

Name

 Male Female

Date of birth

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Hospital number

Sheffield Teaching Hospitals



NHS Foundation Trust

Date:

 :  : 20 

Time:

 : 

## PRESENTING FEATURES

Referral source Self  GP  NHS Direct  Other 

## PREVIOUS

Vaccine<sup>1</sup>   Oseltamivir<sup>2</sup>   Attendance<sup>3</sup>  Antibiotic therapy this illness<sup>4</sup> (drug and duration)

Symptom duration (days)

Current medication

Allergies

Past medical history

## Patient criteria

Social isolation (patient lives alone/no fixed abode) 

Performance status (please tick one)

Unrestricted normal activity  Limited strenuous activity, can do light Limited activity, can self care  Limited self care Bed/chair bound, no self care 

## Chronic disease (tick if applicable)

Heart disease  Asthma Other chronic lung disease  Diabetes Renal impairment  Active malignancy (last 6 months) Steroid therapy  Immunosuppression 

ADULT PANDEMIC INFLUENZA FORM

WITHDRAWN CASE?

 Leaflet Verbal<sup>1</sup> Yes if any previous H1N1 vaccine<sup>2</sup> Yes if any use of oseltamivir in current illness. Version 3.0 Adult, 20 October 08<sup>3</sup> Yes if previous attendance at emergency dept for this problem

### Clinical examination

WHAT IS THE MOST LIKELY DIAGNOSIS?  
 INFLUENZA (PANDEMIC OR SEASONAL)  Y  N OTHER \_\_\_\_\_

Objective		Clinical criteria		Subjective		Investigations		
Respiratory rate						Na		
Pulse rate						K		
Temperature						Urea		
Blood pressure						Creat		
SaO <sub>2</sub>	FIO <sub>2</sub>	Severe respiratory distress (accessory muscles, tracheal tug, feeling of suffocation)		<input type="checkbox"/> Y <input type="checkbox"/> N	CXR	ECG		
Central capillary refill	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>				Not done	<input type="checkbox"/>	<input type="checkbox"/>	
GCS-E	GCS-V	GCS-M	Respiratory exhaustion		<input type="checkbox"/> Y <input type="checkbox"/> N		Normal	<input type="checkbox"/>
Clinically obese?	<input type="checkbox"/> Y <input type="checkbox"/> N		Pregnant?		<input type="checkbox"/> Y <input type="checkbox"/> N		Abnormal	<input type="checkbox"/>

### Disposition and clinical plan

Osetamivir  Y  N    Antibiotic \_\_\_\_\_

Disposed to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clinician name: \_\_\_\_\_ Signature: \_\_\_\_\_ Grade: \_\_\_\_\_