

Name:

Date: / /

iMedDrs - International Medical Disaster Relief Services

CoV/Flu GUIDE to BETTER CARE

ENGLISH



*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	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	Mth/Day	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 imeddrrs 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 imeddrrs 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 imeddrrs 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).

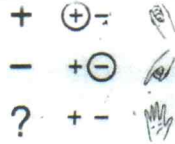
* Note that these are general guidelines, and you are advised to err on the side of caution. Do not use these criteria to delay or avoid medical consultation. This guide is not intended to dissuade anyone from consulting a doctor. This guide is not intended to persuade anyone to consult a healthcare 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 # _____



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

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

DO YOU CURRENTLY HAVE:-

- 1 fever or chills?
- 2 tiredness, decreased activity, general weakness or dizziness?
- 3 mucus, pus or liquid discharging from somewhere?
- 4 swelling, lump, rash or other skin problem?
- 5 cough, cold, ear, nose, throat or breathing difficulty?
- 6 pain, ache or discomfort somewhere?

Page
QUESTION



4
1

4
2

4
3

4
4

5
0

4
5



+ - FEVER

+ - GENERALIZED WEAKNESS
(FATIGUE)

+ - unusual liquid discharge

+ - SKIN PROBLEM(S)
(CUTANEOUS LESIONS)

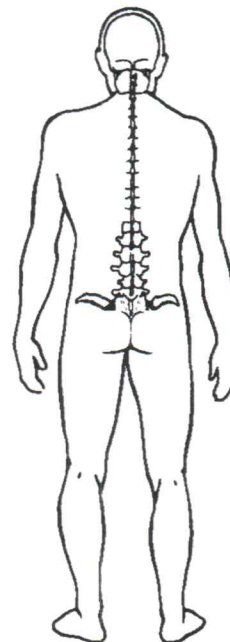
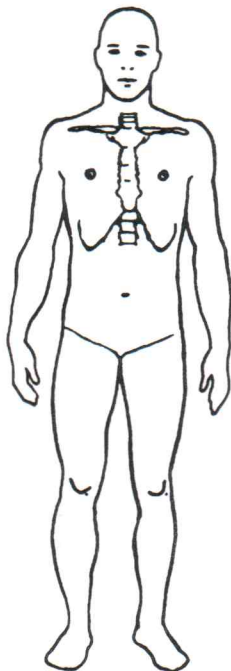
+ - RESPIRATORY PROBLEMS
(Cough, cold, nose, throat or breathing difficulty.)

+ - 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

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



5

CURRENTLY, do you have fever, cough or cold?

If "YES", circle '+', or point 0. If "NO", circle '-', or point 0.

ENGLISH

If YES ⊕, answer the following questions:

HAVE YOU ↓

- 1 a stuffy or runny nose, sinus congestion or sneezing?
- 2 a sore throat?
- 3 been clearing mucus stuck in your throat?
- 4 been coughing up green sputum or drooling saliva from the mouth?
- 5 a hoarse voice?
- 6 difficulty breathing, even through your mouth?
- 7 been coughing?
- 8 been coughing up colored mucus (sputum, phlegm, or spit)?
- 9 been coughing and spitting up blood?
- 10 chest pain when you breathe in?
- 11 been having frequent coughs and colds?
- 12 had asthma or wheezing in the past?
- 13 had pneumonia in the past?
- 14




⊕	-	← I HAVE ...	THE PERSON HAS...
+	⊖	← I HAVE NO...	THE PERSON HAS NO...
↓		List mainly the bold-numbered, negatives....	
+	-	1	<i>sniffling, sneezing, nasal discharge (coryza)</i>
+	-	2	<i>sore throat (pharyngitis)</i>
+	-	3	<i>throat mucus clearing (foreign body)</i>
+	-	4	<i>clear spit or drooling</i>
+	-	5	<i>hoarseness</i>
+	-	6	<i>difficulty breathing (dyspnea)</i>
+	-	7	<i>cough</i>
+	-	8	<i>yellow or brown spit (phlegm, sputum)</i>
+	-	9	<i>red, bloody sputum (hemoptysis)</i>
+	-	10	<i>chest pain on breathing in (pleurisy)</i>
+	-	11	<i>frequent cold symptoms</i>
+	-	12	<i>past history of asthma</i>
+	-	13	<i>past history of pneumonia</i>
+	-	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										

English

English



+ ⊕ = 
- ⊖ = 
? ± = 

Please answer these questions as instructed.

Remember to match the answer number to the question number.

Are you using any medicine or ointment?

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

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

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.

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?

ENGLISH ADMINISTRATIVE DATA

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 providers

(Signed:)