**PANDEMIC INFLUENZA - CBAC CLINICAL RECORD**

DATE OF ASSESSMENT\_\_\_\_/\_\_\_\_/\_\_\_\_ DHB: CBAC Location

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| **PATIENT INFORMATION**FAMILY NAME………………………………………………... FIRST NAME …………………………………………………………………ADDRESS…………………………………………………………………………………………………………………………………………..PHONE ………………………..………… OTHER PHONE .…………………….……………..DATE OF BIRTH …./…./…. MALE .🞎 FEMALE 🞎 NHI………………………ETHNICITY……………………………………GP…………………………………NOK CONTACT DETAILS…………………………………………………………RELATIONSHIP |
| **OTHER INFORMATION: - to be prepopulated by CDHB information system (Past pandemic hx)** |
| **SYMPTOMS**How long have you been unwell? ……………………..*HAVE YOU HAD?*1. Fever or chills YES □ NO □
2. Cough YES □ NO □
3. Aching muscles YES □ NO □
4. Sore Throat YES □ NO □
5. Headache YES □ NO □
6. Diarrhoea and/or vomiting YES □ NO □
7. Shortness of breath YES □ NO □
8. Chest pain YES □ NO □
9. Are you pregnant? YES □ NO □
 | **OTHER INFORMATION***DO YOU HAVE?*Chronic lung disease (e.g. asthma, COPD) YES □ NO □ Heart disease YES □ NO □ Diabetes YES □ NO □ Are you on regular medications? YES □ NO □Allergic to antibiotics? YES □ NO □…………………………………………………………………………….**Triage Priority: Priority 1🞎 Priority 2 🞎** |
|  **FINDINGS**Temp. ……………0C SaO2 on air …………….% Pulse ……………./min Respiratory rate ……………/minOther findings: |
| **ASSESSMENT**……………………………………………………………………………………………………………………………………………………………………..............………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |
| **MANAGEMENT**Antibiotic IV……………………………………………………….…..IV Fluids……………………………………………………… Other | **PRESCRIPTION**Antivirals □……………………………………………………….….Antipyretic □…………………………………………………………Antibiotic Oral □……………………………………………………...Other  |
| **Referral to**: Support Care at Home 🞎 Welfare Services 🞎  |
| **Assessment and treatment authorized by:**Name..........................................................................................Signature…………………………………….Time……………………….. |

Data entry completed by…………………..Signature……………………. Copy sent to GP □ Original filed at facility 🞎