

Name:

Date: / /

iMedDrs - International Medical Disaster Relief Services

CoV/Flu GUIDE to BETTER CARE

FRENCH

FRANÇAIS



*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	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 <i>pharmacist</i> 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			Bronchitis																	LEVEL 3 MRI	
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			Pneumonia																	LEVEL 4 LRI	
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.

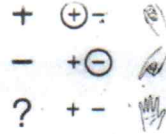
***TRIAGE: Generally speaking, medical attention is more urgent in the following circumstances:-**

- 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).

<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 # _____



ACTUELLEMENT, ÊTES-VOUS GÊNÉ PAR...

- 1 de la fièvre ou des frissons?
- 2 de la fatigue, une baisse d'activités, un faiblesse générale, des malaises?
- 3 des pertes liquidiennes ou de mucus quelque part?
- 4 une enflure, bosse, coupure ou lésion sur le peau?
- 5 une toux, un rhume, un problème d'oreille, de nez ou de gorge, ou une difficulté respiratoire?
- 6 une douleur ou une gêne physique?

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)

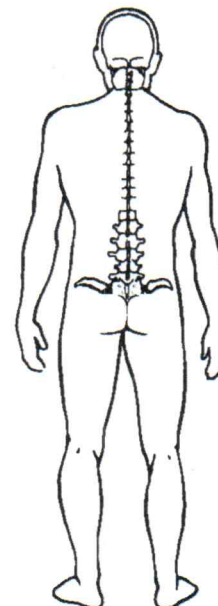
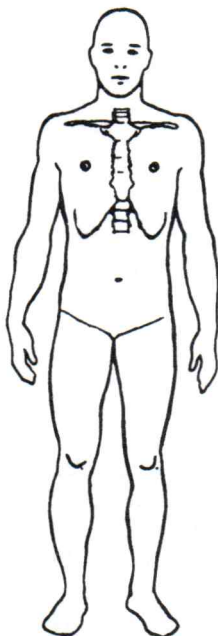
+ - RESPIRATORY PROBLEMS
(Cough, cold, nose, throat or breathing difficulty.)

+ - 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.

OÙ? Montrer sur votre corps, ou montrer sur le diagramme.

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



5

Avez-vous actuellement de la fièvre, de la toux ou du rhume?

FRENCH

Si "OUI" ⊕, répondez aux questions suivantes:

EST-CE QUE ... ↓

	+	-		
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	+	-	6	<i>difficulty breathing</i>
7	+	-	7	<i>cough</i>
8	+	-	8	<i>yellow or brown spit</i>
9	+	-	9	<i>red, bloody sputum</i>
10	+	-	10	<i>chest pain on breathing in</i>
11			11	<i>frequent cold symptoms</i>
12	+	-	12	<i>past history of asthma</i>
13			13	<i>past history of pneumonia</i>
14			14	

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

	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													

Français

French



S.V.P , suivez les instructions pour les réponses.

N'oubliez pas de faire correspondre le numéro de la question à celui de la réponse.

Utilisez-vous un médicament ou une pommade ?

Avez-vous déjà mal supporté un médicament ?
(allergie ?)

Avez-vous une maladie chronique (ou évoluant par poussées ?)
(par ex : hypertension, rhumatismes, etc...).

Actuellement, avez-vous une rechute ou une aggravation de votre état de santé ?

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?

FRENCH**ADMINISTRATIVE DATA**

Parler en haute voix,
distinctement et lentement.

1 RENSEIGNEMENTS

Nom.

2 Age.

3 Date de naissance :
Année Mois Jour

4 Langue que vous lisez ou
parlez le mieux.

5 Adresse actuelle.

6 Numéro de téléphone à
domicile.

7 Numéro de téléphone au
travail.

8 Numéro de Sécurité
Sociale.

9 Profession actuelle.

10 (Religion).

NOM, TELEPHONE et ADRESSE:

11 Du médecin qui vous con-
naît le mieux.

12 De la clinique où vous
vous faites soigner.

13 De l'hôpital où vous vous
faites soigner habituel-
lement.

14 De la personne à prévenir
en cas d'urgence.

15 D'une personne de votre
connaissance pouvant ser-
vir d'interprète.

J'autorise la conduite des
examens et traitements néces-
saires prescrits par les
médecins.

signature

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:)