

ATTACHMENT

NURSING CONSULTATION FOR CLIENTS WITH SUSPECTED COVID-19 AND/OR INFLUENZA

NURSING HISTORY: _____ **DATE:** ___/___/___

Medical record: _____ SUS card: _____

Type of Service: () Teleservice () Face-to-face () 1st Service () Reassessment

1. PERSONAL DATA

Name: _____

Social Name: _____

Sex: () Female () Male

Date of birth: ___/___/___

Age: _____

Marital status: _____

Race/Color: _____

2. ENVIRONMENT

Address: _____

Neighborhood: _____ City: _____ State: _____

No. of People in the Residence: _____ Workplace: _____

Occupation: _____ Contact with People: () Yes () No

3. COMPLAINTS

4. PERSONAL AND FAMILY BACKGROUND

Comorbidities:

() Arterial Hypertension () Diabetes Mellitus () Obesity () Kidney Diseases () Lung Diseases

() Neoplastic Diseases () Cardiovascular Diseases () Immune Diseases () Dialysis Treatment

() Transplantation: _____

() Allergies: _____

Comorbidities of family members: () Mother () Father () Siblings () Maternal Grandparents

() Paternal Grandparents

() Arterial Hypertension () Diabetes Mellitus () Obesity () Kidney Disease () Pulmonary Diseases

() Neoplastic Diseases () Cardiovascular Diseases () Immunological Diseases

() Others: _____

5. LIFE HABITS

Meals/day: _____ Main foods: _____

Smoking: ___ years ago ___ pack/day () Alcohol: ___ week, ___ months/years ago

() Hookah () Electronic cigarette () Other Smoking Products: _____

() Other drugs: _____ () Sedentary lifestyle () Physical activity: ___ week, for ___ months/year

Sleep: () Calm () Agitated () Insomnia () Increased sleep

6. SYMPTOMS

() Fever () Cough () Discharge () Coryza () Tiredness () Anosmia () Ageusia () Sore throat

- Headache Diarrhea Skin irritation Discoloration of fingers / toes Respiratory distress
 Dyspnea on minimal exertion Loss of appetite Eye pain Pruritus Nausea Emesis
 Petechiae
Time of symptom onset: _____ Use of mask: Yes No Which one? _____

7. EPIDEMIOLOGY

- Contact with suspected or confirmed case of COVID-19? Yes No _____ days ago
Contact with suspected or confirmed case of Influenza? Yes No _____ days ago
Household contact? Yes No Other resident in the house with 2 or more symptoms: Yes No
Referral for clinical evaluation? Yes No / Reason: _____

8. VITAL SIGNS

- Temperature: _____ °C Blood pressure: _____x_____mmHg Respiratory Rate: _____irpm
Heart rate: _____bpm Saturation: _____SpO₂ Glycemia: _____mg/dL

9. PHYSICAL EXAM

Skin:

- Ruddy Pale Cyanotic

Neurological Assessment:

- Level of consciousness: Lucid Oriented Confused Disoriented Unconscious
Pupils: Photoreactive Isochoric Anisochoric Miosis Mydriasis
Speech and Language: No changes With Changes What? _____
Upper limb: Preserved Paresis Plegia Paresthesia Uncoordinated movements
Lower limbs: Preserved Paresis Plegia Paresthesia Uncoordinated movements

Pulmonary System:

- Breathing: Eupneic Tachypneic Dyspnea Bradpnea
Pulmonary Auscultation: MV Present Bilaterally Decreased Local _____ Adventitious Noises

Cardiocirculatory System:

- Beats: Eucardiac Tachycardia Bradycardia
Pulse: Regular Irregular Impalpable Thin Full
Heart auscultation: Bubbles _____ Breath Focus: _____

Digestive System:

- Abdomen: Flat Distended Globose Flaccid Painful on palpation
Abdominal auscultation: RHA Present RHA Absent RHA Decreased RHA increased
 Presence of palpable mass Local: _____
NOTE: _____

10. VACCINES

COVID-19:

Dose _____ Date: ____/____/____

Dose _____ Date: ____/____/____

Dose _____ Date: ____/____/____

Dose _____ Date: ____/____/____

Dose _____ Date: ____/____/____

Influenza:

Dose _____ Date: ____/____/____

11. EXAMS

- RT-PCR Chest X-ray Computed Tomography Rapid Test Magnetic Resonance
 Blood count



NURSING CONSULTATION TO THE CUSTOMER WITH SUSPECTED COVID-19 AND/OR INFLUENZA - CIPESC

Needs	Nursing Diagnosis	Interventions	Nursing Prescriptions
() Oxygenation	() Altered breathing	() Drink 2 liters of water a day () Stimulate increased water intake () Raise the head of the bed () Keep the windows of the house open () Advise on the importance of an airy and ventilated environment () Guide rest with the headboard raised () Cover your mouth with a tissue when coughing () Return on scheduled day and time	
	() Permeability of the airways	() Raise the head of the bed () Keep airways clear () Observe respiratory rate, irritability, pallor, cyanosis, nasal obstruction, among others () Guide physical/breathing exercises for the elderly () Guide water intake	
() Nutrition	() Malnutrition	() Evaluate living conditions and family environment () Drink water, at least 2 liters per day () Eat fruits, vitamins, juices, bran, oats, milk () Eat several times a day and in small amounts () Forward to medical consultation () Involving the family in food care () Encourage the consumption of fruits and vegetables () Identify problems related to food () Investigate eating habits () Monitor body weight () Guide the intake of adequate food () Prepare food giving a good appearance () Carry out a home visit () Check the need for food supplementation	
() Elimination	() Diarrhea	() Assess degree of dehydration	



		<input type="checkbox"/> Drink an average of 2 liters of water a day <input type="checkbox"/> Correlate the number of bowel movements, appearance and odor of feces with the report of digestive discomfort <input type="checkbox"/> Perform intimate hygiene with each bowel movement <input type="checkbox"/> Encourage increased water intake and homemade whey <input type="checkbox"/> Investigate cases of acute diarrhea <input type="checkbox"/> Investigate the frequency and characteristics of eliminations <input type="checkbox"/> Investigate individual and family eating habits <input type="checkbox"/> Wash hands before and after using the toilet <input type="checkbox"/> Observe color, smell and quantity of feces and number of bowel movements <input type="checkbox"/> Offer fluids, especially water, several times a day <input type="checkbox"/> Offer rehydrating serum, in a small amount, several times a day, according to acceptance	
<input type="checkbox"/> Body care	<input type="checkbox"/> Inadequate self-care	<input type="checkbox"/> Forward to educational workshops <input type="checkbox"/> Establish a relationship of trust with the patient <input type="checkbox"/> Stimulate the patient's self-esteem <input type="checkbox"/> Stimulate reflection on the importance of hygiene habits and care for your belongings <input type="checkbox"/> Stimulate the development of healthy lifestyle habits <input type="checkbox"/> Encourage daily body hygiene habits <input type="checkbox"/> Identify family and community support network <input type="checkbox"/> Monitor by home visit <input type="checkbox"/> Practicing physical activities	
<input type="checkbox"/> Immune regulation	<input type="checkbox"/> Compromised immune status	<input type="checkbox"/> Forward to medical consultation <input type="checkbox"/> Forward to multidisciplinary team <input type="checkbox"/> Establish active listening <input type="checkbox"/> Offer emotional support <input type="checkbox"/> Guide the use of antiretroviral medication	
	<input type="checkbox"/> Late vaccination status	<input type="checkbox"/> Update vaccination schedule <input type="checkbox"/> Clarifying doubts regarding the importance of complete vaccination status <input type="checkbox"/> Keep proof of vaccination <input type="checkbox"/> Investigate possible previous vaccine reactions	



() Perception	() Pain	() Assess frequency, intensity and location of pain () Forward to specialized care () Stimulate confidence in the service provided	
	() Poor memory	() Develop memory reactivation or preservation activities, through colorful games, crosswords, bingos with numbers, pictures, colors () Stimulate community bond () Encouraging participation in senior groups () Offer emotional support () Guide the elderly in time and space, keeping an easy-to-view calendar and clock () Check level of consciousness	
() Security	() Anxiety regarding the collection and results of exams	() Welcoming the user according to their needs () Seek to understand the expectation presented () Encourage verbalization, feelings, perceptions and fear () Clarify the user about the findings in exams () Clarify about the treatment to be carried out () Establish a relationship of trust with the patient () Stimulate confidence in the service provided () Advise on drug therapy () Reassure the user during the procedure () Use a calm and safe approach	

Source: Adapted from Albuquerque and Cubas¹⁷.

