OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOL
VIRAL INFECTION
(Example: Influenza (Flu), Streptococcus, COVID-19)

MSRM 140117.01.11.5
(R – 3/20)

Subjective Data: **Allergies:** _____

Chief complaint: _____

Onset: _____ **Current Medications:** _____

History:

❑ Asthma	❑ Sinus infection	❑ Upper respiratory infection	❑ Weaken immune system	
❑ Heart Disease	❑ Kidney disease	❑ Liver Disease	❑ Diabetes	❑ Last Flu Shot: _____

Associated Symptoms:

❑ Nasal itching	❑ Stuffy nose	❑ Runny nose	❑ Non-productive cough	❑ Productive cough
❑ Sneezing	❑ Watery eyes	❑ Red eyes	❑ Itchy eyes	❑ Clear nasal discharge
❑ COPD	❑ Past Positive PPD	❑ Weight loss	❑ Night Sweats	❑ Nasal discharge/post nasal drip
❑ Headache	❑ Toothache like pain	❑ Ear pain	❑ Malaise	❑ General weakness
❑ Fever >100.4	❑ Resp illness	❑ Sore throat	❑ Joint aches	❑ Chills and sweats
❑ Hoarseness	❑ Dyspnea	❑ Muscle aches		

❑ Productive cough? Describe:_____
❑ Known allergen exposure? Describe:_____
❑ Pain elicited with pressure on forehead/cheek? ❑ Yes ❑ No

Objective Data: (VS)
Temp_____ Pulse _____Resp. _____BP. _____Wt._____O2 sats._____ FSBS _____

Throat:	❑ Normal	❑ Red / inflamed	❑ White / patchy	❑ Pustules	❑ Clear drainage
Nasal Mucosa:	❑ Normal	❑ Red / inflamed	❑ Swollen	❑ Tonsils	❑ Yellow/green drainage
Lungs (right):	❑ Clear	❑ Crackles	❑ Wheezing	❑ Rhonchi	❑ Diminished
Lungs (left):	❑ Clear	❑ Crackles	❑ Wheezing	❑ Rhonchi	❑ Diminished
Neck Glands:	❑ Normal	❑ Swollen	❑ Tender to palpitation		
Swelling:	❑ None	❑ Throat	❑ Nasal	❑ Eyes	❑ Facial
Ears:	❑ Normal	❑ Red	❑ Drainage	Describe:_____	
Appearance:	❑ No distress	❑ Mild distress	❑ Moderate distress	❑ Severe distress	

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: ***Health care provider must be called if not on site or if after clinic hours.***

❑ **Temperature above** 100.4 **F. PLUS** ❑ Hx of Asthma, Heart disease, Diabetes, COPD
❑ Difficulty breathing, SOB, O2 Sats < 94% ❑ Seizure ❑ Persistent dizziness, confusion, inability to arouse
❑ Persistent pain or pressure in the chest or abdomen ❑ Not urinating

Health Care Provider: _____ Time Notified: _____ Orders Received for Treatment: ❑ Yes ❑ No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

❑ Obtain rapid influenza diagnostics test ❑ Obtain rapid streptococcus diagnostics test
❑ If rapid influenza and rapid streptococcus tests are negative notify the health care provider immediately to determine if the inmate has signs and symptoms compatible with COVID-19 and whether the inmate should be tested for the COVID-19 virus.
❑ Implement Infection Precautions (masks), Droplet Precautions (use gloves/gowns) Respiratory hygiene/cough etiquette (good hand washing, cough or sneeze in upper sleeve, not hands)
❑ Antiviral medication, such as oseltamivir (Tamiflu) or zanamivir (Relenza) **(this will require a healthcare provider order)**
❑ Acetaminophen 325 mg 2 tablets p.o. 3 times a day for 4 days for pain **OR** ❑ Ibuprofen 200 mg 2 tablets p.o. 3 times a day for 4 days
❑ Guaifensin cough syrup 2 TEAspoon three times a day for 4 days **OR** ❑ Guaifensin 400 mg 1 tablet three times a day for 10 days
❑ Chlorpheniramine (CTM) 4 mg p.o. 3 times a day for 8 days. **OR** ❑ Loratidine (Claritin) 10 mg p.o. once daily for 10 days.
❑ Halls Cough Drops 1 lozenge every 4 hours for 4 days.
❑ Increase oral fluids, especially water.
❑ Encourage more sleep to help your immune system fight infection.
❑ Medical Lay-In/Restrictions
❑ Education/Intervention: Instruct patient to return to clinic if fever develops, increase fluids, medication use. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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