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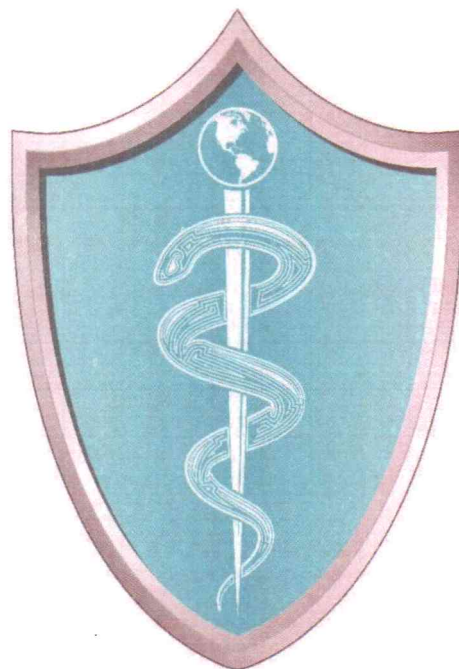
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*iMedDrs* - International Medical Disaster Relief Services

# Cov/Flu GUIDE to BETTER CARE

**SPANISH**

**ESPAÑOL**



*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	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 <i>pharmacist</i> as you may need over-the-counter (OTC) medication. Or do imeddrs app <b>Pharmacy care</b> and email reports																					
1.Sniffing, sneezing, runny nose	5	1																																								
2.Sore throat	5	2																																								
3.Post-nasal drip - Throat clearing	5	3																																								
4. <b>Green</b> /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 <b>Clinical MD care</b> and email reports																					
6.Difficulty breathing	5	6																																								
7.Coughing+++	5	7																																								
8. <b>Yellow, brown sputum</b>	5	8																																								
Sternal chest soreness																																										
<b>LOWER RESPIRATORY INFECTION</b>																					<b>Pneumonia</b>	<b>LEVEL 4 LRI</b>																				
9. <b>Red/bloody sputum</b>	5	9																			Consider contacting EMS as you may need special treatment and investigations. Or do imeddrs app <b>Emergency care</b> 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:-**

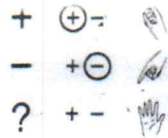
- Features:** The greater the number of symptoms or presence of co-morbidity, asthma, emphysema, low immunity.
- Aggravation:** The LEVEL of interference with regular activities, e.g. 1. **none**-confining, 2. **home**-confining or 3. **bed**-confining.
- Course:** If the illness is rapidly worsening, 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).

<p>* 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.</p>	
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Name \_\_\_\_\_

Date \_\_\_\_\_

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



**¿EN LA ACTUALIDAD ...  
tiene problema con ...:-**

- 1 fiebre o escalofríos?
- 2 cansancio, disminución de la actividad, debilidad general o mareo?
- 3 salida de líquido o mucus de alguna parte?
- 4 hinchazón, bulto o la piel?
- 5 tos, resfrío, oído, nariz, garganta o respiración?
- 6 algún dolor, dolencia o molestia en alguna parte?

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)

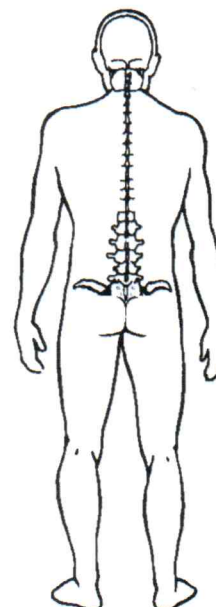
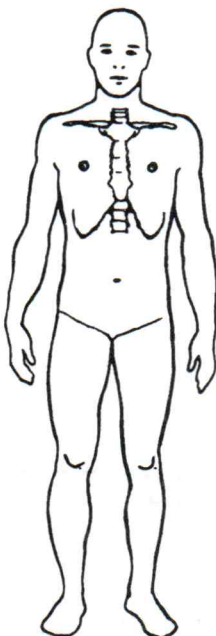
+ - RESPIRATORY PROBLEMS  
(Cough, cold, nose, throat or breathing difficulty.)

+ - 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.

**¿DONDE? Muestre en su cuerpo o muestre en el dibujo.**

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



**5 EN LA ACTUALIDAD, ¿TIENE PROBLEMA CON**

**SPANISH** *tos, resfrío, oído, nariz, garganta o respiración?*

Si la respuesta es "Si", rodee con un círculo '+', o señale hacia arriba  
Si la respuesta es "No", rodee con un círculo '-', o señale hacia abajo

	⊕	-	← I HAVE ...	THE PERSON HAS...
	↓		List all <b>positive</b> answers	
	+	⊖	← I HAVE NO...	THE PERSON HAS NO...
	↓		List <b>mainly</b> the <b>bold-numbered, negatives</b> ....	
1	+	-		1 <i>sniffing, sneezing, nasal discharge</i>
2	+	-		2 <i>sore throat</i>
3	+	-		3 <i>throat mucus clearing</i>
4	+	-		4 <i>clear spit or drooling</i>
5	+	-		5 <i>hoarseness</i>
6	<b>+</b>	-		<b>6</b> <i>difficulty breathing</i>
7	<b>+</b>	-		<b>7</b> <i>cough</i>
8	<b>+</b>	-		<b>8</b> <i>yellow or brown spit</i>
9	<b>+</b>	-		<b>9</b> <i>red, bloody sputum</i>
<b>10</b>	<b>+</b>	-		<b>10</b> <i>chest pain on breathing in</i>
11	+	-		11 <i>frequent cold symptoms</i>
12	<b>+</b>	-		<b>12</b> <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														

Español

Spanish




**MED BIOGRAPHY**

ENGLISH DOCTOR

Name \_\_\_\_\_

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



+ ⊕ =   
- ⊖ =   
? ± = 

LA MANERA QUE SE LE HA INDICADO.

RECUERDE QUE EL NUMERO DE LA RESPUESTA DEBE CONCORDAR CON EL NUMERO DE LA PREGUNTA.

¿Está usando alguna medicina o unguento?

Please answer these questions as instructed.

*Remember to match the answer number to the question number.*

1 Are you using any medicine or ointment?

¿Ha tenido algún efecto secundario desagradable o reacciones alérgicas a cualquier medicina o unguento?

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

¿Sufre de alguna enfermedad crónica o que reaparece periódicamente? (Por ejemplo, presión alta, artritis, etc.)

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

¿Está usted sufriendo en la actualidad de una recurrencia o empeoramiento de una enfermedad anterior?

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

**SPANISH****ADMINISTRATIVE DATA**

DIGA SU NOMBRE EN VOZ  
ALTA, CLARA Y DESPACIO

Say loudly, clearly and slowly:

1 SU NOMBRE.

1 Name

2 SU EDAD.

2 Age

3 SU FECHA DE NACIMIENTO.

3 Date of birth

4 IDIOMA.

4 Language

5 DIRECCION ACTUAL.

5 Present address

6 NUMERO DE TELEFONO DE SU CASA.

6 Home phone no.

7 NUMERO DE TELEFONO DEL TRABAJO.

7 Work phone no.

8 No. DEL SEGURO CONTRA  
ENFERMEDADES.

8 Health insurance no.

9 OCUPACION ACTUAL.

9 Present occupation

10 SU RELIGION.

10 Religion

NOMBRE, TELEFONO Y DIRECCION  
DEL:

**Name, phone & address of:**

11 MEDICO.

11 Doctor

12 DE LA CLINICA DONDE SE ATIENDE.

12 Clinic

13 DEL HOSPITAL DONDE SE ATIENDE.

13 Hospital

14 DE LA PERSONA A SER NOTIFICADA  
EN CASO DE EMERGENCIA.

14 In emergency notify

15 DE ALGUNA PERSONA QUE USTED  
CONOCE QUE PUEDA SERVIR DE  
INTERPRETE.

15 Interpreter

DOY MI CONSENTIMIENTO PARA EL  
EXAMEN Y TRATAMIENTO A SER  
EFECTUADO POR LOS MEDICOS.

Consent:

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

FIRMA:

(Signed.)