UHS Clinical Protocol

Primary Care

Nursing Protocol for Management of Influenza Illnesses when H1N1 is wide-spread in the community.

I. Purpose
To evaluate and treat patients presenting to UHS in clinic or by phone with Influenza symptoms when H1N1 influenza is confirmed and wide-spread in the community.

II. Procedure
a. Patient calls or presents to UHS with complaints of the following:
   i. Fever
   ii. Cough and/or sore throat
b. Medical program assistant sends phone encounter or walk-in form to phone/walk-in nurse
c. Nurse calls or evaluates patient
d. Nurse Evaluation
   i. Subjective-information is collected over the phone or in person. Nurse reviews and documents the following items

1. Patient's medical history
   a. History of chronic illness
   b. Current medications
   c. Allergies to medications
   d. Possible pregnancy

2. Illness history
   a. Date of symptom onset
   b. Criteria for ILI (Influenza-like illness)-fever >100°F (37.8°C) AND cough and/or sore throat in the absence of a KNOWN cause other than influenza
      i. Temperature
         1. Presence or absence of fever
            a. no documented or suspected fever >100
            b. fever>100.0, measured with thermometer
            c. patient reports fever but did not take temperature
         2. Maximum temperature
   ii. Presence or absence of influenza symptoms
      1. Sore throat
      2. Cough
      3. Myalgias
c. Additional symptoms—In addition to their clinical relevance these criteria are being tracked for epidemiologic purposes. Please indicate +/− for as many of the items as possible.
   i. rhinorrhea
   ii. conjunctivitis
   iii. dyspnea
   iv. nausea
   v. vomiting
   vi. diarrhea
   vii. headache

3. Epidemiologic factors
a. Receipt of 09-10 seasonal influenza immunization (seasonal)
   b. Receipt H1N1 influenza vaccine) when available
   c. Exposure to patients in a health care setting (as student or health care worker)
   d. Living situation
      i. lives alone
      ii. lives with others but not in residence hall or other group setting
      iii. university residence hall
      iv. co-op, sorority/fraternity, communal or other group residence
      v. name of group residence if indicated

4. Indications for treatment—Presence or absence of risk factors placing patient at higher risk for complications from influenza.
   a. chronic pulmonary (including asthma) disease
   b. cardiovascular (except hypertension) disease
   c. kidney disease
   d. liver disease
   e. blood disease (including sickle cell disease)
   f. neurologic or neuromuscular disease
   g. diabetes, neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
   h. immunosuppression including that caused by medications or by HIV
   i. pregnancy
   j. younger than 19 years of age who are receiving long-term aspirin therapy;

5. Indications for provider appointment—If any are positive make an appointment with a provider.
   a. fever >100.0 for more than 3 days
   b. significant shortness of breath
   c. chest pain
   d. history of influenza-like illness which initially improved but returned suddenly with fever and cough
e. patient requests appointment

ii. Objective—Walk-in only. Not indicated for phone encounter
   1. Physical assessment
      a. temperature, blood pressure, pulse, respiratory rate
      b. general appearance
      c. HEENT
         i. ears
         ii. oral pharynx
         iii. neck
      d. lungs
      e. laboratory tests—not indicated

iii. Assessment
   Presumptive diagnosis of uncomplicated ILI based on phone encounter or clinical visit.
   1. Symptoms:
      a. abrupt onset of intense illness.
      b. fever and/or chills.
      c. headache—not associated with nuchal rigidity.
      d. myalgia.
      e. white or yellow nasal drainage.
      f. cough: dry or productive of white/yellow sputum.
      g. mild chest pain.
      h. minimal shortness of breath on exertion only.
   2. Clinical signs—for clinic visits only
      a. negative or minimal findings upon exam of tympanic membranes, pharynx, neck, chest.
      b. absence of tachypnea
      c. tachycardia that is proportionate to fever.

iv. Plan
   1. Diagnosis—ILI INFLUENZA-LIKE ILLNESS (487.1)
   2. Treatment
      a. Entry into Provider Management
         i. Patients with
            1. indications for provider appointment
               (IIId5 a-e)
            2. allergy or previous intolerance of Oseltamivir
            3. subjective/objective assessment inconsistent with influenza illness
            ii. Schedule same day provider appointment
            iii. Provide patient instructions
      b. Anti-viral therapy
         i. Patients
            1. within 48 hours of symptom onset
            2. with a risk factor placing patient at higher risk for complications from influenza
               (IIId4 a-j)
ii. Prescribe Oseltamivir 75 mg caps twice daily for 5 days, qty 10, no refills. On the first day of treatment still take 2 doses as long as they can be at least 2 hours apart.

iii. Provide patient instructions

3. Patient Instructions

a. Symptom Management
   i. Encourage to increase fluid (including electrolyte solution such as Gatorade)
   ii. Adequate rest
   iii. Over the counter medication
      1. Analgesic/antipyretic (e.g. acetaminophen, ibuprofen, naproxen)
      2. Cough medicine (e.g. dextromethorphan)
      3. Decongestant (e.g. pseudoephedrine)

b. Infection Control
   i. Discuss notification and prophylaxis of high-risk household contacts.
   ii. Frequent hand washing, cover mouth with sleeve when coughing
   iii. Home isolate until 24 hours after fever has resolved (7 days for health-care workers)

c. Indications to contact UHS for follow-up care
   i. Fever >100.0 for more than 3 days
   ii. Significant shortness of breath
   iii. Chest pain
   iv. History of influenza-like illness which initially improves but returns suddenly with fever and cough
4. Phone encounter-send secure message sent to patient (ILI Web Links to Pt Education)
5. Clinic Visit-ILI Handout packet- "What You Can Do about the Flu", self-care/isolation/cleaning handouts)

III. Skills List
a. Skill in interviewing and history taking
b. Knowledge of disease process of uncomplicated influenza infection
c. Knowledge of risk factors for complications from influenza infection
d. Knowledge of physical assessment
e. Knowledge of appropriate drug actions and adverse reactions
f. Skills in patient education.

IV. References
b. CDC. Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season. 2009 (Sept. 8)

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Created: September 2009
Posted: September 2009
Reviewed January 2010