Indigenous Services Canada | Services aux Autochtones Canada

FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION

RESPIRATORY ILLNESS DOCUMENTATION TOOL

Purpose: To support documentation for patients presenting with respiratory illness/suspected COVID19 – those who screen +via phone/reception. This form does not replace nursing documentation for complex patients. If more comprehensive note required, please continue in nurses' notes.

Facility:	**Nurse:**
Date (DD MMM YY):	**Time (0000h)**

Screening Questions (if yes to any – pls provide mask, isolate and don PPE)

☐Fever ☐Cough (new/different) ☐Trouble Breathing* ☐Fatigue ☐Diarrhea

☐Muscle aches ☐ Headaches ☐Sore throat ☐Runny nose ☐Loss of smell

☐travel in last 14 days-Where:_____ ☐close contact confirmed COVID19 case

Name:
D.O.B (DD/MM/YY):
Band #:
O.H.I.P#:
File #:
Pharmacy:

CTAS: ☐1 ☐2 ☐3 ☐4 ☐ 5

ALLERGIES:

SUBJECTIVE DATA

Chief Complaint & History of Present Illness (presenting symptoms/progression):

ROS:

Resp:

Cardiovascular: ☐chest pain*

GI/GU: ☐Intake/output less than normal*

Other: ☐Faint/dizzy* ☐Hard time waking up* ☐Confusion* ☐Loss of Consciousness*

PEDS: ☐Lethargy* ☐Intake < normal* ☐Output < normal (< 4 diapers/24 hrs*

PMH: ☐Diabetes* ☐Hypertension* ☐Lung Disease* ☐CKD*

☐Heart Disease* ☐HIV*

☐on immune suppression (steroids/biologics)*

☐Current Pregnancy/Postpartum*

☐Other

MEDS:

SH/FH:

☐sick contacts in last 14 days ☐# people in home_____

Immunizations:

O: Mar26/20 R: Apr4/20, Apr15/20

OBJECTIVE DATA

General Appearance: ☐Well ☐Distress ☐ Unwell ☐Other _____ **Mental Status:** ☐A&O ☐ Other:_____

T:	**P:***>120	**R:***>24	**BP:***SBP<90	**02sat:***<94%	**Wt:**	**Gluc:**	**Other:**

Physical Exam Findings(pertinent positive and negative) – *Consider need for hands-on r/t risk of viral transmission*

HEENT (palor, mucous membranes, etc)	
RESP (WOB, A/E, lung sounds, etc)**:**	
CVS/PVS (Heart Sounds, periph pulses, cap refill, turgor, etc)	
Abd (if GI symptoms/appropriate)	
Other systems (as directed by subjective data):	

ASSESSMENT

Respiratory Illness – Possibly Viral ☐Red Flags* /significant PMH/Clinical Concerns ☐No Red Flags

Differentials:

PLAN

☐Mask provided and patient put in isolation room ☑According to "COVID 19 Nursing Station Management: CTAS (COVID) Score: _____

☐MD/NP Consultation with _____ ☐MD/NP orders Attached

☐Telephone Orders:

☐NP swab as per MD/NP ☐CD Team notified, Case Report, Contact List Initiated

☐Self Isolation checklist completed ☐Discussion/Info sheet (from SLFNHA/OPH) provided about: self-isolation self-monitoring

☐ Provided TWO surgical masks for if they must leave house or come within 2 meters of other people

☐ Patient referred to PHN for f/u ☐in-person f/u booked ☐Referred to community support team ☐Contact list handed to PHN for f/u

☐Other:

☐Symptomatic management (be specific – consider hydration/analgesia/etc):

Nurse Signature:_____

☐**See Nurses Notes for further details** Please place in Nursing Notes (strike out remaining lines on NN page currently in use)

DISPOSITION:

Discharged to: ☐home ☐medevac ☐schedevac ☐other: Patient Contact Information: