

CLINICAL ADVICE UPDATE

Referral for Admission - Pandemic (H1N1) 2009 influenza

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During an influenza pandemic the demand on health care services will exceed the available resources. In this event it is expected that individuals who fit the case definition but who are not in need of inpatient care on clinical grounds will be cared for at home. In order to control the demand on Emergency Departments/Assessment clinics, patients should be monitored at home by the practitioner / practice initially assessing the patient. If there are clinical concerns the usual referral pathways should be utilised to communicate with secondary services (eg. Department of Emergency Medicine at the local hospital).

The following are guidelines for referral to an inpatient facility:

- Patients with significant co-morbidities that place them at high risk for decompensation from a respiratory illness. For example: significant COPD with an exercise tolerance of <200meters on the flat or FEV1<1, uncontrolled cardiac failure
- Patients who are hypoxic (clinical cyanosis, O2 saturation <90%) or whose respiratory rate is >24/min. Dyspnoea (shortness of breath) and pain or pressure in the chest may also indicate respiratory distress.
- Patients suffering severe prostration (unable to carry out self-care activities of daily living)
- Patients with severe/ uncontrollable vomiting or dehydration
- Blood pressure <100 systolic or sudden dizziness
- Clinically detectable abnormality on auscultation of chest
- Patients with recent onset confusion

In **children** the following have been associated with more severe disease:

- Fast or troubled breathing.
- Skin turning bluish or grey.
- Persistent or severe vomiting.
- Not drinking enough fluids.
- Being unusually hard to wake up or not interacting.
- Being so irritable that the child doesn't want to be held
- Flu-like symptoms improve but then return with fever and worse cough