RIDT Flu (Influenza) Test

Patient's full name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Date of birth: xxxxxxxxxxxxxxxx **Age:** xx **Gender:** xxxxxxxxxxxxxxxx

Medical record #: xxxxxxxxxxxxxxxxxxxxxxxxx

Attending physician's full name: xxxxxxxxxxxxxxxxxxxxxxxxx

Patient's medical history:

Born with asthma. Triggers during sudden changes in temperature. Weather plays a factor in the asthma. It's often active during the summer and rainy seasons.

Has relatives that have asthma (mother, brother, grandfathers on both sides of the family).

History of Present Illness:

How long have you been sick? _____Three days_____ (Indicate if days, weeks, or months)

Key flu symptoms:

- [x] Fever
- [x] Cough
- [x] Body aches
- [x] Sore throat
- [ ] Headache

Other symptoms

- [x] Runny nose (clear)
- [ ] Runny nose (yellow/green)
- [x] Nose congested/stuffy
- [x] Headache (face/eyes)
- [ ] Teeth hurt
- [ ] Ear pain
- [x] Chills

- [x] Sweats
- [x] Chest pain
- [x] Wheezing
- [x] Difficulty breathing
- [ ] Stomach problems

Physical Examination:

Temperature: 38.9°C

Blood pressure: 140/90

Heart rate: 110 bpm

	Normal	Abnormal
General	☑	☐
Head	☑	☐
Eyes	☑	☐
Ears	☑	☐
Nose	☑	☐
Neck	☑	☐
Heart	☐	☑
Lungs	☐	☑
Abdomen	☑	☐

Chest X-ray:

☐ Normal

☑ Abnormal

White Blood Cell Count:

☐ Not indicated

☐ WBC: _____

Differential:

Neutrophils: _____

Lymphocytes: _____

Monocytes: _____

Eosinophils: _____

Notes:

Patient is confirmed to have flu. Symptoms are aggravated by asthma.

Rapid Influenza Diagnostic Test Results:

☑ **Positive**

☐ **Negative**

Assessment and Plans:

☑ Flu likely because

- ☑ Peak season
- ☑ Positive flu test
- ☐ Fever and ≥ key symptoms
- ☐ Strong clinical suspicion

☐ Flu unlikely; other diagnosis(es):