

# Checklists to Support Clinical Care for Pandemic (H1N1) 2009 Influenza

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Between 5/6/9 and 12/8/9 City Hospital, Birmingham admitted 557 cases of potential pandemic (H1N1) 2009 influenza. Of these 165 were RT-PCR positive for the virus and of these 11 were admitted to Critical Care. At the peak of the outbreak there were 6 patients positive for the virus in critical care, 3 of them requiring intermittent positive pressure ventilation and one other requiring high frequency oscillation.

It became clear that, if we were to endure a second surge, and potentially use non-critical care staff to provide care we would need to develop some systems to support such staff. After a consultation exercise with those colleagues, medical, nursing and support, who would be requested to move to critical care, it emerged that though prepared to be redeployed many staff were apprehensive as to what would be required of them and what support they would receive. It became clear that if given instructions and information they could provide a high standard of care for patients with pandemic (H1N1) 2009 influenza. One solution for providing this type of information was with the use of simple checklists.

The recent introduction of the WHO's patient-safety checklist for surgery has provided operating theatre staff with a simple tool for promoting safety. It is an instrument they are comfortable using, improves communication among teams, enhances multidisciplinary working and promotes safety as a fundamental of patient care. Like many other hospitals the adoption of this simple tool has developed a culture within which multidisciplinary checklists are accepted by this group of staff and the development of similar tools to provide clear guidance for non-critical care staff was widely supported.

Following the publication of the WHO's checklist "*Patient Care Checklist New influenza A (H1N1)*" (June 2009) we developed 3 checklists to provide the support and clinical care prompts that had been requested by non-critical care colleagues.

1. Patient Pathway: for use hospital-wide, to promote adequate assessment and appropriate infection control procedures throughout a patient's hospital stay.
2. Safety and Quality: for use in Critical Care, to ensure that evidence based and best practice interventions for many routine critical care treatments are not omitted.
3. Critical Care Admission: for use in Critical Care, providing a systematic approach for the medical management of patients with pandemic H1N1 influenza. This was developed using current evidence and the opinions of the international H1N1 ICU network teleconferences.

## 1 Patient Pathway

This is to be used to screen all admissions to hospital, will be filed in the front of the hospital notes and provide a resource of correct infection control procedures for all staff as the patient moves from the assessment unit to an inpatient ward and ultimately on to discharge. The form also provides a standardised method of recording when a viral RT-PCR had been obtained and, once the result is available, whether the test was positive or negative, preventing fragmentation of this vital information.

## 2 Safety and Quality

This is to be used throughout three phases of an ICU treatment episode. It is a systematic list of elements for providing safe and high quality critical care. Each phase has to be completed then signed off by the nurse and doctor responsible for the care of the patient as well as a final check by the unit shift leader. Each phase must be signed off before the subsequent phase can be completed.

### **3 Critical Care Admission**

This is to be used for the clinical management of the case. It is a system oriented evidence based list of interventions to be followed by the team caring for the patient. Where evidence is lacking the interventions describe the opinions of the international H1N1 ICU network teleconference. This is a group of clinicians, virologists, epidemiologists and other healthcare staff, from various countries across the world, who have direct experience of managing patients with pandemic (H1N1) 2009 influenza.

This may be subject to modification when more evidence becomes as the pandemic progresses.

Following the presentation of this work at a national critical care flu planning meeting (10/7/9 at Birmingham City Football Club) many of the delegates asked for them to be made freely available for local adoption.

We would welcome any feedback regarding the use of these checklists and would hope that colleagues who modify them as a result of local practice or new evidence would share that information.

Those involved with the development of these checklists are Drs John Bleasdale, Zahid Khan and Nick Sherwood (Consultant Intensivists), Rebecca Evans (Infection Control Lead Nurse) and Jo Wakeman (Critical Care Nurse Manager) from City Hospital, Birmingham, B18 7QH

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