

Name:

Date: / /

iMedDrs - International Medical Disaster Relief Services

Cov/Flu GUIDE to BETTER CARE

CHINESE

中文



*Avoid the dangers of delayed or mis-diagnosis
from insufficient medical information gathering.*

Get the facts - Give the facts - Get best care

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PERSONAL EMPOWERMENT SERIES:

[CoV/Flu GUIDE](#)

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COV/FLU MONITOR – Medical data retrieval, recording, response and referral guides

FACT: at any level of expertise, medical decisions are based on information obtained by communication, which requires checklist complexity and linguistic compatibility.

As hordes of airborne flu or corona viruses enter and trek down one's respiratory tract on their way to fertile lungs, they proliferate, infiltrate and cultivate tissues at specific levels along the track, causing diseases from *pharyngitis to pneumonia*. Each disease level gives rise to a **level-specific** symptom combination that is recognizable and amenable to treatment by a **matching level** of health care providers from *pharmacist to pulmonologist*. Each disease-level provider requires *additional* information necessary for accurate management decisions, appropriate care and best outcome.

This COV/FLU MONITOR Smart Chart is designed to help you assess your status periodically to enable informed self-care and intelligent tele-care by the right provider.

Your symptom combination determines the level of infection (1-4), which dictates triage: self-treatment of simple situations or specialist tele-therapy of complex conditions.

iMedDrs **series** of health-screening Smart Charts and Virtual Apps detect crucial clinical information, then computer generates and emails data-based reports to providers for best care.

Based on the infection level, do the corresponding iMedDrs provider-level app to obtain the additional provider-specific data and email or voice the data-based reports for appropriate tele-care.

As time passes, COV/FLU symptoms may appear and disappear as the infection progresses or recedes. Moreover, pre-existing problems may worsen, and co-existing conditions in other body systems may develop. Failure of your body resistance and immunity as well as personal and professional interventions to stop the virus cold in its track, allows the infection to move on to the next level.

Periodic evaluation is essential to determine ongoing triage, treatment and referral decision-making:

Use these symbols in the dated columns to chart the course of illness: - negative, + positive, ↑ increasing, ↓ decreasing, = remaining the same, 0 stopped.

Note: The infection LEVEL number (1-4) is defined by the highest level-section with one or more positive symptoms

FLU/COVID-SYMPTOMS to monitor and evaluate	Page	Ques	Mth/Day																CLEARED	RESPONSES	
																				N.B. Correlate with urgency level below *	
VIRAL RESPIRATORY INFECTION			Rhinitis																	LEVEL 1 VRI	
Fatigue, malaise, aches, anosmia	4	2																			Consider Vaccines if tested negative
UPPER RESPIRATORY INFECTION			Sinusitis																	LEVEL 2 URI	
Fever and chills	4	1																			Consider contacting a pharmacist as you may need over-the-counter (OTC) medication. Or do imeddrs app Pharmacy care and email reports
1.Sniffing, sneezing, runny nose	5	1																			
2.Sore throat	5	2																			
3.Post-nasal drip - Throat clearing	5	3																			
4.Green/clear mucus drooling	5	4																			
MID RESPIRATORY INFECTION			Bronchitis																	LEVEL 3 MRI	
5.Hoarseness	5	5																			Consider contacting an MD, as you may need prescription medicine and/or investigations. Or do imeddrs app Clinical MD care and email reports
6.Difficulty breathing	5	6																			
7.Coughing+++	5	7																			
8.Yellow, brown sputum	5	8																			
Sternal chest soreness																					
LOWER RESPIRATORY INFECTION			Pneumonia																	LEVEL 4 LRI	
9. Red/bloody sputum	5	9																			Consider contacting EMS as you may need special treatment and investigations. Or do imeddrs app Emergency care and email reports
10.Chest pain on breathing in	5	10																			
11.Frequent cold symptoms	5	11																			
12.Past history of asthma	5	12																			
Shortness of breath	6	6																			

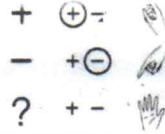
The numbers in these columns refer to pages and translated questions in various foreign-language iMedDrs publications.

***TRIAGE: Generally speaking, medical attention is more urgent in the following circumstances:-**

- Features:** The greater the number of symptoms or presence of co-morbidity, asthma, emphysema, low immunity.
- Aggravation:** The LEVEL of interference with regular activities, e.g. 1.none-confining, 2.home-confining or 3.bed-confining.
- Course:** If the illness is rapidly worsening, or new complaints and complications develop.
- Timing:** If the illness is unexpectedly prolonged, persistent or problematic.
- Specific:** The higher the positive symptom number (1 – 12).

* Note that these are general guidelines, and you are advised to err on the side of caution. Do not use these criteria to delay or avoid medical consultation. This guide is not intended to dissuade anyone from consulting a doctor. This guide is not intended to persuade anyone to consult a healthcare professional. This guide is intended to help you to make inquiries and informed decisions and discussions. Weigh all the information you have collected, and then make your own decisions.





你現在是否有以下的病狀？

- 1 感到發熱或冷顫？
- 2 感到疲倦，活動能力減退，虛弱或暈眩？
- 3 身體某部份有 液或流質分泌物流出？
- 4 腫脹，硬塊或皮膚病？
- 5 咳嗽，傷風，耳，鼻，喉不舒服或呼吸困難？
- 6 身體某部份感到疼痛或不舒服？

Page QUESTION

4
1

4
2

4
3

4
4

5
0

4
5



⊕ - ← I HAVE / THE PERSON HAS
List all positive (⊕) answers.

+ ⊖ ← I HAVE NO / THE PERSON HAS NO
List mainly the CAPITALIZED negative (⊖) answers.

+ - FEVER

+ - GENERALIZED WEAKNESS (FATIGUE)

+ - unusual liquid discharge

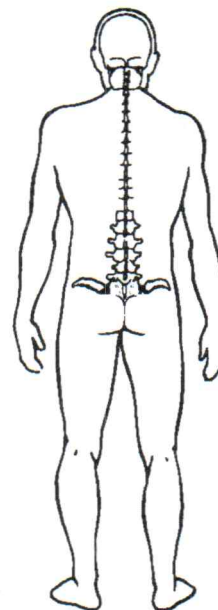
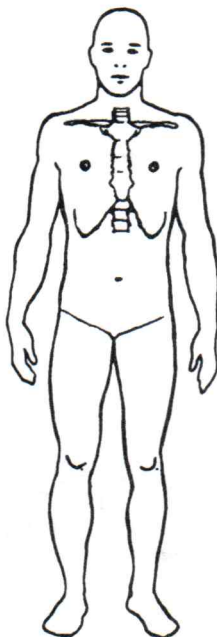
+ - SKIN PROBLEM(S) (CUTANEOUS LESIONS)

+ - RESPIRATORY PROBLEMS (Cough, cold, nose, throat or breathing difficulty.)

+ - PAIN

← The numbers in this column refer to pages and translated questions in various iMedDrs foreign language medical smart charts, pocket manuals and virtual apps.

WHERE? Show on your body, or show on the diagram.



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CHINESE

你會否

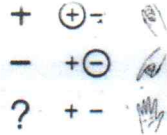
⊕ - ← I HAVE ... THE PERSON HAS...
 ↓ List all **positive** answers
 ⊕ - ← I HAVE NO... THE PERSON HAS NO...
 ↓ List mainly the **bold-numbered, negatives**....

1	有鼻塞，流鼻水，鼻竇炎，或打噴嚏的？			1	<i>sniffing, sneezing, nasal discharge (rhinitis, coryza)</i>
2	有喉痛？	+	-	2	<i>sore throat (pharyngitis)</i>
3	感到喉部如有東西阻塞？	+	-	3	<i>throat mucus clearing (foreign body)</i>
4	有流口水？	+	-	4	<i>clear spit or drooling (salivary drooling)</i>
5	有聲音沙啞？	+	-	5	<i>hoarseness</i>
6	感到呼吸困難，用口呼吸也覺困難？	+	-	6	<i>difficulty breathing (dyspnea)</i>
7	有咳嗽？	+	-	7	<i>cough</i>
8	咳出有色的液（唾液，痰，或口水）？	+	-	8	<i>yellow or brown spit (phlegm, sputum)</i>
9	有咳出或吐出血？	+	-	9	<i>red, bloody sputum (hemoptysis)</i>
10	在吸氣時感到胸部疼痛？	+	-	10	<i>chest pain on breathing in (pleurisy)</i>
11	有時常傷風或咳嗽？	+	-	11	<i>frequent cold symptoms</i>
12	有過哮喘病或氣喘？	+	-	12	<i>past history of asthma</i>
13	患過肺炎？	+	-	13	<i>past history of pneumonia</i>
14		+	-	14	

	NAME		Month											
			Day											
	DOB	mm / dd / yyyy	RTI level											
	ID #		Severity											
	Ethnicity		Course											
	Gender	M F B H T	Therapy											
Race	A B C D H	Signature												

中文

Chinese



請依照指示，回答下列問題。

記着答案號數要配合問題號數。

你是否正在服食任何藥物或使用任何藥膏？

你是否對某種藥物或藥膏覺得有不舒服的副作用或敏感反應？

你有沒有任何慢性或復發性的症狀？
(例如高血壓或關節炎等)

現在你是否有舊病復發或舊病惡化的情形？

MED BIOGRAPHY

ENGLISH DOCTOR

Name _____

Date _____ File # _____

Please answer these questions as instructed.

Remember to match the answer number to the question number.

1 Are you using any medicine or ointment?

2 Have you had any unpleasant side effects or allergic reactions to any medicine or ointment?

3 Do you suffer from any chronic or recurring condition?
(e.g. high blood pressure, arthritis, etc.)

4 At present, are you suffering from a recurrence or worsening of a previous condition?

CHINESE**ADMINISTRATIVE DATA**

回答時請清楚的大聲的慢慢講。

1 你的姓名

2 年齡

3 出生日期： 年 月 日

4 你熟悉的文字或語言

5 現在住址

6 家中電話號碼

7 工作地方電話號碼

8 健康保險文件號數（請出示）

9 現在職業

10 宗教信仰

請提供下列姓名，名稱，電話及地址：

11 對你最熟悉的醫生

12 你就診的診所

13 你留醫的醫院

14 若遇緊急情況，你需要通知的人

15 能替你傳譯的人

我同意醫生替我進行必需的檢查及治療

簽名

Say loudly, clearly and slowly:

1 Name

2 Age

3 Date of birth

4 Language

5 Present address

6 Home phone no.

7 Work phone no.

8 Health insurance no.

9 Present occupation

10 Religion

Name, phone & address of:

11 Doctor

12 Clinic

13 Hospital

14 In emergency notify

15 Interpreter

Consent:

I consent to the necessary examination & treatment by the doctors.

(Signed:)