Swine flu adult hospital pathways – Emergency Department management

This flowchart should be used to manage ‘flu-like illness’ during a pandemic situation.

Triage assessment tool to be completed in Emergency Department

<table>
<thead>
<tr>
<th>Criteria label</th>
<th>ADULTS WILL BE CONSIDERED FOR ADMISSION AT THE NEAREST GENERAL HOSPITAL IF THEY PRESENT WITH ANY OF THE FOLLOWING:</th>
</tr>
</thead>
</table>
| A              | Severe respiratory distress  
Severe breathlessness, e.g. unable to complete sentences in one breath.  
Use of accessory muscles, supra-clavicular recession, tracheal tug or feeling of suffocation. |
| B              | Increased respiratory rate measured over at least 30 seconds.  
Over 30 breaths per minute. |
| C              | Oxygen saturation \(\leq 92\%\) on pulse oximetry, breathing air or on oxygen  
Absence of cyanosis is a poor discriminator for severe illness. |
| D              | Respiratory exhaustion  
New abnormal breathing pattern, e.g. alternating fast and slow rate or long pauses between breaths. |
| E              | Evidence of severe clinical dehydration or clinical shock  
Systolic blood pressure <90mmHg and/or diastolic blood pressure <60mmHg.  
Sternal capillary refill time >2 seconds, reduced skin turgor. |
| F              | Altered conscious level  
New confusion, striking agitation or seizures. |
| G              | Causing other clinical concern to the clinical team or specialist doctor  
e.g. a rapidly progressive or an unusually prolonged illness. |

This template is endorsed by The Royal College of Physicians, The British Thoracic Society, The College of Emergency Medicine and The Intensive Care Society.
Admit (to flu cohort ward if available)

Respiratory/gastro-intestinal symptoms
- Oxygen to maintain SpO₂ ≥92%
- Fluid management
- Oseltamivir may be of some benefit in severe cases if duration of symptoms <5 days
- Continue antibiotics and antipyretics (see overleaf)
- Stool examination for C. diff. and other pathogens

Neurological symptoms – meningitis or encephalitis
- Meningism, altered level of consciousness, change in behaviour or seizures
- Maintain hydration, and SpO₂ >95%
- Oseltamivir may be of some benefit in severe cases if duration of symptoms <5 days

Cardiac symptoms – viral myocarditis or heart failure
- Tachycardia, hypotension, lung congestion or peripheral oedema
- Refer to local early warning tool for ranges. Accept rise in HR by 10bpm for every 1°C rise in temperature. Oseltamivir may be of some benefit in severe cases if duration of symptoms <5 days

Respiratory deterioration despite treatment or focal respiratory signs
- Chest X-ray, ECG, echocardiography
- Diuretics/ACE inhibitors/restrict fluid balance
- Specialist advice
- Discharge when specialist criteria met
- GCS, examine for meningism and focal neurological signs
- Consider CT if GCS <12 or focal signs
- Consider LP if no contraindications
- LP and send CSF for microscopy, culture and sensitivity and virology
- Treat seizures by local guidelines
- Give IV cefotaxime and acyclovir
- Specialist advice
- Discharge when specialist criteria met
- Consider arterial blood gas and non-invasive ventilation

Discharge criteria met for 4 hours
- No evidence of respiratory distress
- Respiratory rate ≤30bpm
- SpO₂ ≥92%
- No evidence of dehydration
- Tolerating oral fluids
- If pneumonia consider broad spectrum cefotaxime or quinolone (clarithromycin may be added)

Discharge with:
- Flu home care advice, Swine Flu Information number
- Oseltamivir to complete 5 day course
- Antibiotics to complete 5 day course

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