

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.