UNITED STATES
CHIEF COMPLAINT – COMMON COLD / CONGESTION

PATIENT NAME _____(Last, First, Middle Initial)

DATE OF BIRTH _____ (mm/dd/yyyy)

INFORMATION

What is the patient's temperature	F
How was the temperature measured?	□ Oral □ Rectal □ Ear □Axillary

URGENT SYMPTOMS (please indicate yes or no for each)

Do patient have a breathing emergency (severe wheezing, smothering feeling, inability to speak in full sentences, breathlessness)	□ yes □ no
Is the patient having chest pain that is not caused by coughing or deep breathing?	□ yes □ no
Does the patient have "crushing" chest pain under the breast bone?	□ yes □ no
If a child, are there signs of dehydration: no urine for more than 8 hours in a child younger than 1 year or 12 hours if child is over 1 year, very dry mouth, crying without tears, pinched skin returns longer than 2 seconds?	□ yes □ no
If an adult, are there signs o dehydration: no urine output for 12 hours, pinched skin returns in > 2 seconds?	□ yes □ no
Does the patient have neck pain when bending the head forward?	□ yes □ no
Is the patient younger than 3 months with temperature > 100.4 degrees Fahrenheit?	□ yes □ no
Is the patient/child extremely weak, extremely irritable, or extremely sluggish	□ yes □ no

If the answer is YES to any of the above, STOP and call the nurse supervisor for rapid advice regarding referral to an emergency center or clinic. If the patient feels this is an emergency, have patient call 911.

CHRONIC ILLNESS (please indicate yes or no for each)

Does the patient have a chronic condition or disease?	□ yes

Examples of chronic disease: Hypertension, Heart failure, HIV/AIDS, Diabetes, Asthma, COPD, or Emphysema	□ no
Is the patient on dialysis, had an organ transplant, been hospitalized or had an outpatient procedure within the past month, or cancer in the past 5 years?	□ yes □ no
Is the patient receiving chemo, radiation, Prednisone or other immunosuppressant medication?	□ yes □ no

If the answer is YES to any of the above, instruct patient to contact their physician office.

NEXT QUESTIONS TO ASK (please indicate yes or no for each)

Has the patient had a temperature > 101 for more than 3 days?	□ yes □ no
Is the patient wheezing?	□ yes □ no
Does the patient have “sinus” pain?	□ yes □ no
Has the patient had green, brown, or yellow sputum or nasal drainage?	□ yes □ no
Are there blood streaks in any sputum?	□ yes □ no
Does the patient have yellow eye drainage?	□ yes □ no

COMMENTS / DESCRIPTION OF SYMPTOMS

]Contact supervisor for further instructions. If the answer is YES to any of the above, the supervisor will provide advice regarding referral for a clinic visit. The supervisor may recommend a home visit by the Grand-Aide to clarify symptoms, or home care

instructions. Please check the supervisor's instructions in the boxes below.

HOME CARE INSTRUCTIONS

- € Take over the counter medicines to relieve symptoms, if you have used them before without difficulty, and follow the label instructions.
- € Call your pharmacist if you need more information or if you have questions about an over the counter medicine.
- € Avoid dairy products if the patient has excess phlegm.
- € Use a vaporizer or humidifier to loosen congestion and to keep air moist. Change humidifier water daily.
- € Use saline nose drops or spray for nasal congestion. Place 3 drops in each nostril and wait 1 minute, then attempt to blow or suction nose.
- € Suction secretions from infant's nose with a soft rubber suction bulb.
- € Clear baby's nose before breast or bottle-feeding.
- € Use good hygiene: proper hand washing to prevent spread of infection and germs; dispose of used tissues. Cover mouth when sneezing or coughing.
- € Avoid smoking and exposure to second hand smoke.
- € Use warm water to rinse red eyes and wipe with moistened cotton balls. Discard cotton ball after use in each eye.
- € Breathe steam several times a day to help promote sinus drainage. Sit in a steam-filled bathroom for 10-20 minutes or cover your head with a towel and breathe steam from a kettle or basin filled with hot water.
- € Apply hot packs to area around the eyes and cheekbones.

FINAL QUESTIONS

Are you comfortable with the instruction we have discussed?	□ yes □ no
Would you like me to visit you at home today or tomorrow?	□ yes □ no

Action Options:

- Patient called 911 / went to Emergency Center
- Appointment with PCP is arranged. Date _____ Time_____
- Home visit is arranged. Date _____ Time_____
- No home visit or office visit is planned.
- Telephone advice is offered.
- No telephone advice is offered at this time.
- GRAND-AIDE MUST CHECK: All advice was read back to the supervisor

Closing Instructions:

1. Contact your grand-aide in 12-24 hours if you are not getting better.
2. Your Grand-Aide will contact you in 2-3 days

Final Options:

- The patient agrees with the advice given and repeated it back to me.
- The patient does not agree with the advice given. I have advised that he/she contact his/her doctor

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Sign and Submit

Grand-Aide's Name_____

Today's Date: _____ (mm/dd/yyyy)