

Name:

Date: / /

*iMedDrs* - International Medical Disaster Relief Services

# Cov/Flu GUIDE to BETTER CARE

**CAMBODIAN**

កាសែត



*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, 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/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	Mth/	CLEARED	RESPONSES N.B. Correlate with urgency level below *
			Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day	Day		
<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 # \_\_\_\_\_



តើឥឡូវនេះ អ្នក...

- 1 មានគ្រុនញាក់ឬស្រៀវស្រាញទេ ?
- 2 មានការរាតត្បាតឬឈឺចាប់រលាក រលាក ទំងន់ធ្ងន់ ឬឈឺចាប់ខ្លះៗ ទេ ?
- 3 មានញុះញុះឬចេញទឹកផ្សេងៗ ផ្សេងៗពីខ្លួនកន្លង មកទេ ?
- 4 ហើមពកឬរមកស្បែកទេ ?
- 5 អ្នក គ្រុន ឈឺចាប់ ឈឺចាប់ ដកដង្ហើមតឹងទេ ?
- 6 មានការឈឺចាប់តឹងឈឺចាប់ដាច់ខ្លះ ទេ ដែលនាំអោយ រំខានកម្រិត ?

Page QUESTION

4 1

4 2

4 3

4 4

5 0

4 5

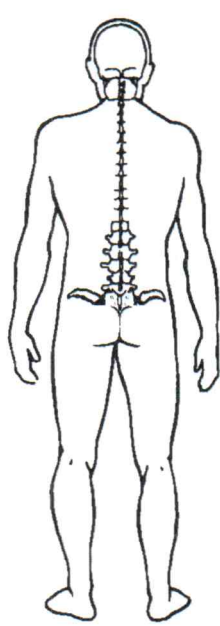
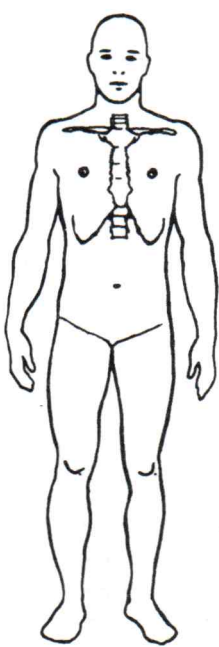
⊕ - ← I HAVE / THE PERSON HAS  
List all positive (⊕) answers.

+ ⊖ ← 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.



តើអ្នកដែល :

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

1	តឹងច្រមុះ ឬច្រមុះស្រក់ចេញទេ ?			1	<i>sniffing, sneezing, nasal discharge (rhinitis, coryza)</i>
2	មានឈឺចំពង់ក ឬទេ ?	+	-	2	<i>sore throat (pharyngitis)</i>
3	មានស្ទើរទើលក្នុងចំពង់ក ឬទេ ?	+	-	3	<i>throat mucus clearing (foreign body)</i>
4	មានច្រមុះទឹកមាត់ឬទេ ?	+	-	4	<i>clear spit or drooling (salivary drooling)</i>
5	មានសំឡេងស្តួក ស្តួន ឬទេ ?	+	-	5	<i>hoarseness</i>
6	មានការពិបាកក្នុងការដកដង្ហើមចេញចូលឬទេ ទោះតាមមាត់ក៏ ?	+	-	6	<i>difficulty breathing (dyspnea)</i>
7	មានក្អក ឬទេ ?	+	-	7	<i>cough</i>
8	មានក្អកចេញពណ៌ស្រក់ (ចេញកំហាក ឬចេញទឹកមាត់) ឬទេ ?	+	-	8	<i>yellow or brown spit (phlegm, sputum)</i>
9	មានក្អក ឬ ខាកមកចេញឈាម ឬទេ ?	+	-	9	<i>red, bloody sputum (hemoptysis)</i>
10	មានឈឺទ្រូងពេលអ្នកដកដង្ហើម ចូល ឬទេ ?	+	-	10	<i>chest pain on breathing in (pleurisy)</i>
11	មានក្អក និងស្រក់ចេញញាប់ញាប់ឬទេ ?	+	-	11	<i>frequent cold symptoms</i>
12	មានប្រវត្តិ ឬដកដង្ហើមតឹងសួរ ដ៏ធំ ទេ ?	+	-	12	<i>past history of asthma</i>
13	មានជម្ងឺ ល្អិតពីមុនមកឬទេ ?	+	-	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													

ភាសាខ្មែរ

Khmer (Cambodian)

MED BIOGRAPHY  
ENGLISH DOCTOR

Name \_\_\_\_\_

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



សូមឆ្លើយនឹងសំណួរតាមរបៀបគេបង្ហាញ  
សូមអោយចាំថា លេខរៀងនៃចម្លើយត្រូវ  
អោយស្របនឹងលេខរៀងរបស់សំណួរ ។

Please answer these questions as instructed.

Remember to match the answer number to the question number.

1 - តើអ្នកកំពុងប្រើថ្នាំ ឬ ថ្នាំលាប  
ឬទេ?

1 Are you using any medicine or ointment?

2 - តើអ្នកមានផលធ្មេញខុសឬបញ្ហាក្រទាល  
តាមកម្មឬទេ? នៅពេលដែលប្រើថ្នាំ  
ឬនៅពេលដែលប្រើថ្នាំលាបខ្លះ!

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

3 - តើអ្នកទិដលើរបៀបខ្លះដែលមានជម្ងឺរ៉ាំរ៉ៃ  
ឬជម្ងឺដែលកើតឡើងជាញឹកញយ ទេ?  
( ដូចជាជម្ងឺឈាម ជម្ងឺសន្លាក់ ដែលដឹង  
ជាដើម )

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

4 - ឥឡូវនេះអ្នកមានការឃើញខ្លាំងឡើង  
វិញ (ជម្ងឺដែលឡើងវិញ) មិនយប់រេន ដែលរីក  
តែឃើញខ្លាំងឡើងឬទេ ឬដែលធ្លាប់មុនមកទេ?

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

**CAMBODIAN-KHMER**

**ADMINISTRATIVE DATA**

និយាយអោយច្បាស់ អោយខ្លាំងតើយមួយមួយ:

Say loudly, clearly and slowly:

- 1 ឈ្មោះអ្នក
- 2 អាយុ
- 3 ឆ្នាំ ខែ ថ្ងៃ ដែលកើត
- 4 ភាសា ដែលអ្នកនិយាយ ឬ មើលបានល្អបំផុត
- 5 ទីកន្លែងនៅសព្វថ្ងៃ
- 6 លេខទូរសព្ទនៅផ្ទះ
- 7 លេខទូរសព្ទនៅកន្លែងធ្វើការ
- 8 (សូមបញ្ជាក់) សំបុត្រធានារ៉ាប់រងខាងសុខភាព
- 9 មុខរបរសព្វថ្ងៃ
- 10 សាសនាអ្វី

- 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

ឈ្មោះ លេខទូរស័ព្ទ និងកន្លែងរបស់ :

Name, phone & address of:

- 11 គ្រូពេទ្យដែលគ្រូពេទ្យអ្នកជាងគេ
- 12 កន្លែងពិនិត្យជម្ងឺដែលអ្នកទៅមើល
- 13 មន្ទីរពេទ្យដែលអ្នកទៅមើល
- 14 មនុស្សដែលយើងត្រូវអោយដំណឹងក្នុងពេលអ្នកមានអាការ្យធ្ងន់ធ្ងរ
- 15 មនុស្សម្នាក់ដែលអ្នកដឹងថាអាចបកប្រែបាន

- 11 Doctor
- 12 Clinic
- 13 Hospital
- 14 In emergency notify
- 15 Interpreter

ខ្ញុំយល់ព្រមទទួលខ្លួនការពិនិត្យរោគដ៏ចាំបាច់ និងការព្យាបាលពីគ្រូពេទ្យ ។  
ស៊ុញ : \_\_\_\_\_

Consent:  
I consent to the necessary examination & treatment by the doctors.  
(Signed:)