

OKLAHOMA DEPARTMENT OF CORRECTIONS  
DISASTER TRIAGE GUIDELINES  
**PANDEMIC INFLUENZA**

**NOTE:** ONLY FOR USE DURING A KNOWN INFLUENZA PANDEMIC NOT FOR USE DURING SEASONAL INFLUENZA

**Subjective Data:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Chief complaint:** \_\_\_\_\_

Onset: \_\_\_\_\_

**Objective Data:** (VS )

TEMP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ BP. \_\_\_\_\_ Wt. \_\_\_\_\_ O2 sats. \_\_\_\_\_

<input type="checkbox"/> Fever	<input type="checkbox"/> Resp illness	<input type="checkbox"/> Cough	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Joint aches	<input type="checkbox"/> Muscle aches
<input type="checkbox"/> General weakness	<input type="checkbox"/> Dyspnea				

<b>Lungs (right)</b>	<input type="checkbox"/> Clear	<input type="checkbox"/> Crackles	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Diminished
<b>Lungs (left)</b>	<input type="checkbox"/> Clear	<input type="checkbox"/> Crackles	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Diminished
<b>Appearance</b>	<input type="checkbox"/> No distress	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress	<input type="checkbox"/> Anxious <input type="checkbox"/> Restless

**NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:**

- Temperature above 101° F. plus
- Any one of the above symptoms

**INITIAL MANAGEMENT: IF FEBRILE WITH SYMPTOMS**

- Collect nasal/pharyngeal swabs to send to OSHD (keep refrigerated @ 4°C/39.2°F, place in viral transport media)
- Implement Infection Precautions (masks)
- Implement Droplet Precautions (use gloves/gowns)
- Implement Respiratory hygiene/cough etiquette (good hand washing, cough or sneeze in upper sleeve, not hands)

**First Aid: IF AFEBRILE**

- Acetaminophen 500-650mg for pain tid for 7 days
- Tessalon Perles 100mg PO one or two capsules 3 times a day for 7 days, CTM 4mg po TID for 7-10 days
- Increase oral fluids, especially water

**Assessment:**

- Alteration in comfort related to mild upper respiratory congestion

**Progress Note:** \_\_\_\_\_

**Offender Education:**

- Instruct patient to return to clinic if fever develops, increase fluids, medication use. Inmate verbalizes understanding of instructions.

**Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

DOC #