

## H1N1 Pediatric Questionnaire (children up to age 12)

Please answer the following questions to determine if you need to be seen for the H1N1 Virus. Please answer YES or NO to the following questions:

- Does your child have a fever of at least 100.4?
- Does your child have any of the following symptoms-nasal congestion, sore throat, or cough.

If you answered YES to the two questions above, please continue with the questionnaire.

If you answered NO, you probably do not have the H1N1 virus. If you start to develop these symptoms please re-take this questionnaire to determine if what level of care is required.

### **SECTION 1: Please answer the following questions: YES or NO**

- Is your child less than 3 months old?
- Is your child difficult to arouse?
- Does your child have purple dots on the skin that don't go away with pressure or red patches?
- Is your child having trouble breathing or breathing very quickly?
- Does your child complain of a stiff neck?
- Is your child unable to drink fluids without throwing up?
- Does your child complain of chest pain with shortness of breath or difficulty breathing?
- Has your child urinated less than three times in the last 24 hours?
- Does your child have blue or purple lips or blue skin?
- Did your flu like symptoms get better then return with the fever and cough?
- Is your child inconsolable or won't stop crying or is persistently irritable?

If you answered YES to one or more questions above, your assessment risk is **ELEVATED**, please seek immediate care with the ER. Please bring this questionnaire with you to the ER.

If you answered NO to the questions above, please continue with this questionnaire.

### **SECTION 2: Does your child have any of the following diseases/conditions: YES or NO**

- Wheezing that is not from the nose     Chest pain without shortness of breath or difficulty breathing
- Child less than 5 y/o     Any chronic condition followed by a pediatric subspecialist
- Not acting normal when the fever comes down     Sickle Cell Disease     AIDS/HIV
- Cancer patient     Severe Kidney Disease     Neurological condition     Diabetes
- Genetic Disorders     Lung diseases such as asthma, bronchiopulmonary dysplasia, or cystic fibrosis

If you answered YES to any of the diseases/conditions, your assessment risk is **INTERMEDIATE**, please contact your PCM or get an appointment in your provider's clinic by calling 916-9900. Please bring this questionnaire with you to the clinic or tell the appointment line you took the questionnaire.

If you answered NO to the above questions, your risk of complications due to a viral illness is low. If your child starts to have any of the symptoms listed in SECTION 1, please go to the nearest ER.

If your child has a fever, please keep them home from school or daycare until they do not for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicine without taking any Tylenol or Motrin. DO NOT give your child aspirin. Keep your child well hydrated. Please have them practice good hygiene such as washing their hands often, covering their mouth or nose when coughing or sneezing. You can also go to the CDC website at <http://www.cdc.gov/h1n1flu/sick.htm> for further information and guidance.

This questionnaire is designed to help you understand the flu symptoms you or your family member may be having so you can make your own health care decisions. It is not medical evaluation or treatment. If you believe you need to seek medical care, you should do so.