RN Protocol: Upper Respiratory Infections / Rhinitis / Pharyngitis

I. POLICY

A. Function: To facilitate and guide the Registered Nurse (RN) in the assessment and treatment of patients presenting with rhinitis/pharyngitis.

B. Circumstances under which the RN may perform the function:
   1. Setting: Outpatient clinic and Triage and Treatment Area.
   2. Supervision: None required.

II. PROTOCOL

A. Definition: This protocol covers the assessment and treatment of patients presenting with rhinitis/pharyngitis.

Rhinitis is an inflammation of the nasal mucosa characterized by nasal congestion, rhinorrhea, sneezing, pruritus, and postnasal drainage. Allergic rhinitis is caused by an immediate or delayed reaction to airborne allergens. Allergic rhinitis may be seasonal (due to tree allergies in the springtime, grass allergies in the summer, and weed allergies in the fall), or perennial (due to mold, insect debris, animal dander). Signs and symptoms include thin, clear, nasal discharge; nasal congestion; sneezing; watery eyes; fatigue; and pruritus of the nose, ears, eyes, and palate. There is no evidence of a fever.

Viral rhinitis (common cold) is an acute viral infection of the upper respiratory tract. Symptoms include general malaise, headache, sneezing, nasal congestion, and mild sore throat. Objective findings include mild conjunctivitis, edematous nasal mucosa, pharyngeal erythema, and low-grade fever. Occasionally, a purulent nasal discharge may be present associated with a purely viral infection. Viral rhinitis can be differentiated from allergic rhinitis by its association with muscular aches, fever, and thick, cloudy nasal discharge. In addition, viral rhinitis does not cause pruritus of the eyes and nose.

Pharyngitis is inflammation of the pharynx and/or tonsils. Pharyngitis may be caused by a virus or bacteria. Signs of acute viral pharyngitis include tonsillar enlargement and oropharyngeal exudate. When these symptoms occur in conjunction with the common cold, the most probable diagnosis is a viral throat infection. Viral pharyngitis is self-limiting and usually resolves in seven to ten days. Bacterial pharyngitis results from infection of the pharynx with bacteria, most commonly group A β-hemolytic streptococci. Signs and symptoms of streptococcal pharyngitis include tender, enlarged cervical/tonsillar lymph nodes, marked erythema and swelling of the throat, fever, tonsillar exudate, and rapid onset of symptoms. Complications of streptococcal pharyngitis include rheumatic fever, peritonsillar abscess, and acute glomerulonephritis.

B. Subjective:
   1. Chief complaint (document in the patient's own words).
   2. Date and time of onset.
   3. Accompanying symptoms [e.g., headache, cough (productive or non-productive), sneezing, watery eyes, itchy palate and throat, loss of taste and smell, earache, sore throat, chest congestion, shortness of breath, fever, chills, malaise, muscular aches, stiff neck].
   4. History of exposure to others with similar symptoms.
   5. History of chronic disease (e.g., asthma, bronchitis, smoking, chronic obstructive pulmonary disease, tuberculosis, diabetes, HIV infection).
   6. Allergies.
   7. Current medications.

C. Objective
   1. Vital signs
   2. Obtain peak flow if indicated (i.e., if patient has asthma or another chronic respiratory condition such as emphysema or chronic bronchitis).
   3. Observe and document the following:
      a. Palpate frontal maxillary sinuses for tenderness nasal congestion and nasal discharge (describe).
      b. Eyes: inspect conjunctiva for color and discharge: clear, red, watery.
      c. Ears: inspect for drainage and cerumen. Inspect tympanic membrane for erythema, bulging, or retraction. If fluid is present behind tympanic membrane, describe.
      d. Nasal passages: inspect mucosa for erythema and edema; observe for congestion and drainage (describe).
      e. Throat: inspect for redness, enlarged tonsils, exudates and the uvula.
      f. Neck: assess for stiffness, cervical lymphadenopathy/adenitis).
   4. Auscultate breath sounds bilaterally: clear, wheezes, crackles, diminished and absent.

D. Assessment:
   - Risk for bacterial infection related to/evidenced by: (specify on associated encounter form)
   - Ineffective breathing pattern as related to/evidenced by: (specify on associated encounter form)

E. Plan:
   1. If a patient presents with tender, enlarged cervical lymph nodes, stiff neck, severe sore throat or marked erythema and swelling of the throat, deviated uvula, difficulty breathing, drooling, fever > 101.5 F, purulent nasal discharge and tenderness over the involved sinus, severe headache, or confusion, refer the patient to a physician **STAT**.
   2. **Allergic rhinitis**, manifested by red watery eyes; erythematous nasal membranes; itching of the eyes, roof of mouth, and/or pharynx; sneezing; pale, boggy nasal

mucosa; frontal headache; history of seasonal allergies or obvious exposure to allergens and absence of fever.

a. Nasacort® Allergy 24 hour (triamcinolone acetonide) 2 sprays in each nostril once daily; reduce to 1 spray in each nostril daily once allergy symptoms improve.
b. Advise the patient to return to RN clinic if purulent drainage or fever develops.

3. **Viral rhinitis/pharyngitis**, manifested by cough, sneezing, nasal congestion, rhinorrhea, mild sore throat, headache, generalized muscular aches, non-productive cough, low-grade fever (< 100.5° F):
   a. Acetaminophen 325mg 2 tabs PO every 4 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hours.
   b. Cetirizine 10mg 1 tab PO once daily, PRN congestion while symptoms persist.
   c. Warm salt water gargles PRN.
   d. If no improvement after 3 days, instruct the patient to return to the RN clinic for follow-up.

F. Patient Education:
   1. Assess the patient's potential for understanding the health information to be provided.
   2. Provide patient education consistent with the assessment of the condition.
   3. Document the education provided and the patient's level of understanding in the health record.
   4. Refer the patient to other resources as needed. Document all referrals in the health record.
   5. Advise the patient to resubmit a CDC 7362, Health Care Services Request Form, if purulent drainage, fever, sinus pain, or difficulty breathing develops.

G. Documentation:
   All information related to the patient's complaint shall be documented on the emergency care flow sheet, nursing protocol encounter form, or progress note and filed in the patient's health record.

III. REQUIREMENTS FOR THE REGISTERED NURSE

A. Education/Training: The RN shall attend an in-service on the assessment and treatment of patients presenting with rhinitis/pharyngitis, and achieve a minimum score of 80% on the written posttest examination.
B. Experience: None.
C. Certification: None.
D. Initial Evaluation: Initial competence will be validated onsite through simulated exercises, mock exercises, and return demonstration. The RN must satisfactorily demonstrate all critical behaviors identified on the Competence Validation Tool to be considered competent to perform standardized procedure functions.

   A written performance appraisal shall be performed by the Supervising RN or designee six months after initial competence has been validated. Methods to evaluate performance

shall include, but not be limited to direct observation, feedback from colleagues and physicians, and chart review.

E. Ongoing Evaluation: Ongoing competence will be validated annually using case study analysis.

IV. REGISTERED NURSES AUTHORIZED TO PERFORM THIS PROCEDURE

The Chief Nurse Executive shall ensure a current list of all RNs authorized to perform this procedure is on file within Nursing Services as required by Inmate Medical Services Policies and Procedures, Volume 5, Chapter 4.2, Nursing Competency Program Procedure.

V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

This standardized procedure was developed and approved by authorized representatives of administration, medicine, and nursing. The procedure will be reviewed annually.

REVIEW DATE: _____ REVISION DATE: _____
_____ _____
_____ _____

THE PROTOCOL WAS APPROVED BY:

_____ DATE:_____
Chief Nurse Executive

_____ DATE:_____
Chief Medical Executive