis  
\_\_ skin rash

**EXTREMITIES**

\_\_ non-tender  
\_\_ no pedal edema  
\_\_ nml pulses  
\_\_ calf tenderness  
\_\_ pedal edema  
\_\_ decreased pulse(s)

**NEURO / PSYCH**

\_\_ oriented x3  
\_\_ nml CN's as tested  
\_\_ motor nml  
\_\_ sensation nml  
\_\_ nml reflexes  
\_\_ nml mood / affect  
\_\_ disoriented  
\_\_ to: person / place / time  
\_\_ facial droop / EOM palsy  
\_\_ weakness / sensory loss  
\_\_ depressed mood / affect



**OFFICE TESTS / NOTES**

\_\_ \*Rapid Flu  
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\_\_ respiratory tract swabs collected  
\_\_ viral culture sent to health department lab for confirmation  
\_\_ positive influenza B can be given antiviral agent  
    Zanamivir \_\_\_\_\_ or Oseltamivir \_\_\_\_\_  
\_\_ positive influenza A use antiviral agent Zanamivir \_\_\_\_\_  
\_\_ positive influenza A and B can be given antiviral agent  
    Zanamivir \_\_\_\_\_ or Oseltamivir \_\_\_\_\_  
\_\_ positive novel H1N1\* meeting CDC criteria should be given  
    Zanamivir \_\_\_\_\_ or Oseltamivir \_\_\_\_\_  
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**CLINICAL IMPRESSION**

Influenza A B H1N1(swine) suspected probable \*confirmed  
\*Influenza Like Illness  
Fever  
Asthma - acute exacerbation  
Bronchitis - acute asthmatic  
Dyspnea - acute  
Pharyngitis - Strep Mono  
Pyelonephritis  
Sinusitis  
Upper Respiratory Infection  
Viral Syndrome  
Cellulitis / Necrotizing Faciitis  
CO Exposure  
Endocarditis  
Malaria  
Neutropenia  
Pneumonia  
Pulmonary Embolism  
Toxic Shock Syndrome  
Sepsis

**TREATMENT PLAN**

\_\_ return to work / school in \_\_\_ 7 10 days / \_\_\_ 1 2 weeks  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LABS & X-RAYS**

*Rapid Flu	Cultures sent	CBC	Platelets
*DFA / IFA	blood x	normal except	segs
*RT-PCR	sputum	WBC	bands
Mono Spot	*viral	Hgb	lymphs
Strep Screen		Hct	

**XRAYS**  Interp. by me  Reviewed by me  Discsd w/ radiologist

**CXR**  
\_\_ nml / NAD \_\_ no infiltrates \_\_ nml heart size \_\_ nml mediastinum

\_\_ reviewed / discussed with patient  
    labs / radiology / diagnostic studies / old records

**CONSULTS / REFERRALS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCHARGE MEDICATIONS**

see medication log  
\_\_ \*Oseltamivir (Tamiflu) \_\_ \*Zanamivir (Relenza)  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOW-UP PLANS**

\_\_ will see in office in \_\_\_ Day / Week / Month  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH EDUCATION / COUNSELING / SCREENS**

Counseling provided: \_\_ lab results \_\_ diagnosis \_\_ need for follow-up  
    \_\_ Flu precautions \_\_ Emergency Warning Signs  
Time spent counseling: \_\_\_ minutes \_\_ Admit orders written

Total face-to-face time: \_\_\_ minutes \_\_ visit dominated by counseling

**PHYSICIAN SIGNATURE-**