

# Pandemic (H1N1) 2009 Influenza Critical Care Admission Checklist

Critical Care Services, City Hospital, Birmingham; Sept 2009

## PATIENT DETAILS

Name:

Hosp. No:

(or affix patient label)

### BEFORE PATIENT IS ADMITTED

- Place oxygen mask or surgical mask on patient
- Cohort patient if H1N1 positive
- Isolate patient if H1N1 suspected
- Ensure staff have appropriate PPE

### INITIAL ASSESSMENT

- Record history, including flu like symptoms, date of onset, contacts
- Record any comorbidities
- Ensure H1N1 samples sent from site of greatest disease: tracheal aspirate if intubated, otherwise throat.
- Consider alternative diagnoses
- Sputum for MC&S, atypical serology and blood cultures

### RESPIRATORY

- Secure airway: intubation rather than trial of CPAP / NIV
- Assess compliance and ensure appropriate ventilation mode selected
- Avoid pulmonary over distension (aim for  $V_T$  6ml/kg)
- Consider high PEEP or APRV if evidence of decreased lung compliance
- Accept low  $P_{aO_2}$  if oxygen delivery not compromised
- Ensure viral circuit used with HFO
- Consider daily NDBL samples sent for RT-PCR

### CARDIOVASCULAR

- IBP and CVP monitored: consider CO monitoring
- Assess intravascular volume
- Only replace fluid if fluid responsiveness demonstrated
- Maintain MAP > 65mmHg with vasopressors if required
- Check ECG for evidences of myositis. Echocardiography if indicated
- Ensure oxygen delivery adequate (measure lactate,  $S_{cVO_2}$ )

### RENAL

- Asses renal function regularly
- Avoid fluid overload, aim for negative fluid balance if CVS status allows
- Consider early renal replacement therapy (RRT)
- If all RRT machines in use, consider time limited treatments

### CNS

- Consider requirement for neuromuscular paralysis
- Monitor depth of sedation regularly (clinically/BIS if paralysed)
- Consider diagnosis of H1N1 encephalitis

### OTHER

- Use steroids only if evidence of adrenal suppression
- Check serum CK, CRP and LDH
- Consider high risk dose thromboprophylaxis

### INFECTION TREATMENT & CONTROL

- Consider increased doses of oseltamivir (150mg bd for 10 days)
- Modify oseltamivir dose if renal function abnormal
- If alternative antivirals are needed consult with a local expert
- Consider regular brocho-alveolar lavage specimen for MC&S
- If secondary bacterial pneumonia discuss with Microbiologist

### BEFORE LEAVING ISOLATION AREA

- Correctly remove all PPE
- Dispose of disposable items as per local protocol
- Clean hands

### BEFORE EVERY PATIENT CONTACT

- ◆ Put on medical/surgical mask
- ◆ Clean hands
- ◆ Put on eye protection, gown, gloves if there is a risk of exposure to body fluids / splashes
- ◆ Clean and disinfect personal/dedicated patient equipment between patients
- ◆ Change gloves and clean hands between patients

### IF USING AEROSOL GENERATING PROCEDURES

- ◆ Allow entry of essential staff only
- ◆ Put on gown
- ◆ Put on FFP3 respirator
- ◆ Put on eye protection and then put on gloves
- ◆ Perform procedure in adequately ventilated room