

*Kathy Kunkle FMC***STANDING ORDER****CHEST CONGESTION/COLDS****I. ASSESSMENT****A. History (obtain history from patient on the following)**

- i.** Onset of symptoms
- ii.** Do they have other associated symptoms of cough, fever, nasal congestion, sore throat, runny nose, increased sputum production, SOB, weight loss
- iii.** Therapies tried – did they help or not
- iv.** History of Asthma, COPD, tobacco use, Heart Failure, TB or other respiratory disorders
- v.** When was their last PPD done?

**B. Exam**

- i.** Take vital signs, including temperature and RR
- ii.** Observe patient during history - are they able to speak in full sentences? Do they show signs of respiratory distress? Are they coughing during the history taking or with deep-breaths? Note the quality of the cough and if sputum is produced. Ask inmate to show you any sputum produced with cough.
- iii.** Observe patient's breathing at rest and with ambulation – is it labored? What is the inmate's posture (tripod posture is present when breathing is difficult)
  - 1.** If patient shows signs of distress with ambulation – obtain continuous SpO2 with ambulating to assess for hypoxia with ambulation
- iv.** Auscultate lung sounds crackles, wheezing, or areas of decreased lung sounds
- v.** Document the above findings

**II. MANAGEMENT**

- A.** If inmate has history of asthma, COPD, heart failure or other concerning respiratory disorders contact Facility Provider for orders if RN feels patient needs medication before Provider is able to evaluate
- B.** Contact Facility Provider for any concerning history or exam findings for further recommendation on treatment and management
- C.** If symptoms are consistent with simple head cold, encourage rest and fluids.