**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 ……………/min  Other 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 🞎