

Name:

Date: / /

*iMedDrs* - International Medical Disaster Relief Services

# Cov/Flu GUIDE to BETTER CARE

**LAOTIAN**

ພາສາລາວ



*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 *pneumonitis*. 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, COVFLU 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 *		
<b>VIRAL RESPIRATORY INFECTION</b>			<b>Rhinitis</b>																	<b>LEVEL 1 VRI</b>		
Fatigue, malaise, aches, anosmia	4	2																				Consider Vaccines if tested negative
<b>UPPER RESPIRATORY INFECTION</b>			<b>Sinusitis</b>																	<b>LEVEL 2 URI</b>		
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																				
<b>MID RESPIRATORY INFECTION</b>			<b>Bronchitis</b>																	<b>LEVEL 3 MRI</b>		
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																						
<b>LOWER RESPIRATORY INFECTION</b>			<b>Pneumonia</b>																	<b>LEVEL 4 LRI</b>		
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.



Name \_\_\_\_\_

Date \_\_\_\_\_

File # \_\_\_\_\_



+ ⊕ =   
- ⊖ =   
? ± =

ໃນປັດຈຸບັນເຈົ້າມີບັນຫາກ່ຽວກັບ...

- 1 ອາການໄຂ້ຫຼືຫນາວສິ້ນຍ້?
- 2 ອາການເມ້ອຍ, ອາການອຸດໂຊມທາງວຽກງານ, ອາການອ່ອນເພີ່ມໄປຫຼືອາການວິນຫົວຍ້?
- 3 ຂໍ້ກະຕຸ້ນ ຫຼືມີນ້ຳເມືອກໄຫຼອອກຈາກຮ່າງກາຍບ່ອນໃດບ່ອນນຶ່ງຍ້?
- 4 ໂຣກບວມ, ເປັນກ້ອນ, ຫຼືຜິວຫນັງ?
- 5 ເປັນໄອ, ໄຂ້ຫວັດ, ຫູ, ຮູດັງ, ລຳຄໍຫຼືການຫາຍໃຈ? ( \* 8 )
- 6 ອາການເຈັບ, ປວດຫຼືຄວາມບໍ່ສະບາຍຢູ່ບ່ອນໃດບ່ອນສ່ວນໃດຍ້?

Page QUESTION

4  
1  
4  
2  
4  
3  
4  
4  
5  
0  
4  
5  
↑  
↑

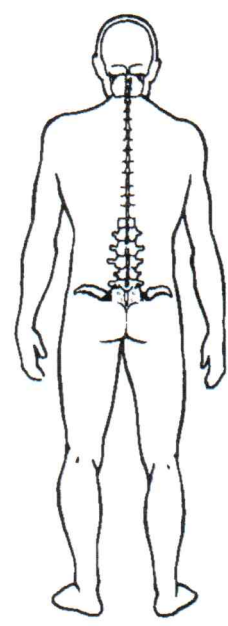
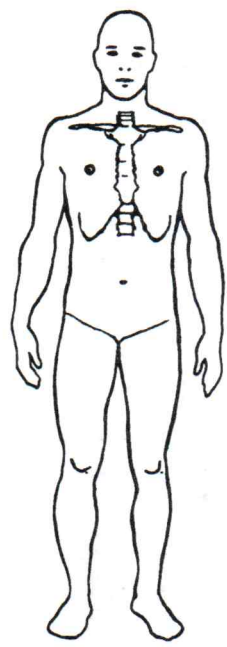
⊕ - ← I HAVE / THE PERSON HAS  
List all positive (⊕) answers.

⊖ - ← 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.



ເຈາ...  
 ຕົ້ນດ້ວງຫຼືຂໍ້ມູນໄຫຼ, ຮູ້ດ້ວງຕົ້ນຫຼືເຈາມບໍ່?

- 1 ຕົ້ນດ້ວງຫຼືຂໍ້ມູນໄຫຼ, ຮູ້ດ້ວງຕົ້ນຫຼືເຈາມບໍ່?
- 2 ເຈັບຄໍບໍ່?
- 3 ມ່ສົ່ງໃດສົ່ງຫນ່ວງຕິດຄ່າງຢູ່ລຳຄໍບໍ່?
- 4 ມີນ້ຳລາຍໄຫຼອອກຫາງປາກບໍ່?
- 5 ມີສຽງແຕບບໍ່?
- 6 ມີຄວາມຫາຍໃຈລຳບາກເຖິງຜ່ານຫາງປາກກໍຕາມແມ່ນບໍ່?
- 7 ເຄີຍເປັນໄອບໍ່?
- 8 ໄອຂັ້ນຍາມໃດມີນ້ຳເມືອກອອກເປັນສີບໍ່? (ນ້ຳລາຍຂຸນ, ຂຸນເຫັນນ້ຳລາຍ)
- 9 ເປັນໄອແລະມີນ້ຳລາຍເປັນເລືອດບໍ່?
- 10 ເຈັບເອິກບໍ່ເມື່ອເວລາຫາຍໃຈຂ້າ?
- 11 ເປັນໄອແລະເປັນໄອເລືອຍໆບໍ່?
- 12 ເປັນຫຼືຫາຍໃຈຫນັກດ້ວງສຽງຮົດງຸມກ່ອນບໍ່?
- 13 ເປັນພະຍາດປອດບວມກ່ອນບໍ່?
- 14

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

⊖ - ← I HAVE NO... THE PERSON HAS NO...  
 List mainly the bold-numbered, negatives....

- 1 *sniffling, sneezing, nasal discharge (rhinitis, coryza)*
- 2 *sore throat (pharyngitis)*
- 3 *throat mucus clearing (foreign body)*
- 4 *clear spit or drooling (salivary drooling)*
- 5 *hoarseness*
- 6 *difficulty breathing (dyspnea)*
- 7 *cough*
- 8 *yellow or brown spit (phlegm, sputum)*
- 9 *red, bloody sputum (hemoptysis)*
- 10 *chest pain on breathing in (pleurisy)*
- 11 *frequent cold symptoms*
- 12 *past history of asthma*
- 13 *past history of pneumonia*
- 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															



**LAOTIAN ADMINISTRATIVE DATA**

ເປັນລາວ ຫຼື ບໍ່ ມີ ຄູ່ມື ທີ່ ຈຳເປັນ ຫຼື ບໍ່ ຈຳເປັນ

- 1 ຊື່ ຂອງ ເຈົ້າ.
- 2 ອາຍຸ.
- 3 ວັນ ເດືອນ ປີ ເກີດ  
ປີ            ເດືອນ            ວັນ
- 4 ພາສາ ທີ່ ເຈົ້າ ອ່ານ ໄດ້ ຫຼື ຢາກ ໄດ້ ທີ່ ສຸດ.
- 5 ທີ່ ຢູ່ ປັດຈຸບັນ.
- 6 ນຳ ເບີ ໂທລະ ສັບ ຢູ່ ເຮືອນ.
- 7 ນຳ ເບີ ໂທລະ ສັບ ຢູ່ ອື່ນ ເຮັດ ວຽກ.
- 8 ເອກກະ ສານ ແຜນ ປະ ກັນ ສູ່ ຂພາຍ. ( ແສ ແດງ ໃຫ້ ເບິ່ງ )
- 9 ອາ ຊີບ ປັດຈຸບັນ.
- 10 ສາ ສນາ ຂອງ ເຈົ້າ.
- 11 ທ່ານ ຫົວ ຫຼື ອາ ການ ຂອງ ເຈົ້າ ທີ່ ສຸດ.
- 12 ສະ ຖານ ພະ ຍາ ບານ ທີ່ ເຈົ້າ ຢືນ ຢົວ ຢະ ຈຳ.
- 13 ໂຮງ ພະ ຍາ ບານ ທີ່ ເຈົ້າ ເຄີຍ ເຂົ້າ ຮັກ ສາ ຢືນ ຢົວ.
- 14 ຊື່ ບຸກ ຄົນ ທີ່ ແຈ້ງ ເມື່ອ ເຫດ ສຸກ ເສີນ ເກີດ ຂື້ນ.
- 15 ບຸກ ຄົນ ທີ່ ເຈົ້າ ຮູ້ ຈັກ ດີ ມີ ສາ ມາດ ເປັນ ນາຍ ພາ ສາ ໃຫ້.

ຂ້ອຍ ຍິນ ຍອມ ໃຫ້ ທ່ານ ຫ້າ ການ ກວ ຈາ ພະ ຍາ ດ ທີ່ ເຫັນ  
ວ່າ ຈຳ ເປັນ ແລະ ຫ້າ ການ ຢືນ ຢົວ.  
ເຮົາ ຈື່:  
ເຮົາ ຈື່:

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:)