

## Common Cold

### Symptoms

- Runny Nose (rhinorrhea), nasal congestion (almost always present)
- Sore Throat (40% of cases)
- Sneezing
- Headache
- Fever (low-grade, less than 100°F)
- Cough (mild, nonproductive)
- Fatigue

### Goals of Care

- Make sure the patient doesn't have a more serious illness such as COVID-19, influenza or pneumonia. Be aware of other, serious viruses spreading in your community.
- Prevent complications like falls or dehydration while they are weak
- Prevent the spread to others.



### Vital Signs

Temperature: \_\_\_\_\_

Heart Rate: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

Oxygen Saturation: \_\_\_\_\_



### Evaluate Symptoms and Signs

- ☐ Acute mental status change
- ☐ Not eating or drinking as much as usual
- ☐ Acute decline in ADL abilities
- ☐ Signs of dehydration
- ☐ Respiratory: New cough, abnormal lung sounds, Accessory muscle breathing, pursed lip breathing, Respiratory distress
- ☐ Cardiovascular: edema
- ☐ GI: Nausea, vomiting, diarrhea, constipation
- ☐ Neurologic changes: consciousness/alertness, orientation, weakness, gait changes (unsteadiness, loss of coordination or balance)
- ☐ Very low urinary output (<30cc/hr)
- ☐ Skin: sweats (diaphoresis), cold/clammy/pale skin; rash, infection/cellulitis
- ☐ Fingerstick glucose (patients with diabetes)



Presence of other, significant symptoms or signs of illness (fever, breathing problems, risk for dehydration)



Refer to appropriate Situation-Specific Evaluation for the identified symptoms and signs.



Symptoms concerning for a serious virus spreading in your community.



Notify the medical staff & Designated Representative immediately.



Distressing symptoms despite implementing supportive measures



Notify medical staff & Designated Representative within the next 16 hours.



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## Common Cold Continued

### SBAR Report

**Situation:** "Distressing common cold symptoms consisting of:" (*acute symptoms*)

#### Background:

Report...

- ☐ Reason the patient is in the nursing home (rehab for \_\_\_\_, long term care for \_\_\_\_).
- ☐ When the problems started, how severe they are, getting worse or staying the same, what treatments have been used.
- ☐ Abnormal Vital Signs
- ☐ General observation of patient condition
- ☐ Diuretic use & recent dose changes
- ☐ Very low urinary output (<30cc/hr)
- ☐ Diet restrictions, fluid restriction, thickened liquids
- ☐ Similar symptoms in other patient on unit or in facility

Have Available...

- ☐ Chart / logged in to Electronic Medical Record
- ☐ MAR
- ☐ Recent medical problems & order changes
- ☐ Consult reports
- ☐ Major diagnoses
- ☐ Allergies
- ☐ Recent lab results & previous results if abnormal
- ☐ Intake record
- ☐ Bowel record
- ☐ List of emergency medications available in the facility

**Assessment:** I am concerned about: \_\_\_\_\_

#### Recommendations/Requests:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acetaminophen, additional analgesics                                       | <input type="checkbox"/> Ipratropium nasal spray for severe rhinorrhea  | <input type="checkbox"/> Nasopharyngeal swab for COVID-19, Influenza and RSV PCR testing |
| <input type="checkbox"/> Avoid cough medicines as they are not effective and can have side effects. | <input type="checkbox"/> Pseudoephedrine for nasal congestion (do not use in patients with anxiety, diabetes, heart disease, hypertension, or prostate disease) | <input type="checkbox"/> Hospitalization if patient requires Airborne isolation          |
| <input type="checkbox"/> Saline nasal spray for nasal congestion                                    |   | <input type="checkbox"/> Other:  |

**Clarify expectations for care, interventions, and illness course/prognosis. Repeat any telephone orders back to the provider to ensure that they are correct and complete**



### Management

- ☐ Implement infection prevention measures - contact the infection prevention nurse for isolation & precaution recommendations.
- ☐ Monitor vital signs every 8-24 hrs for 2-3 days
- ☐ Offer fluids frequently
- ☐ Place on Intake & Output monitoring
- ☐ Monitor meal acceptance
- ☐ Place on 24-hour report for 2-3 days
- ☐ Update care plan regarding fall risk, pressure ulcer prevention, assistance needed with ADLs, supervision for safety, restorative needs
- ☐ Review status and plan of care with designated representative