

Adult Cold DHA CSSP Algorithm

Adults 18-65 years of age presenting to the clinic with symptoms of a common cold (runny/stuffy nose, congestion, post-nasal drip, sneezing, cough, sore/scratchy throat, fever, ear fullness, muscle aches)

Walk-in: encounter created

Support staff completes the DHA CSSP following the EHR documentation process.

****Exclusion Criteria****
Any "yes" responses from the Exclusion Criteria or abnormal vital signs?

Yes

Support staff will consult with the provider about the plan of care.

No

****Differential Criteria****
Any "yes" responses from the Differential Criteria?

Yes

No

If all responses to exclusion and differential criteria are "No" and vital signs are within normal range, continue with the protocol. Ensure thorough documentation of all aspects of the visit are entered into the EHR (e.g. patient education, counseling, and/or follow-up care instructions).

Support staff will discuss supportive & symptomatic care, including:

- drink plenty of fluids to ensure adequate hydration
- gargle with salt water to help relieve a sore throat
- wash hands regularly to avoid the spread of infection
- cover your cough with your arm or a tissue
- OTC medications as desired, could include the following: Guaifenesin, pseudoephedrine, Cepacol lozenges, ibuprofen*, acetaminophen, saline nasal spray, Afrin nasal spray

*Do not use for patients with hx kidney disease, stomach ulcer, asthma, or if taking Angiotensin Converting Enzyme/Angiotensin II Receptor Blockers.

****Exclusion Criteria****
Any "yes" responses to the exclusion criteria require provider notification for a plan of care.

- Positive travel screen for a high risk area for infectious disease
- Fever >101 for more than 48 hours
- Smoker
- Pregnant
- Muffled voice or drooling
- Wheezing/shortness of breath/stridor
- Significant sputum production
- Cough lasting more than 8 weeks
- Symptoms worsen after 5-7 days or not improved after 10 days
- Chest pain
- Abdominal pain
- Vomiting or diarrhea
- Dizziness or fainting
- Symptom of dehydration or unable to tolerate liquids
- History of Asthma; COPD; Chronic Bronchitis; Cystic Fibrosis or another chronic lung disease
- History of Diabetes, Cancer, Chronic Kidney Disease, HIV, Taking Immunosuppressants
- Occupational history of irritants exposure

IMPORTANT:
- Abnormal vital signs must be repeated after 5 mins & both sets reported to the provider for plan of care.

Abnormal Vital Signs

- SBP < 90 or > 140
- DBP < 60 or > 90
- Pulse < 55 bpm or > 110 bpm
- Temp > 101.5 F or 38.6 C
- RR < 12 or > 20
- O2 Saturation <95%

****Differential Criteria****

If 2 or more of these symptoms have been present less than 48 hours, notify provider for care plan: chills, sweats, malaise, myalgia, arthralgia, headache, fever, nonproductive cough

Prior to the patient leaving the clinic, offer a patient ed handout and advise patient/caregiver to follow up if symptoms worsen or are not improving after 2-3 days of treatment.

Provider will review/sign the EHR note and close the encounter.