

Name:

Date: / /

iMedDrs - International Medical Disaster Relief Services

CoV/Flu GUIDE to BETTER CARE

KOREAN

한국어



*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/Day																CLEARED	RESPONSES	
																				N.B. Correlate with urgency level below *	
VIRAL RESPIRATORY INFECTION																				LEVEL 1 VRI	
Rhinitis																					
Fatigue, malaise, aches, anosmia	4	2																			Consider Vaccines if tested negative
UPPER RESPIRATORY INFECTION																				LEVEL 2 URI	
Sinusitis																					
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																				LEVEL 3 MRI	
Bronchitis																					
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																				LEVEL 4 LRI	
Pneumonia																					
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.

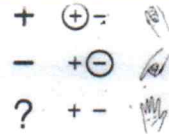


Korean

Name _____

Date _____

File # _____



당신은 현재 ... 문제가 있습니까?

- 1 열이나 오한.
- 2 피곤, 신체기능저하, 허약증세, 현기증.
- 3 어디에선가 냉이나 배설.
- 4 종기, 혹, 부스럼, 경피증.
- 5 기침, 감기, 귀, 코 목 또는 호흡 (*8)
- 6 어디인가 아프거나 불편하다.

Page
QUESTION

↓
4
1

⊕ - ← 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)

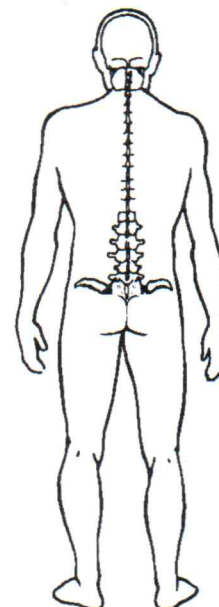
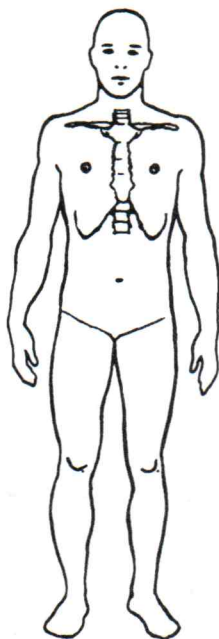
+ - RESPIRATORY PROBLEMS
(Cough, cold, nose, throat or breathing difficulty.)

+ - 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.



당신은 ...

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

1	코가 막히거나, 콧물이 흐르거나, 재채기를 합니까?	-	-	1	<i>sniffing, sneezing, nasal discharge (rhinitis, coryza)</i>
2	목이 아릅니까?	+	-	2	<i>sore throat (pharyngitis)</i>
3	목구멍에 무엇이 걸려있습니까?	+	-	3	<i>throat mucus clearing (foreign body)</i>
4	입에서 침을 흘립니까?	+	-	4	<i>clear spit or drooling (salivary drooling)</i>
5	원 목소리가 납니까?	+	-	5	<i>hoarseness</i>
6	입까지 사용해도 숨을 쉬기가 어렵습니까?	+	-	6	<i>difficulty breathing (dyspnea)</i>
7	기침을 합니까?	+	-	7	<i>cough</i>
8	기침을 하면 색이 있는 담, 가래, 침이 나오니	+	-	8	<i>yellow or brown spit (phlegm, sputum)</i>
9	기침을 하거나, 침을 뱉으면 피가 나오니까?	+	-	9	<i>red, bloody sputum (hemoptysis)</i>
10	숨을 들이쉬면 가슴이 아릅니까?	+	-	10	<i>chest pain on breathing in (pleurisy)</i>
11	기침을 자주하고, 감기에 걸려있습니까?	+	-	11	<i>frequent cold symptoms</i>
12	과거에 천식에 걸렸거나, 쉰근거린 일이 있습니까?	+	-	12	<i>past history of asthma</i>
13		+	-	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															

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지시한대로 질문에 답하세요.

질문과 같은 번호의 답안지에 답하세요.

약이나 연고를 사용하고 있습니까?

1

Are you using any medicine or ointment?

약이나 연고에 대한 알려지나 부작용이 있습니까?

2

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

고혈압, 관절염같은 만성질환으로 고생하거나 재발되는 증세가 있습니까?

3

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

질문 13의 만성질환이 현재 재발하거나 악화되고 있습니까?

4

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

MED BIOGRAPHY

ENGLISH DOCTOR

Name _____

Date _____ File # _____

Please answer these questions as instructed.

Remember to match the answer number to the question number.

KOREAN**ADMINISTRATIVE DATA**

큰소리로 천천히 분명하게 말하세요.

1 이 름

2 나 이

3 생년월일

4 읽거나 말하는데 가장 편한 언어

5 현주소

6 집전화번호

7 직장전화번호

8 의료보험 (보여주세요)

9 직 업

10 종 교

아래 질문의 이름, 전화번호와 주소

11 당신을 가장 잘 아는 의사

12 당신이 진료받고 있는 곳

13 당신이 다니는 병원

14 응급시 연락할 사람

15 통역을 해줄 수 있는 사람

의사가 필요한 검사와 치료를 하는데
동의합니다.

서 명

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:)