

Introduction to Pandemic Influenza Health Services Planning in IH

Although it is impossible to predict the timing of an influenza pandemic, like any other force of nature, British Columbia will eventually have to respond to this global public health emergency. The next influenza pandemic will be caused by a novel strain of the flu virus that spreads rapidly from person-to-person, and causes high rates of illness and death. Unlike other emergencies, an influenza pandemic will impact multiple communities across the country at the same time.

Interior Health is currently planning for a severe pandemic (with a cumulative clinical attack rate of 35% during the first pandemic wave). That said, even a moderate event will strain the already taxed health care system of British Columbia. It is anticipated that doctors' offices and community clinics will be overwhelmed with the number of patients seeking and requiring care, resulting in the likely need for additional assessment ("flu") centres and/or alternative care sites. Moreover, different levels of care will be required to support individuals affected by the pandemic virus, while essential services for individuals presenting with non-influenza conditions will still be required. This scenario will further be compounded by the fact that a substantial proportion of the workforce will be absent during the peak of the influenza pandemic, either due to illness, having to care for family members, or fears of contracting the virus in the workplace.

With these conditions in mind, each health authority in BC is to prepare and plan a coordinated response to pandemic influenza despite the uncertain availability of external resources and support. Interior Health is no exception. Further to this, each Health Service Area (HSA) within the health authority must be prepared to respond to the unique needs of their local communities and populations. As a result, both health authority and HSA plans must follow best practices and mirror similar planning assumptions, guiding principles, and operational protocols along the continuum of health care.

This updated section addressing health services planning and delivery in IH during a pandemic outlines these similar components from the health authority level and has been revised to provide a substantive overview of the response protocols to be initiated during this emergency. In addition, this section of the plan will address the operational steps to be taken by the HSAs in support of their local populations, particularly when considering the novel patient flow process and clinical care guidelines required during an influenza pandemic.

Health Service Areas – Key Contacts for the Pandemic Response

In preparation for an influenza pandemic, Interior Health recognizes the need to have easy access to the contact information of stakeholders closely linked to the planning and response process. The following contact information is made available as an easy-to-use point of reference for planners and responders to contact those individuals responsible for the local area reasons. This list will require frequent review and updates to remain current.

<i>Name</i>	<i>Position</i>	<i>Phone</i>	<i>E-mail</i>
Allan Sinclair	COO – East Kootenays	250.420.2400	allan.sinclair@interiorhealth.ca
Joanne Konnert	COO – Okanagan	250.862.4303	joanne.konnert@interiorhealth.ca
Andrew Neuner	COO – TCS	250.314.2577	andrew.neuner@interiorhealth.ca
Carol Markowsky	COO – Kootenay Boundary	250.365.4314	carol.markowsky@interiorhealth.ca
Dr. Andrew Larder	Senior Medical Health Officer	250.862.4092	andrew.larder@interiorhealth.ca
James Neve	EK HSA	250.420.2408	james.neve@interiorhealth.ca
Martin Oets	KB HSA	250.354.2338	martin.oets@interiorhealth.ca
Colleen McEachern	OK HSA	250.862.4108	colleen.mceachern@interiorhealth.ca
Linda Comazzetto	TCS HSA	250.314.2310	Linda.comazzetto@interiorhealth.ca
Dr. Robert Halpenny	Senior Medical Director	N/A	Robert.Halpenny@interiorhealth.ca
Dr. Rob Parker	Public Health	250.868.7832	robert.parker@interiorhealth.ca
Ken Christian	Public Health Protection	250.851.7309	ken.christian@interiorhealth.ca
Rick Erland	Infectious Hazards TF Chair	250.770.3422	rick.erland@interiorhealth.ca

Scope and Purpose of the Health Services Planning Chapter

Interior Health, its acute care, mental health, public health, and other health care facilities have lead responsibility for ensuring the development of detailed plans that focus on triage and the provision of care during an influenza pandemic. These plans must clearly explain how services and their delivery will be prioritized during a pandemic to provide appropriate levels of care for people with influenza, while at the same time meeting ongoing, non-pandemic health care needs.

The scope and purpose of this health services chapter is to outline the guiding principles and standard approaches to the provision of care across the health care continuum in Interior Health during an influenza pandemic. As a result, this chapter will pay particular attention to the various planning components outlined within the HSA-level response manuals, which will act as the key points of reference for the community-based response across the continuum of care. These HSA documents, developed by frontline staff and their community-based planning committees, will be integrated with the Interior Health PIPP over time, and will outline the operational steps regarding:

- Clinical care guidelines and protocols.
- Alternative care site and assessment tools for the frontline, community response.
- Strategies for the deferral of services and the reallocation of staff to areas facing a surge in demand (i.e., “clinical redesign”).
- Strategies to ensure adequate staffing.
- Strategies to ensure adequate supplies of drugs, equipment, and other material resources.
- Infection control strategies to prevent and control the spread of disease.
- Considerations for increased demand for counseling and psycho-social services.

Anticipated Impacts in the Health Care Continuum

Human Impact:

- The global death toll of a severe pandemic could range between 20 to over 100 million. The federal government conservatively estimates that Canada will face between 11,000 and 58,000 deaths during the next influenza pandemic.
- Interior Health estimates that during a severe pandemic:
 - More than 130,000 residents will utilize some form of outpatient care.
 - Over 3,000 will require hospitalization (either traditional or alternative).
 - Almost 800 people could die within the first 6-8 weeks.

Timeframe of a Pandemic:

- Global public health officials contend that a severe influenza pandemic could last anywhere between 12 to 18 months.
- A pandemic usually spreads in two or more waves, either in the same year or in successive influenza seasons. A second wave may occur within three to nine months of the initial outbreak wave, and may cause more serious illnesses and deaths than the first.
- In any locality, the length of each wave is likely to be six to 12 weeks. However, Interior Health is planning for each pandemic wave to last approximately **eight weeks**.
- As Interior Health is planning for a “worst-case” scenario, the above-mentioned estimates are considered occurring entirely in the **first wave**.

The Pandemic Vaccine and Protective Measures:

- While vaccine is the primary means of prevention of influenza, the pandemic influenza vaccine will not be available during the early stages of the event due to the time it will take for its development and testing.
- Effective preventive and therapeutic resources will likely be in short supply. As a result, education and awareness campaigns geared towards improving personal hygiene will be integral to limit the spread of the virus within the population.

Impact on the Healthcare System:

- The impact of a pandemic on health and social services is likely to be intense and sustained, and will be felt across Interior Health. The health care sector may quickly become overwhelmed as a result of:
 - The increased workload of patients with influenza and its direct complications.
 - The particular needs for high dependency care and the prolonged use of personal protective equipment (PPE).

- Logistical problems due to interruption of supplies, utilities, and transport as part of the general disruption caused by the pandemic, including blood and other essential supplies.
- As a result, some sites may provide alternative levels of care during an influenza pandemic, which will not be reflective of current practices. **Standards will be much lower during an influenza pandemic**, and in many areas, will likely resemble the provision of “mass care.”

Health Services Planning Assumptions and Considerations

Novel Planning Considerations – Acute Care:

- Acute care sites will defer a range of services over the course of the pandemic to “free-up” both human resources and beds/space to meet the demands of pandemic influenza patients.
- Staff and the service they provide will be redefined to ensure the highest numbers of staff available to provide various levels of pandemic influenza care.
- To limit the strain on Emergency Departments and to lessen the spread of infection in acute care sites, assessment centres may be established external to hospitals, to screen and triage the majority of pandemic influenza cases outside of acute care facilities.
- A standard Interior Health triage model will be used to manage the access of patients to treatment/care interventions, when resource levels are variable, during the various phases of the pandemic.
- Standardized Interior Health treatment protocols will be available to assist in the decision making process in allocating ventilators, management of patients with pneumonia and for expediting extubation of patients on ventilators.
- Standardized Interior Health treatment protocols will be available to assist in the decision making process in the rationalization of renal dialysis within the context of decreased staffing resources within the renal program.
- Pandemic-specific protocols (e.g., re-designing and activating “pandemic wards,” the use of PPE and implementing “pandemic precautions,” etc.) will likely be required in response to changes in standard practices.
- An integral element to pandemic planning in Interior Health will be alternative care sites. HSAs and acute care facility leaders may have to work with local stakeholders (e.g., municipal officials) to identify, evaluate, and consider the use of non-traditional facilities for the provision of alternative care services, including frontline assessment, triage, and basic levels of treatment.

Novel Planning Considerations – Residential and Community Care:

- It is likely that residential care facilities will have to be self-sufficient in addressing patient care issues. Due to the expected patient surge at acute care facilities, residential care patients who contract the pandemic virus, in addition to the general patient population, will have to be treated “in-house” by staff.
- Ambulance service resources will also be severely strained during a pandemic. Therefore, current transportation practices between community and acute care facilities will not be feasible.

- Pandemic-specific protocols (e.g., re-designing and activating “pandemic wards,” the use of PPE and implementing “pandemic precautions,” etc.) will likely be required in response to changes in standard practices.
- Current Community Care and Home Health clients will face lower standards of care during an Influenza pandemic due to reduced staffing levels. Alternative care options will be required, which may include congregating clients at a designated site to provide Home Support services and increasing access to Ambulatory Clinics. Volunteer agencies and/or other community support resources may be required to assist in meeting the needs of Community Care clients (e.g., follow-up phone check in call, and “meals on wheels,” etc.).
- Community physicians and their offices will be considered a frontline and essential component of the pandemic influenza response within Interior Health. The provision of additional support to such resources (e.g., training to administration staff on dealing with “flu calls”) will be required to ensure they can meet the demand for screening, assessment, and education of pandemic influenza cases in the community.

Novel Planning Considerations – Public Health:

- Public health units may also be required to consider the re-allocation of human resources to other areas within Interior Health during the pandemic response (e.g., alternative care sites, supporting acute care services as is feasible, etc.).
- Deferral of service and business continuity planning will be required.
- Pandemic-specific protocols (e.g., re-designing and activating “pandemic wards,” the use of PPE and implementing “pandemic precautions,” etc.) will likely be required in response to changes in standard practices.

Novel Planning Considerations – Mental Health and Addictions:

- Mental health staff will have to consider how to provide their services in an environment where person-to-person contact will have to be limited.
- Staff may also be re-allocated across Interior Health to support critical service functions, particularly in acute care facilities, and to address the likely surge in demand for psycho-social supports.
- Pandemic-specific protocols (e.g., re-designing and activating “pandemic wards,” the use of PPE and implementing “pandemic precautions,” etc.) will likely be required in response to changes in standard practices.

Health Services Response Planning in Interior Health

Patient Flow Process

The health services response to the next influenza pandemic will take place across the entire continuum of care. As a result, the response plan and the general planning considerations for Interior Health must begin by outlining the anticipated patient flow process throughout the communities within the Health Authority. Facility-specific protocols and community-specific resources available to the public may differ across the region, but the general elements of the process ought to follow these essential elements.

Screening Elements

Pre-Pandemic Public Education

Prior to the arrival of the pandemic virus in the communities of Interior Health, formal and ongoing public education programs will be required to provide residents with the necessary information and preparedness materials/tools to better understand both the pandemic threat and the process for response in the health authority. This public education program will inform residents of the ways in which the “normal” health care system will adjust to meet the unique needs of pandemic influenza patients and to deal with the surge in cases across the community.

This education program will likely include information regarding the differences between annual influenza and pandemic influenza, how residents can screen themselves at home, and what self-care measures can be applied when caring for oneself and/or a loved one at home. Most importantly, however, this program will make residents aware of the pandemic influenza patient flow process, whereby individuals suspected of having contracted the virus will use both self-screening and remote-access tools (in most cases) to ascertain whether they require additional assessment and care.

Remote Access to Assessment, Frontline Screening

Once a pandemic has been declared, individuals in the community suspecting that they have contracted the pandemic virus will be encouraged to utilize remote access screening tools to discern whether they require additional care (basic screening tools, along with advanced assessment and clinical care guidelines, are overviewed below).

Residents will be expected to complete the initial, standardized screening questions by contacting/using remote access points by phone and/or the Internet. Recommended points include:

- a. Provincial/Health Authority-led telephone access lines
- b. Websites (both local and provincial)
- c. Media (e.g., newspapers, television public services announcements)

It is anticipated that media outlets, including television, radio, and newspapers, will carry inserts of pandemic influenza education materials to direct the public to the proper screening and assessment resources. However, the use of 9-1-1 emergency dispatch for pandemic screening will be discouraged in the lead-up to and during an influenza pandemic, as this resource will be

strained while police/fire/ambulance (P/F/A) services deal with both reduced staffing levels and “everyday” emergency calls.

Limited Walk-in Screening

A key assumption of the patient flow process in Interior Health will be the need for limiting the number of suspected pandemic influenza cases from using traditional health care facilities/services for their initial and secondary assessments. While it can be expected that some patients will attempt to visit their community physician’s office, walk-in clinics, and/or pharmacies, it will be essential for the public education program to inform residents of the need to complete initial assessments via remote access and/or through a direct visit to an assessment centre.

As traditional settings (i.e., doctors’ offices) will likely receive some suspected cases of pandemic influenza for assessment, such facilities will need to adopt stringent and novel infection prevention and control measures. These measures will ensure that non-pandemic cases are not put at any greater risk of contracting the virus from visiting patients. Examples include: advertising times for seeing only pandemic patients; employing the use of masks and stringent personal hygiene measures in the office, etc. Moreover, additional training, education, and screening tools will be required for the administrative staff of such offices to ensure they are prepared to handle pandemic-specific calls.

Screening and Care for Patients already in Established Institutions

Interior Health’s PIPP recommends that screening and care for patients who have contracted the pandemic influenza virus while in the confines of facilities such as residential care homes takes place within these facilities (as opposed to transferring them out to an assessment centre and/or acute care setting, unless acute care is required). Cohorting measures and/or transforming areas of existing facilities into “pandemic wards” may be also required, depending on the severity of the outbreak and the number of cases within such facilities.

Standardized Screening Questions

Standardized questions for the initial screening of suspected cases of pandemic influenza are outlined below. In addition, a patient flow process is also outlined to provide readers with a visual overview of how the health care continuum will address the flow of patients during the next influenza pandemic.

General Principles and Assessment Elements of the Patient Flow Process

Suspected Case of Pandemic Influenza (possible case definitions)

CRITERIA FOR ADULTS	CRITERIA FOR PEDIATRICS
<ul style="list-style-type: none"> • Documented fever > 38°C (100.4°F) • Acute onset of cough or shortness of breath • Presence of influenza circulating in the community OR (for H5N1) history of contact with poultry or domestic birds, or a known or suspected patient with avian influenza H5N1 in an H5N1-affected country, within 10 days of symptom onset 	<ul style="list-style-type: none"> • Documented fever > 38°C (100.4°F) • Acute onset of cough and rhinitis • Respiratory distress • Difficulty breathing (in infants) • Presence of influenza circulating in the community OR (for H5N1) history of contact with poultry or domestic birds, or a known or suspected patient with avian influenza H5N1 in an H5N1-affected country, within 10 days of symptom onset

It is important to note that the case definitions will need to be updated regularly as outbreaks of pandemic influenza are identified. Moreover, the criteria specific to avian influenza will not likely be relevant once the pandemic has been declared and the human virus is identified.

Patient Transportation Considerations to Assessment Centres and/or Alternative Care Sites

Ongoing discussion is required regarding general transportation services to be provided to residents who cannot find their own way to an assessment centre or alternative care site after completing self-screening and/or being assessed and directed to the facilities. Current BCAS transport protocols are being reviewed and addressed regarding the possibility of necessary changes for an influenza pandemic.

Additional considerations include:

- Whether BCAS transport services for non-critical patients will even be available during an influenza pandemic.
- The use of alternative transport systems (e.g., mass/public transit resources), which could be allocated to facilitate the transportation of patients during a pandemic. Such discussions would likely have to take place across a range of jurisdictions and involve multiple stakeholders across the province.

Initial Assessment: Patient Arrival and Assessment at Flu Centres

An important element of “Flu Centres” will be clear signage and availability of human resources (e.g. volunteers, security) to direct suspected cases through the entrance and registration process.

Infection control protocols (“pandemic precautions”) will be in place and personal protective equipment (PPE) will likely be distributed to possible cases upon arrival at an assessment centre or alternative care site.

Assessments of suspected cases directed through the Flu Centre system will follow the same criteria and similar screening documentation that will be used at acute facilities (see screening tools below).

Planners for such facilities ought to consider the following elements as well:

- The set-up of a “waiting area” and the resources available for clients.
- Types of entertainment resources available (e.g. magazines, newspapers), as many could facilitate the spread of the virus.

The primary assessment (see form below) will result in the patient being directed to one of two areas: a zone where first aid and monitoring resources are available (for patients who may need transport and higher level of care services in an acute care setting), or a zone for the provision of education and self-care materials (and the possibility of antiviral dispensing, should the client meet the clinical criteria AND stockpiles are sufficient enough for wider distribution).

First Aid and Monitoring Area, and Transfer Zone

Assessment/Flu Centres will require a range of resources, including equipment and supplies for the range of patients likely to be screened at these facilities. Consideration will also be made for patients whose symptoms worsen while they are at a centre.

Neither Assessment/Flu Centres, however, will support intubated patients, nor will the provision of oxygenation or intravenous fluids be available. Lab work will also not be available at the Flu Centres, although assessment forms will direct health care workers to the proper laboratory testing to take place for patients transferred to acute care settings.

Education and Discharge Area

General self-care materials distributed at the Assessment/Flu Centres will be similar in nature to those given to discharged patients at acute care facilities (although patients discharged from acute care will likely have more specific patient care information related to their conditions, and may also be more likely to be discharged with antivirals/related prescription information).

Formal Discharge

Many patients will easily be sent home for self-care, while others requiring additional support may seek community support services or may be transferred to an acute care facility should a higher level of care be required.

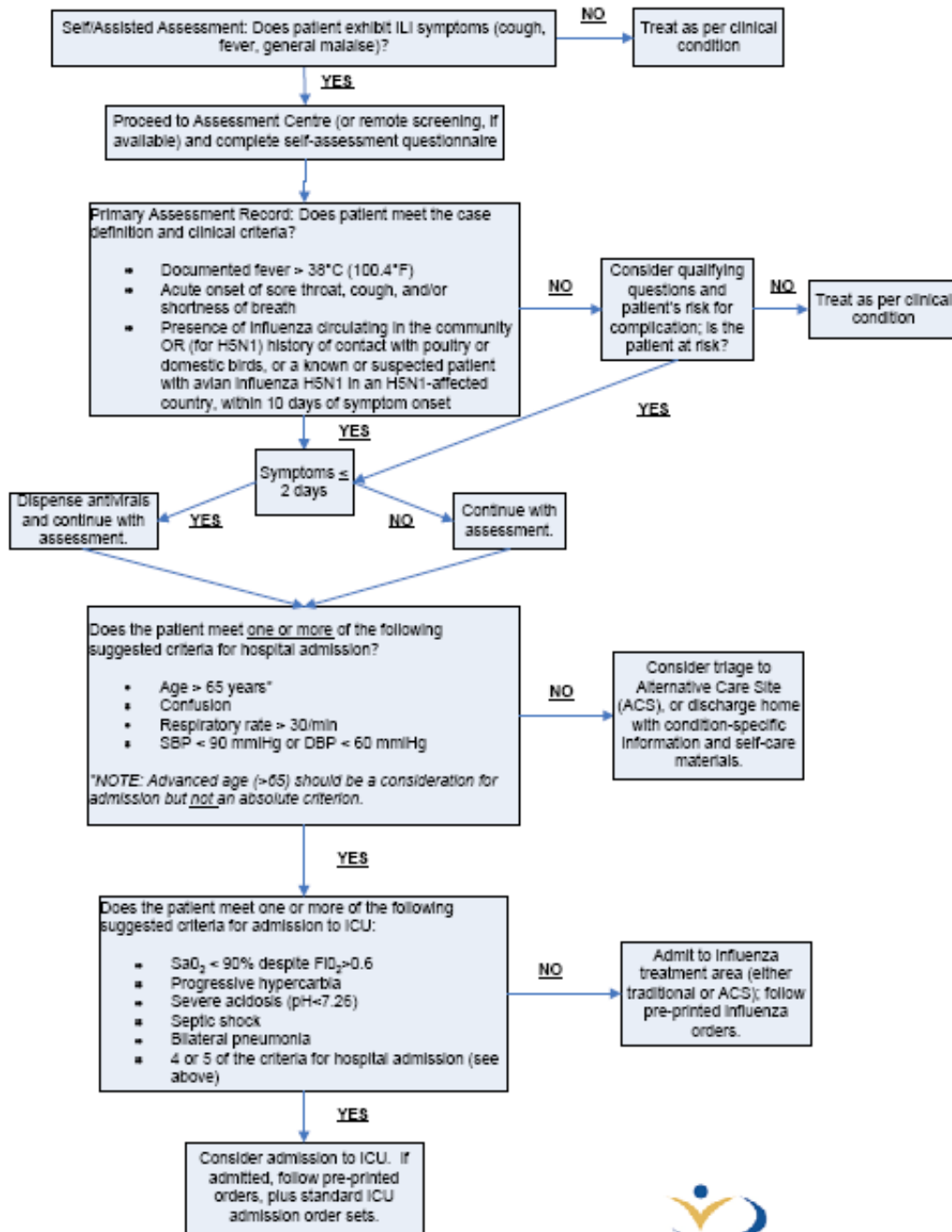
Consideration for Patients with Onset of New ILI Symptoms or Non-ILI or Injury

Consideration must also be given to patients who may be discharged back into the community, but who come down with an illness after moving through the Assessment/Flu Centre system. The education materials will have to be clear in reinforcing the fact that the public will need to continuously screen themselves for ILI symptoms and that in most cases, they are not to visit their traditional health care providers if they come down with flu-like symptoms.

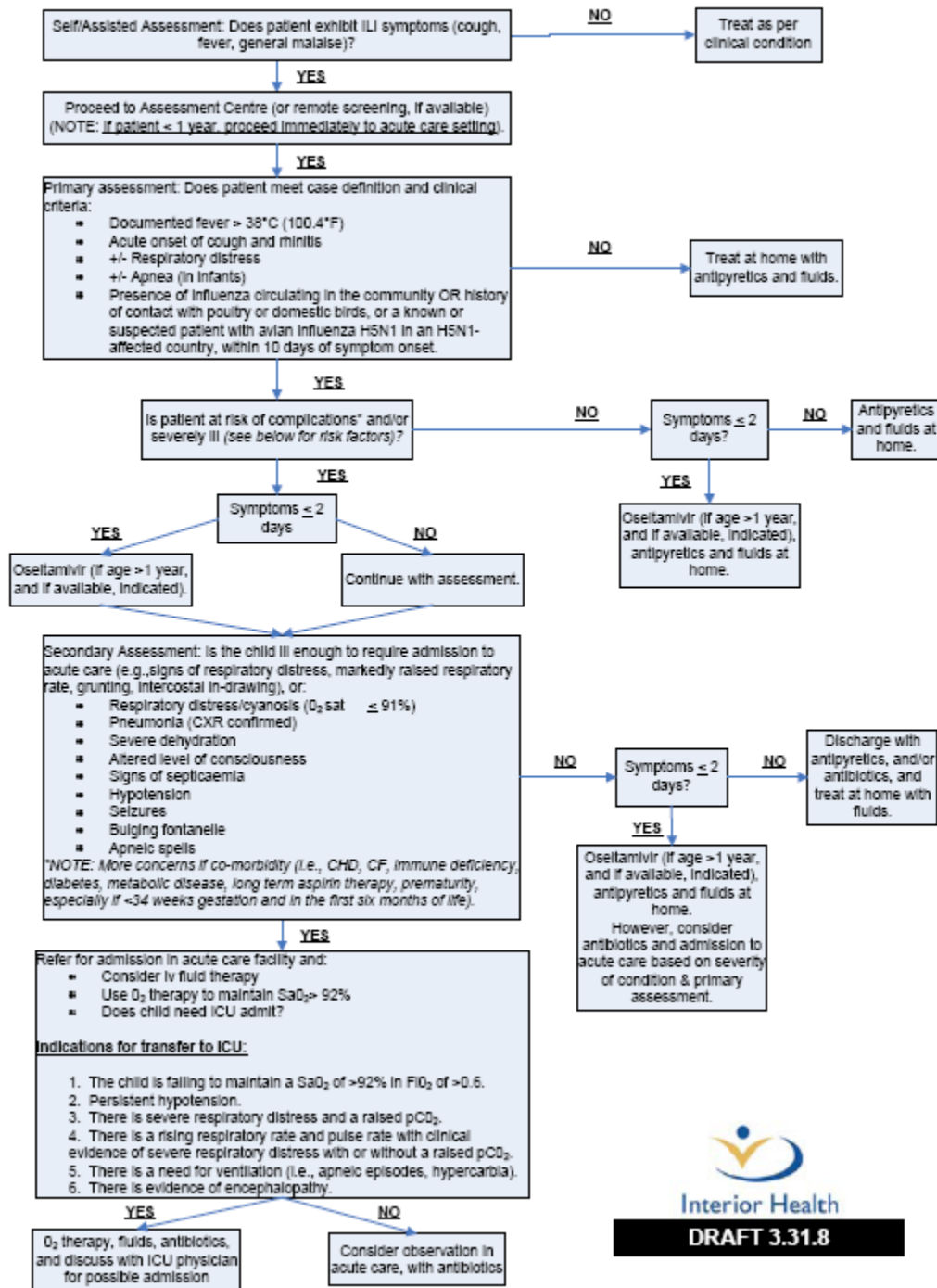
Education materials will also have to provide specific information for flu-cases who may come down with a non-flu illness or injury during the pandemic, and the means with which they should seek care (e.g. which health provider to contact, etc.).

Disposition Algorithms for Adult and Pediatric Patients in Interior Health

DRAFT DISPOSITION ALGORITHM FOR ADULTS



DRAFT DISPOSITION ALGORITHM FOR PAEDIATRICS



Frontline Screening Tool at Assessment/Flu Centres – Adult

Screener Form:

Step 1: Check client’s fever.

Step 2: Confirm presenting symptoms with screening tool below.

Confirmation of Presenting Symptoms		Confirmation of High Risk Symptoms	
Fever <input type="checkbox"/>	Onset date: <u> / /</u> MM / DD / YYYY	Chest Pain <input type="checkbox"/>	Headache <input type="checkbox"/>
Cough <input type="checkbox"/>	Onset date: <u> / /</u> MM / DD / YYYY	Decreased Fluid Intake <input type="checkbox"/>	Severe Muscle Pain <input type="checkbox"/>
Shortness of Breath <input type="checkbox"/>	Onset date: <u> / /</u> MM / DD / YYYY	Vomiting <input type="checkbox"/>	Purulent Sputum <input type="checkbox"/>
And one or more of the following symptoms:		Decreased Urine Output (no urine output in 8 hours) <input type="checkbox"/>	
Sore Throat <input type="checkbox"/>	Muscle Pain <input type="checkbox"/>	Onset of first symptoms: _____ : _____ HH:MM	
Joint Pain <input type="checkbox"/>	Dyspnea <input type="checkbox"/>		
Presence of influenza circulating in community <input type="checkbox"/>			
Other (list) <input type="checkbox"/> _____			
Onset of first symptoms: _____ : _____ HH:MM			

If screener form confirms client meets case definitions and clinical criteria, triage client to Reception Area and continue with assessment.

If screener form does not confirm client meets case definition and clinical criteria, triage client to Waiting Area for self-care materials and discharge.

Additional Screening Considerations:**1. Vital Signs:**

Time (HH:MM):	_____	Blood Pressure	_____
Pulse:	_____	SpO ₂ :	_____
Respiratory Rate:	_____	Temperature:	_____

2. Does the patient have influenza?

- a. No – send patient home
- b. Yes – see question three

3. Can the patient go home?

- a. If No:
 - Primary Assessment – complete rest of form
- b. If Yes:
 - Self-care instructions provided/reviewed
 - Discharged with instructions sheet provided

4. Does the patient need medication?

- a. If No:
 - Self-care instructions provided/reviewed
 - Discharged with instructions sheet provided
- b. Yes, consider:
 - Antivirals (as available)
 - Antibiotics

5. Disposition – Please check:

- Home
- Further screening (i.e., Primary Assessment Form)
- Emergency Department

Additional Screening Considerations:**1. Vital Signs:**

Time (HH:MM):	_____	Blood Pressure	_____
Pulse:	_____	SpO ₂ :	_____
Respiratory Rate:	_____	Temperature:	_____

2. Does the patient have influenza?

- a. No – send patient home
- b. Yes – see question three

3. Can the patient go home?

- a. If No:
 - Primary Assessment – complete rest of form
- b. If Yes:
 - Self-care instructions provided/reviewed
 - Discharged with instructions sheet provided

4. Does the patient need medication?

- a. If No:
 - Self-care instructions provided/reviewed
 - Discharged with instructions sheet provided
- b. Yes, consider:
 - Antivirals
 - Antibiotics

5. Disposition – Please check:

- Home
- Primary Assessment Centre
- Emergency Department

Primary Assessment Record and Orders – Adults

Notice to Health Care Provider: This patient may have pandemic influenza!
 Use infection control procedures recommended for potential pandemic flu case
 (level of precaution TBD).

STEP 1: Have client check fever.
STEP 2: Confirm presenting symptoms with screening tool below (clinical criteria symptoms in RED)

Patient (first name, last name) please print	Date (dd/mm/yy)	Time (hh : mm)
	/ /	:
Language Spoken:	Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 1 – Personal History & Initial Assessment

Check all symptoms that apply below and give dates when symptoms started.

a.	General	When? (dd/mm/yyyy)	c.	Digestive	g.	High Risk Categories
	<input checked="" type="checkbox"/> Fever (>38°C)	/ /		<input type="checkbox"/> Vomiting		<input type="checkbox"/> Chronic lung disease
	<input type="checkbox"/> Chills	/ /		<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Chronic heart disease
	<input type="checkbox"/> Headache	/ /		<input type="checkbox"/> Abdominal pain		<input type="checkbox"/> Liver disease
	<input type="checkbox"/> Aching muscles, joints	/ /		d. Neurological		<input type="checkbox"/> Renal failure/dialysis
	<input type="checkbox"/> Stiffness	/ /		<input type="checkbox"/> Confusion, drowsiness		<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Weakness	/ /		<input type="checkbox"/> Convulsions		<input type="checkbox"/> Is client on blood thinners?
	<input type="checkbox"/> Red and/or watery eyes	/ /		e. Contact		<input type="checkbox"/> Pregnancy
	<input type="checkbox"/> Earache	/ /		Have you had contact with someone with similar symptoms?		<input type="checkbox"/> Immunosuppression
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Serious blood disorder
b.	Respiratory	When? (dd/mm/yyyy)		f. Non-Medical	h.	Looks dead/unresponsive:
	<input checked="" type="checkbox"/> Acute onset of cough	/ /		<input type="checkbox"/> Age > 65 years		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Acute onset of sore throat	/ /		<input type="checkbox"/> Living in a group home		
	<input type="checkbox"/> Hoarseness	/ /				
	<input type="checkbox"/> Stuffy or runny nose	/ /				
	<input checked="" type="checkbox"/> Shortness of breath	/ /				

	<input type="checkbox"/> Chest pain when taking a deep breath	/ /	<input type="checkbox"/> Living alone		
<p><i>If symptoms of fever, sore throat, cough, and/or SOB have been checked, continue with Section 2 of the assessment.</i></p> <p><i>If symptoms only in sections "c" through "f" have been checked, consider discharge and/or transport to health care provider for further medical advice regarding their non-influenza condition.</i></p> <p><i>If symptoms in sections "a" or "b", and in section "g" have been checked, continue with Section 2 of the assessment and note high risk issues in Section 5a.</i></p> <p><i>If section "h" has been checked, proceed immediately to Section 5b for transport to an acute care facility (Section 5b).</i></p>					

Section 2 – Medications	
Does the patient take any medication (<i>pills, inhalers, needles, blood thinning drugs, etc.</i>) on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes (if you checked “yes,” please complete the attached Medication List)	
Has the patient taken any other medications recently? <input type="checkbox"/> No <input type="checkbox"/> Yes (if you checked “yes,” please complete the attached Medication List)	
Signature of Screener: _____	Date (<i>dd/mm/yyyy</i>): _____ /
If completed by someone other than patient: Name (<i>first name, last name</i>) please print _____ Relation to the patient: _____	Signature of friend or relative: _____

Section 2 – Medications <i>continued</i> ...	
1. Medical Allergies The patient is allergic to the following medications:	<ul style="list-style-type: none"> • _____ • _____ • _____
2. Medications Please list the medications the patient takes, including the following: the dose, how often they take it, and how they have to take it (pill, injection, etc.).	
Medication List	
Drug (<i>medication name, dose, route, frequency</i>)	To be continued in hospital
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
3. Signature of Patient (or person completing this form): 	

Section 3 – Nurse (or Designate) Assessment

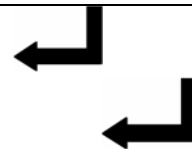
Clinical Case Definition

- Documented fever > 38°C (100.4°F).
- Acute onset of sore throat, cough, and/or shortness of breath.
- Presence of influenza circulating in the community OR (for avian influenza A) history of contact with poultry or domestic birds, or a known or suspected patient with avian influenza A in an affected country, within 10 days of symptom onset.
- *NOTE: Case definitions will need to be updated regularly as outbreaks of pandemic influenza are identified. Moreover, the criteria specific to bird flu will not likely be relevant once the pandemic has been declared.*

Heart Rate: _____ /min	Is HR > 100/min?	<input type="checkbox"/> yes <input type="checkbox"/> no
Resp. Rate: _____ /min	Is RR > 24/min?	<input type="checkbox"/> yes <input type="checkbox"/> no
Blood Pressure ____ / ____ mmHg	Is systolic BP < 100 mmHg?	<input type="checkbox"/> yes <input type="checkbox"/> no
Temperature: _____ °C	Temp. >38°C?	<input type="checkbox"/> yes <input type="checkbox"/> no
SpO2: _____ %	Is SpO2 ≤ 90%?	<input type="checkbox"/> yes <input type="checkbox"/> no
Mucous Membranes:	Are lips/nail beds cyanotic?	<input type="checkbox"/> yes <input type="checkbox"/> no
Chest auscultation:	Are crackles present?	<input type="checkbox"/> yes <input type="checkbox"/> no
Mental status:	Is patient confused?	<input type="checkbox"/> yes <input type="checkbox"/> no
Chest pain:	Does patient have chest pain?	<input type="checkbox"/> yes <input type="checkbox"/> no
Vomiting:	Is patient vomiting > 3x's/24h?	<input type="checkbox"/> yes <input type="checkbox"/> no

If all “no” boxes are checked, go to Section 5b.

If any “yes” boxes are checked, go to Section 4a.



Section 4a – Assessment for High Risk Criteria

Check all that apply:

- Age > 65 years
- Chronic lung disease
- Liver disease
- Chronic heart disease
- Renal failure/dialysis
- Serious blood disorder
- Living in a group home
- Medications to lower blood pressure, thin blood
- Diabetes
- Immunosuppression
- Living alone

(*Note: Advanced age [>65] should be a consideration for admission, but not an absolute criterion.)

↳ If any boxes are checked (see advanced age note above, however), consider transport and admission to Alternative Care Site and/or provision of antibiotics/antivirals (see Section 5a – Triage).

Section 4b – Assessment for Immediate Transfer to Acute Care Facility

Check all that apply:

- SpO2 ≤ 90%
- Clinical evidence of severe respiratory distress or impending respiratory failure
- Inability to protect airway
- Systolic BP < 90mmHg
- RR > 30/min
- HR < 40/min or > 120/min

↳ If patient meets any of the following criteria, apply oxygen to maintain a SpO2 > 90%, notify on-site MD (or designate) immediately, and consider immediate transfer to acute care facility (Section 5a).

Assessor's (first name, last name) please print:	Assessor's Designation:
--	-------------------------

Assessor's Signature:

Section 5a – Triage		
<input type="checkbox"/> Triage to Alternative Care Site and note prescription(s) provided (if necessary – see Section 7b: Recommended Orders for Medication – note first dose given prior to transfer)	/ /	:
<input type="checkbox"/> Triage to acute care facility for Secondary Assessment:	/ /	:
<input type="checkbox"/> Transfer arranged	/ /	:
<input type="checkbox"/> PAR sent with patient	/ /	:
<input type="checkbox"/> Diagnostic testing ordered (see Section 7a: Recommended Orders for Admission)	/ /	:
<input type="checkbox"/> Prescription(s) ordered (see Section 7b: Recommended Orders for Medication – note first dose given prior to transfer)	/ /	:
Assessor's (<i>first name, last name</i>) please print	Assessor's Designation	
Assessor's signature		
Section 5b – Discharge		
<input type="checkbox"/> Self-care instructions provided and reviewed <input type="checkbox"/> Discharge instruction sheet provided and reviewed <input type="checkbox"/> Prescriptions ordered (if necessary – see Section 7b: Recommended Orders for Medication)	Discharge date (<i>dd/mm/yyyy</i>) / /	Discharge time (<i>hh : mm</i>) :
Assessor's (<i>first name, last name</i>) please print	Assessor's Designation	
Assessor's signature		

Section 6a – Recommended Orders for Admission (to be completed at Assessment Centre or acute care facility)	
Allergies (circle): None _____ Weight: _____ kg Please list: _____	
Admit to: (Most responsible physician)	
Diagnosis: SUSPECTED PANDEMIC INFLUENZA	
Date & Time	<i>Cross out and initial order not indicated; place <input checked="" type="checkbox"/> in boxes as appropriate.</i>
	1. DAT or _____
	2. AAT or _____
	3. Recommended Investigations at an Acute Care Facility (CONSIDER BLOOD WORK FOR HIGH RISK TRANSFERS): <input type="checkbox"/> Blood C+S <input type="checkbox"/> CBC, electrolytes, BUN, Serum Cr, blood glucose; Day 3 repeat CBC <input type="checkbox"/> CBG/ABG <input type="checkbox"/> Nasopharyngeal swab for virology (if considering non-influenza co-morbidity) <input type="checkbox"/> Chest x-ray (if clinically necessary) <input type="checkbox"/> Other: _____
	4. Recommended Standard Orders at an Acute Care Facility: <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Vital signs and temp q4h <input type="checkbox"/> Consult Physiotherapy <input type="checkbox"/> O ₂ to maintain sat \geq 92%
	5. Recommended IV Orders at an Acute Care Facility: <input type="checkbox"/> Saline lock <input type="checkbox"/> IV NS @ _____ cc/h <input type="checkbox"/> Add _____ KCl/L after first void <input type="checkbox"/> Other _____

Section 7b – Recommended Orders for Medication													
Date & Time													
	<p>1. Antivirals (if symptom onset ≤ 48 hrs):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oseltamivir 75 mg PO bid x 5 days (NOTE: dosage may be increased depending upon federal/provincial recommendations) <p>UNLESS CrCl < 10 ml/min, patient is on dialysis, and/or is pregnant/breast feeding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Zanamivir 10 mg (2 inhalations) bid x 5 days (<i>WARNING: not recommended for patients with asthma or COPD</i>). 												
	<p>2. Antibiotics:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Hospital-treated, non-pneumonic bronchial complications (including exacerbations of COPD and acute bronchitis) requiring antibiotic therapy:</th> </tr> <tr> <th style="width: 50%; text-align: center;">Preferred</th> <th style="width: 50%; text-align: center;">Alternative</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> Co-amoxiclav 625 mg tid PO Or Doxycycline 200 mg stat and 100 mg od PO </td> <td style="vertical-align: top;"> Macrolide (clarithromycin 500 mg bid PO) Or Fluoroquinolone with enhanced pneumococcal activity, eg levofloxacin 500 mg od PO or moxifloxacin 400 mg od PO </td> </tr> <tr> <td style="vertical-align: top;"> (2) Hospital treated, non-severe pneumonia Co-amoxiclav 625 mg tid PO Or Doxycycline 200 mg stat and 100 mg od PO </td> <td style="vertical-align: top;"> Macrolide (clarithromycin 500 mg bid PO) Or Fluoroquinolone with enhanced pneumococcal activity, eg levofloxacin 500 mg od PO or moxifloxacin 400 mg od PO </td> </tr> <tr> <td style="vertical-align: top;"> Or if IV needed: Co-amoxiclav 1.2 g tid IV Or Cefuroxime 1.5 g tid IV or cefotaxime 1 g tid IV </td> <td style="vertical-align: top;"> Macrolide (clarithromycin 500 mg bid IV) Or Levofloxacin 500 mg od IV </td> </tr> <tr> <td style="vertical-align: top;"> (3) Hospital-treated, severe pneumonia Co-amoxiclav 1.2 g tid IV Or cefuroxime 1.5 g tid IV Or cefotaxime 1 g tid IV Plus Macrolide (clarithromycin 500 mg bid IV) </td> <td style="vertical-align: top;"> Fluoroquinolone with some enhanced pneumococcal activity, eg levofloxacin 500 mg bid IV, PO Plus, either Macrolide (clarithromycin 500 mg bid IV) Or Beta-lactamase stable antibiotic (co-amoxiclav 1.2 g tid IV or cefuroxime 1.5 g tid IV or cefotaxime 1 g tid IV) </td> </tr> </tbody> </table>	Hospital-treated, non-pneumonic bronchial complications (including exacerbations of COPD and acute bronchitis) requiring antibiotic therapy:		Preferred	Alternative	Co-amoxiclav 625 mg tid PO Or Doxycycline 200 mg stat and 100 mg od PO	Macrolide (clarithromycin 500 mg bid PO) Or Fluoroquinolone with enhanced pneumococcal activity, eg levofloxacin 500 mg od PO or moxifloxacin 400 mg od PO	(2) Hospital treated, non-severe pneumonia Co-amoxiclav 625 mg tid PO Or Doxycycline 200 mg stat and 100 mg od PO	Macrolide (clarithromycin 500 mg bid PO) Or Fluoroquinolone with enhanced pneumococcal activity, eg levofloxacin 500 mg od PO or moxifloxacin 400 mg od PO	Or if IV needed: Co-amoxiclav 1.2 g tid IV Or Cefuroxime 1.5 g tid IV or cefotaxime 1 g tid IV	Macrolide (clarithromycin 500 mg bid IV) Or Levofloxacin 500 mg od IV	(3) Hospital-treated, severe pneumonia Co-amoxiclav 1.2 g tid IV Or cefuroxime 1.5 g tid IV Or cefotaxime 1 g tid IV Plus Macrolide (clarithromycin 500 mg bid IV)	Fluoroquinolone with some enhanced pneumococcal activity, eg levofloxacin 500 mg bid IV, PO Plus, either Macrolide (clarithromycin 500 mg bid IV) Or Beta-lactamase stable antibiotic (co-amoxiclav 1.2 g tid IV or cefuroxime 1.5 g tid IV or cefotaxime 1 g tid IV)
Hospital-treated, non-pneumonic bronchial complications (including exacerbations of COPD and acute bronchitis) requiring antibiotic therapy:													
Preferred	Alternative												
Co-amoxiclav 625 mg tid PO Or Doxycycline 200 mg stat and 100 mg od PO	Macrolide (clarithromycin 500 mg bid PO) Or Fluoroquinolone with enhanced pneumococcal activity, eg levofloxacin 500 mg od PO or moxifloxacin 400 mg od PO												
(2) Hospital treated, non-severe pneumonia Co-amoxiclav 625 mg tid PO Or Doxycycline 200 mg stat and 100 mg od PO	Macrolide (clarithromycin 500 mg bid PO) Or Fluoroquinolone with enhanced pneumococcal activity, eg levofloxacin 500 mg od PO or moxifloxacin 400 mg od PO												
Or if IV needed: Co-amoxiclav 1.2 g tid IV Or Cefuroxime 1.5 g tid IV or cefotaxime 1 g tid IV	Macrolide (clarithromycin 500 mg bid IV) Or Levofloxacin 500 mg od IV												
(3) Hospital-treated, severe pneumonia Co-amoxiclav 1.2 g tid IV Or cefuroxime 1.5 g tid IV Or cefotaxime 1 g tid IV Plus Macrolide (clarithromycin 500 mg bid IV)	Fluoroquinolone with some enhanced pneumococcal activity, eg levofloxacin 500 mg bid IV, PO Plus, either Macrolide (clarithromycin 500 mg bid IV) Or Beta-lactamase stable antibiotic (co-amoxiclav 1.2 g tid IV or cefuroxime 1.5 g tid IV or cefotaxime 1 g tid IV)												
	<p>3. Other Medications:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Salbutamol 2-4 puffs MDI Q6H and Q30 minutes prn with spacer <input type="checkbox"/> Salbutamol 5.0 mg via neb Q6H and Q30 minutes prn <input type="checkbox"/> Ipratropium 2 puffs MDI Q6H with spacer <input type="checkbox"/> Ipratropium 0.50 mg via neb Q6H <input type="checkbox"/> Dimenhydrinate 50 mg PO/IM/IV </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 325-650 mg PO/PR Q4H prn fever/pain <input type="checkbox"/> Heparin 5000U SC Q12H (if non-ambulatory); discontinue when actively mobilizing <input type="checkbox"/> Bowel Protocol </td> </tr> </table>	<ul style="list-style-type: none"> <input type="checkbox"/> Salbutamol 2-4 puffs MDI Q6H and Q30 minutes prn with spacer <input type="checkbox"/> Salbutamol 5.0 mg via neb Q6H and Q30 minutes prn <input type="checkbox"/> Ipratropium 2 puffs MDI Q6H with spacer <input type="checkbox"/> Ipratropium 0.50 mg via neb Q6H <input type="checkbox"/> Dimenhydrinate 50 mg PO/IM/IV 	<ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 325-650 mg PO/PR Q4H prn fever/pain <input type="checkbox"/> Heparin 5000U SC Q12H (if non-ambulatory); discontinue when actively mobilizing <input type="checkbox"/> Bowel Protocol 										
<ul style="list-style-type: none"> <input type="checkbox"/> Salbutamol 2-4 puffs MDI Q6H and Q30 minutes prn with spacer <input type="checkbox"/> Salbutamol 5.0 mg via neb Q6H and Q30 minutes prn <input type="checkbox"/> Ipratropium 2 puffs MDI Q6H with spacer <input type="checkbox"/> Ipratropium 0.50 mg via neb Q6H <input type="checkbox"/> Dimenhydrinate 50 mg PO/IM/IV 	<ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 325-650 mg PO/PR Q4H prn fever/pain <input type="checkbox"/> Heparin 5000U SC Q12H (if non-ambulatory); discontinue when actively mobilizing <input type="checkbox"/> Bowel Protocol 												

	q4hprn for nausea	
	Additional Orders	
Physician Signature (or designate):	Date: / /	Time: :

Primary Assessment Record and Orders – Pediatrics

Notice to Health Care Provider: This patient may have pandemic influenza!
 Use infection control procedures recommended for potential pandemic flu case
 (level of precaution TBD).

STEP 1: Have client’s parent(s)/guardian(s) check for a fever.
 STEP 2: Confirm presenting symptoms with screening tool below (clinical criteria symptoms in RED).

NOTE: If client is <1 year old, immediately triage to acute care facility for assessment and/or care.

Patient (first name, last name) please print:	Date (dd/mm/yy) / /	Time (hh : mm) :
Language Spoken:	Translation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 1 – Personal History & Initial Assessment																																										
Check all symptoms that apply below and give dates when symptoms started.																																										
a. General		When? (dd/mm/yyyy)																																								
<input checked="" type="checkbox"/> Fever (>38°C)	/ /		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">c. Digestive</td> <td style="width: 30%;"></td> <td style="width: 55%;">g. High Risk Categories</td> </tr> <tr> <td><input type="checkbox"/> Vomiting</td> <td></td> <td><input type="checkbox"/> Born prematurely</td> </tr> <tr> <td><input type="checkbox"/> Diarrhea</td> <td></td> <td><input type="checkbox"/> Chronic lung disease</td> </tr> <tr> <td><input type="checkbox"/> Abdominal pain</td> <td></td> <td><input type="checkbox"/> Chronic heart disease</td> </tr> <tr> <td>d. Neurological</td> <td></td> <td><input type="checkbox"/> Previous surgeries</td> </tr> <tr> <td><input type="checkbox"/> Confusion, drowsiness</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Convulsions</td> <td></td> <td></td> </tr> <tr> <td>e. Contact</td> <td></td> <td>Other pertinent information:</td> </tr> <tr> <td>Have you had contact with someone with similar symptoms?</td> <td></td> <td><input type="checkbox"/> Serious blood disorder</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Non-Medical</td> <td></td> <td>h. Looks dead/unresponsive:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	c. Digestive		g. High Risk Categories	<input type="checkbox"/> Vomiting		<input type="checkbox"/> Born prematurely	<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Chronic lung disease	<input type="checkbox"/> Abdominal pain		<input type="checkbox"/> Chronic heart disease	d. Neurological		<input type="checkbox"/> Previous surgeries	<input type="checkbox"/> Confusion, drowsiness			<input type="checkbox"/> Convulsions			e. Contact		Other pertinent information:	Have you had contact with someone with similar symptoms?		<input type="checkbox"/> Serious blood disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Diabetes				f. Non-Medical		h. Looks dead/unresponsive:			
c. Digestive		g. High Risk Categories																																								
<input type="checkbox"/> Vomiting		<input type="checkbox"/> Born prematurely																																								
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Chronic lung disease																																								
<input type="checkbox"/> Abdominal pain		<input type="checkbox"/> Chronic heart disease																																								
d. Neurological		<input type="checkbox"/> Previous surgeries																																								
<input type="checkbox"/> Confusion, drowsiness																																										
<input type="checkbox"/> Convulsions																																										
e. Contact		Other pertinent information:																																								
Have you had contact with someone with similar symptoms?		<input type="checkbox"/> Serious blood disorder																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Diabetes																																								
f. Non-Medical		h. Looks dead/unresponsive:																																								
<input type="checkbox"/> Chills	/ /																																									
<input type="checkbox"/> Headache	/ /																																									
<input type="checkbox"/> Aching muscles, joints	/ /																																									
<input type="checkbox"/> Stiffness	/ /																																									
<input type="checkbox"/> Weakness	/ /																																									
<input type="checkbox"/> Red and/or watery eyes	/ /																																									
<input type="checkbox"/> Earache	/ /																																									
b. Respiratory		When? (dd/mm/yyyy)																																								
<input checked="" type="checkbox"/> Cough	/ /																																									
<input type="checkbox"/> Sore throat	/ /																																									
<input type="checkbox"/> Hoarseness	/ /																																									
<input checked="" type="checkbox"/> Stuffy or runny nose	/ /																																									

	<input type="checkbox"/> Respiratory distress	/ /	<input type="checkbox"/> Living in a group home	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Chest pain when taking a deep breath	/ /		
<p><i>If symptoms of fever, cough, runny nose, and/or respiratory distress have been checked, continue with Section 2 of the assessment.</i></p> <p><i>If symptoms only in sections “c” through “f” have been checked, consider discharge with parents/guardians, and/or transport to health care provider for further medical advice regarding their non-influenza condition.</i></p> <p><i>If symptoms in sections “a” or “b”, and in section “g” have been checked, continue with Section 2 of the assessment and note high risk issues in Section 5a.</i></p> <p><i>If section “h” has been checked, proceed immediately to Section 5b for transport to an acute care facility (Section 5b).</i></p>				



Section 2 – Medications	
Does the client take any medication (<i>pills, inhalers, needles, etc.</i>) on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes (if “yes” has been checked, please complete the attached Medication List)	
Has the client taken any other medications recently? <input type="checkbox"/> No <input type="checkbox"/> Yes (if “yes” has been checked, please complete the attached Medication List)	
Name (<i>first name, last name</i>) please print <hr/>	Date (<i>dd/mm/yyyy</i>): <div style="text-align: right; margin-right: 20px;">/</div>
Relation to the patient: _____	

Section 2 – Medications <i>continued</i> ...	
1. Medical Allergies The client is allergic to the following medications:	<ul style="list-style-type: none"> • _____ • _____ • _____
2. Medications Please list the medications taken by the client, including the following: the dose, how often it is taken, and how it is taken (pill, injection, etc.).	
Medication List	
Drug (<i>medication name, dose, route, frequency</i>)	To be continued in hospital
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
3. Signature of Parent/Guardian (or person completing this form): 	

Section 3 – Nurse (or Designate) Assessment

Clinical Case Definition

- Documented fever > 38°C (100.4°F).
- Acute onset of sore throat, cough, and/or shortness of breath.
- Presence of influenza circulating in the community OR (for avian influenza A) history of contact with poultry or domestic birds, or a known or suspected patient with avian influenza A in an affected country, within 10 days of symptom onset.
- *NOTE: Case definitions will need to be updated regularly as outbreaks of pandemic influenza are*

Heart Rate: _____ /min	Is HR > 100/min?	<input type="checkbox"/> yes <input type="checkbox"/> no
Resp. Rate: _____ /min	Is RR > 24/min?	<input type="checkbox"/> yes <input type="checkbox"/> no
Blood Pressure ____ / ____ mmHg	Is systolic BP < 100 mmHg?	<input type="checkbox"/> yes <input type="checkbox"/> no
Temperature: _____ °C	Temp. >38°C?	<input type="checkbox"/> yes <input type="checkbox"/> no
O2 sat: _____ %	Is O2 sat ≤ 91%?	<input type="checkbox"/> yes <input type="checkbox"/> no
Mucous Membranes:	Are lips/nail beds cyanotic?	<input type="checkbox"/> yes <input type="checkbox"/> no
Chest auscultation:	Are crackles present?	<input type="checkbox"/> yes <input type="checkbox"/> no
Mental status:	Is patient confused?	<input type="checkbox"/> yes <input type="checkbox"/> no
Chest pain:	Does patient have chest pain?	<input type="checkbox"/> yes <input type="checkbox"/> no
Vomiting:	Is patient vomiting > 3x's/24h?	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>If all “no” boxes are checked, go to Section 5b.</p> <p style="text-align: right;"></p> <p style="text-align: center;">If any “yes” boxes are checked, go to Section 4a.</p> <p style="text-align: right;"></p>		

Section 4a – Assessment for High Risk Criteria

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Patient born prematurely | <input type="checkbox"/> Chronic heart disease |
| <input type="checkbox"/> Chronic lung disease | <input type="checkbox"/> Previous surgeries or previously hospitalized |
| <input type="checkbox"/> | Other pertinent information: |

↳ If any boxes are checked, consider transport and admission to an acute care facility and/or provision of antibiotics/antivirals (see Section 5a – Triage).

Section 4b – Assessment for Immediate Transfer to Acute Care Facility

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Respiratory distress/cyanosis (O2 sat ≤ 91%) | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Severe dehydration | <input type="checkbox"/> Bulging fontanel | <input type="checkbox"/> Altered level of consciousness |
| <input type="checkbox"/> Pneumonia (CXR confirmed – if applicable) | <input type="checkbox"/> Apneic spells | <input type="checkbox"/> Signs of sepsis |

↳ If patient meets any of the following criteria notify on-site MD (or designate) immediately, and consider immediate transfer to acute care facility (Section 5a – Triage).

Assessor's (first name, last name) please print:

Assessor's Designation:

Assessor's Signature:

Section 5a – Triage		
<input type="checkbox"/> Triage to Alternative Care Site and note prescription(s) provided (if necessary – see Section 7 – note first dose given prior to transfer):	/ /	:
<input type="checkbox"/> Triage to acute care facility for Secondary Assessment:	/ /	:
<input type="checkbox"/> Transfer arranged	/ /	:
<input type="checkbox"/> PAR sent with patient	/ /	:
<input type="checkbox"/> Diagnostic testing ordered (see Section 7)	/ /	:
<input type="checkbox"/> Prescription(s) ordered (see Section 7 – note first dose given prior to transfer)	/ /	:
Assessor's (<i>first name, last name</i>) please print	Assessor's Designation	
Assessor's signature		
Section 5b – Discharge		
<input type="checkbox"/> Self-care instructions provided and reviewed with client and parents/guardians <input type="checkbox"/> Discharge instruction sheet provided and reviewed with client and parents/guardians <input type="checkbox"/> Prescriptions ordered (if necessary – see Section 7: "Orders")	Discharge date (<i>dd/mm/yyyy</i>) / /	Discharge time (<i>hh : mm</i>) :
Assessor's (<i>first name, last name</i>) please print	Assessor's Designation	
Assessor's signature		

Section 6 – Recommended Orders for Admission (to be completed at Assessment Centre or at acute care facility)	
Allergies (circle): None Please list: _____	Weight: _____ kg
Admit to: (Most responsible physician)	
Diagnosis: SUSPECTED PANDEMIC INFLUENZA	

Date & Time	<i>Cross out and initial order not indicated; place <input checked="" type="checkbox"/> in boxes as appropriate.</i>
	6. DAT or _____
	7. AAT or _____
	8. Investigations (blood work required for high risk patients): <input type="checkbox"/> Blood C+S <input type="checkbox"/> CBC, electrolytes, BUN, Serum Cr, blood glucose; Day 3 repeat CBC <input type="checkbox"/> CBG/ABG <input type="checkbox"/> Nasopharyngeal swab for virology (if considering non-influenza co-morbidity) <input type="checkbox"/> Chest x-ray (if clinically necessary) <input type="checkbox"/> Other: _____
	9. Standard Orders: <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Vital signs and temp q4h <input type="checkbox"/> Consult Physiotherapy <input type="checkbox"/> O ₂ to maintain sat \geq 92%
	10. IV: <input type="checkbox"/> Saline lock <input type="checkbox"/> IV: <ol style="list-style-type: none"> 1. D5W/NS @ _____ cc/h 2. D5W/0.5NS @ _____ cc/h 3. D5W/0.2NS @ _____ cc/h 4. D10/0.2NS @ _____ cc/h <input type="checkbox"/> Add: <input type="checkbox"/> 0 mEq/L <input type="checkbox"/> 20 mEq/L <input type="checkbox"/> 40 mEq/L after first void

Section 7 – Recommended Orders for Medication	
Date & Time	Cross out and initial order not indicated; place <input type="checkbox"/> in boxes as appropriate.
	<p>1. Antivirals (if symptom onset < 48 hrs):</p> <p><input type="checkbox"/> Oseltamivir (if > 1yr) (NOTE: dosage may be increased depending upon federal/provincial recommendations):</p> <ul style="list-style-type: none"> <input type="checkbox"/> (<15 kg) 30 mg PO BID x 5 days <input type="checkbox"/> (15-22 kg) 45 mg PO BID x 5 days <input type="checkbox"/> (23-40 kg) 60 mg PO BID x 5 days <input type="checkbox"/> (>40 kg) 75 mg PO BID x 5 days
	<p>2. IV Antibiotics:</p> <p>Neonate (full term):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ampicillin _____ (200 mg/kg/day, divided by q6h) q6H x 10 days (adjust for newborns ≤ 7 days old) <input type="checkbox"/> Ampicillin: <ul style="list-style-type: none"> (sepsis) <input type="checkbox"/> 0-7 days: 100 mg/kg/dose IV q12h = _____ mg* IV q12h (meningitis) <input type="checkbox"/> 0-7 days: 200 mg/kg/dose IV q12h = _____ mg* IV q12h (* round to the nearest 25 mg) <input type="checkbox"/> Gentamicin _____ (2.5 mg/kg/dose) q8h x 10 days (adjust for kidney disease or for newborns ≤ 7 days old) <p>Neonate (premature):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gentamicin: <ul style="list-style-type: none"> <input type="checkbox"/> ≤8 weeks premature, 2.5 mg/kg/dose IV q24h = _____ mg* IV q24h <input type="checkbox"/> 3-8 weeks premature, 2.5 mg/kg/dose IV q18h = _____ mg* IV q18h <input type="checkbox"/> ≥3 weeks premature, 2.5 mg/kg/dose IV q12h = _____ mg* IV q12h (* round down to nearest mg) <p>Additional IV Antibiotics Options:</p> <p>1-3 Months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cefuroxime _____ (100 mg/kg/day, divided by q6h) q6h x 10 days <input type="checkbox"/> +/- Erythromycin _____ (25-50 mg/kg/day, divided by q6h) q6h x 10 days <p>3 months – 5 years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cefuroxime _____ (100 mg/kg/day, divided by q6h) q6h x 10 days <input type="checkbox"/> +/- Erythromycin _____ (25-50 mg/kg/day, divided by q6h) q6h x 10 days <p>> 5 years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cefuroxime _____ (100 mg/kg/day, divided by q8h) q8h x 10 days <li style="text-align: center;">OR <input type="checkbox"/> Ampicillin _____ (100-200 mg/kg/day, divided by q6h) q6h x 10 days (max 10 g/day) <input type="checkbox"/> +/- Erythromycin _____ (25-50 mg/kg/day, divided by q6h) q6h x 10 days (max. 4 g/day) <input type="checkbox"/> *Cephalosporin/Penicillin Allergy: Clindamycin __ (25-40 mg/kd/day, divided by

Emergency Department/Acute Care Assessment, Treatment, and/or Discharge

Severe cases of suspected pandemic influenza will likely be screened and transferred out of the assessment/flu centre system and into acute care facilities (and perhaps intensive care units). The general criteria for such patients have been developed and are outlined in disposition algorithms (which are found above). These criteria, however, will be contingent upon the epidemiology of the virus and provincial directives, and will be subject to change during an influenza pandemic.

Secondary Assessment Form – Adults

Notice to Health Care Provider: This patient has been screened for pandemic influenza!
 Use infection control procedures recommended for potential pandemic flu case
 (level of precaution TBD).

Patient (first name, last name) please print:	Date (dd/mm/yy) / /	Time (hh :mm) :
---	----------------------------	------------------------

1. Nurse (or designate) Assessment (Acute Care)

Allergies (please list, or see Primary Assessment Record):

Substance history:

- Smoking (___ pack/years)
↳ Consider nicotine patch

- Alcohol (beer, wine, or spirits) _____ (drinks/week)
↳ If > 14/wk or daily consumption consider alcohol withdrawal prophylaxis

- Non-prescription medications/drugs (list) _____

Medications (taken at home – see also Primary Assessment Record):			
<i>IF FURTHER SPACE IS REQUIRED SEE ATTACHED MEDICATION LIST APPENDIX</i> <input type="checkbox"/>			
Drug (medication name, dose, route, frequency)	Order in hospital	Carried (time)	Initials
Oseltamivir or Zanamivir (current prescription)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Vital Signs:

		HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
Pulse	180								
	160								
	140								
	120								
	100								
	80								
	60								
	40								
Resp.	35								
	30								
	25								
	20								
	15								
	10								
	5								
Blood Pressure	200								
	180								
	160								
	140								
	120								
	110								
	100								
	80								
	60								
	40								
	20								
SpO2	98								
	96								
	94								
	92								
	92								
	90								
	88								
Temp	°C								

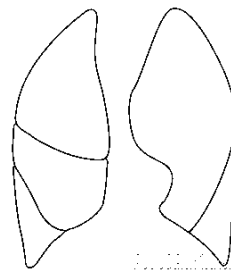
Appears Toxic? Yes No

Weight: _____ (actual or estimate)

Initial Physical Exam (completed to the best of the assessor's abilities):

Head & Neck:

- Mucous membranes moist
dry
- Conjunctiva pink
pale
- Neck supple
 stiff/rigid nodes
- Other findings of note: _____



Chest:

- Respiratory effort normal = crackles
- distressed
- Auscultation clear = wheeze

= ↓breath sounds

Extremities:

- Cyanosis: absent present
- Peripheral pulses: present
- Peripheral edema: absent present

CNS:

- Level of consciousness: alert drowsy
- Orientation: person place time

Skin:


- Rash No Yes Describe: _____

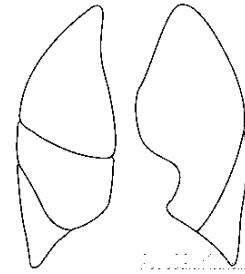
2. MD (or Designate) Physical Exam and Assessment (Acute Care)




Head & Neck:

Mucous membranes moist dry
 Conjunctiva pink pale
 Neck supple stiff/rigid nodes
 Other findings of note: _____

Chest:

Respiratory effort normal distressed
 Auscultation clear 



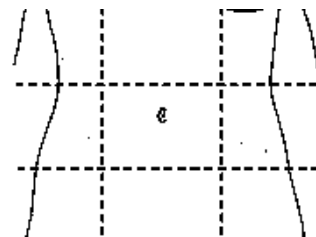
 = crackles  = ↓breath sounds
 = wheeze

CVS:
 JVP _____ cm above sternal angle.

Heart Sounds: normal _____

Murmur: _____ Bruits: _____

Abdomen:
 Bowel sounds normal _____
 Palpation soft guarding
 non-tender tender
 Organomegaly/mass _____



Extremities:

Cyanosis: <input type="checkbox"/> absent <input type="checkbox"/> present	Peripheral pulses: <input type="checkbox"/> present <input type="checkbox"/> absent	Peripheral edema: <input type="checkbox"/> absent <input type="checkbox"/> present
---	--	---

CNS:

Level of consciousness	<input type="checkbox"/> alert	<input type="checkbox"/> drowsy	<input type="checkbox"/> unresponsive
Orientation	<input type="checkbox"/> person	<input type="checkbox"/> place	<input type="checkbox"/> time
Cranial nerves	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	<input type="checkbox"/> not assessed
Reflexes	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	<input type="checkbox"/> not assessed
Motor	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	<input type="checkbox"/> not assessed
Sensation	<input type="checkbox"/> normal	<input type="checkbox"/> abnormal	<input type="checkbox"/> not assessed

Skin:

Rash No Yes Describe: _____

Laboratory Review:

<input type="checkbox"/> normal results <input type="checkbox"/> abnormal <input type="checkbox"/> see attached lab	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Hgb</td> <td style="width: 33%; text-align: center;">Cr</td> </tr> <tr> <td style="width: 33%; text-align: center;">WBC</td> <td style="width: 33%; text-align: center;">Gluc</td> </tr> <tr> <td style="width: 33%; text-align: center;">Plt</td> <td style="width: 33%; text-align: center;">Ur</td> </tr> </table> </td> <td style="width: 33%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Na⁺</td> <td style="width: 50%; text-align: center;">K⁺</td> </tr> <tr> <td style="width: 50%; text-align: center;">Cl⁻</td> <td style="width: 50%; text-align: center;">HCO₃⁻</td> </tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Hgb</td> <td style="width: 33%; text-align: center;">Cr</td> </tr> <tr> <td style="width: 33%; text-align: center;">WBC</td> <td style="width: 33%; text-align: center;">Gluc</td> </tr> <tr> <td style="width: 33%; text-align: center;">Plt</td> <td style="width: 33%; text-align: center;">Ur</td> </tr> </table>	Hgb	Cr	WBC	Gluc	Plt	Ur	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Na⁺</td> <td style="width: 50%; text-align: center;">K⁺</td> </tr> <tr> <td style="width: 50%; text-align: center;">Cl⁻</td> <td style="width: 50%; text-align: center;">HCO₃⁻</td> </tr> </table>	Na ⁺	K ⁺	Cl ⁻	HCO ₃ ⁻	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">AST _____</td> <td style="width: 33%;">LDH _____</td> <td style="width: 33%;">CBG/ABG ____</td> </tr> <tr> <td>ALT _____</td> <td>CK _____</td> <td>pH _____</td> </tr> <tr> <td>ALP _____</td> <td>amylase _____</td> <td>PO₂ _____</td> </tr> <tr> <td>Tbili _____</td> <td>Troponin _____</td> <td>PCO₂ _____</td> </tr> <tr> <td>INR _____</td> <td>PTT _____</td> <td>HCO₃ _____</td> </tr> </table>	AST _____	LDH _____	CBG/ABG ____	ALT _____	CK _____	pH _____	ALP _____	amylase _____	PO ₂ _____	Tbili _____	Troponin _____	PCO ₂ _____	INR _____	PTT _____	HCO ₃ _____
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Hgb</td> <td style="width: 33%; text-align: center;">Cr</td> </tr> <tr> <td style="width: 33%; text-align: center;">WBC</td> <td style="width: 33%; text-align: center;">Gluc</td> </tr> <tr> <td style="width: 33%; text-align: center;">Plt</td> <td style="width: 33%; text-align: center;">Ur</td> </tr> </table>	Hgb	Cr	WBC	Gluc	Plt	Ur	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Na⁺</td> <td style="width: 50%; text-align: center;">K⁺</td> </tr> <tr> <td style="width: 50%; text-align: center;">Cl⁻</td> <td style="width: 50%; text-align: center;">HCO₃⁻</td> </tr> </table>	Na ⁺	K ⁺	Cl ⁻	HCO ₃ ⁻																		
Hgb	Cr																												
WBC	Gluc																												
Plt	Ur																												
Na ⁺	K ⁺																												
Cl ⁻	HCO ₃ ⁻																												
AST _____	LDH _____	CBG/ABG ____																											
ALT _____	CK _____	pH _____																											
ALP _____	amylase _____	PO ₂ _____																											
Tbili _____	Troponin _____	PCO ₂ _____																											
INR _____	PTT _____	HCO ₃ _____																											

Criteria for ICU Admission (one or more of the following):

- | | |
|--|---|
| <input type="checkbox"/> SaO ₂ < 90% despite FiO ₂ > 0.6
<input type="checkbox"/> Progressive hypercarbia
<input type="checkbox"/> Severe acidosis (pH < 7.26) | <input type="checkbox"/> Septic shock
<input type="checkbox"/> Bilateral pneumonia
<input type="checkbox"/> 4 or 5 of the criteria for hospital admission |
|--|---|

Diagnosis:

INFLUENZA: Clinical Lab Defined Suspected

INFLUENZA (with Associated Pneumonia)
 Clinical X-RAY Confirmed Suspected

OTHER: _____

Disposition:

- Home & Self-Care Alternative Care Site Acute Care ICU

Reviewed By:	Designation:	Signature:
--------------	--------------	------------

Criteria for Automatic ICU Discharge (*consider transfer to ward if all of the following are met*):

- Adequate airway protection
- Absence of requirement for mechanical ventilation for ≥ 24 hours
- Adequate oxygenation: SaO₂ > 90% on FiO₂ < 0.6
- Hemodynamic stability: BP > 90/60, HR < 120 bpm, no inotropes/vasopressors

Criteria for Hospital Discharge:

- Normal level of consciousness
- Tolerating oral intake
- Stable respiratory status: RR < 20/min, SaO₂ > 90% on room air (or baseline for COPD patients)
- Hemodynamic stability: BP > 90/60, HR < 100 bpm
- Temp < 38.5°C for 24 hours

Criteria for Alternative Care Site Discharge:

- Ambulating independently
- Able to manage activities of daily living

Physician (or designate) Signature:

Date:

/ /

Time:

:

Secondary Assessment Form – Pediatrics

Notice to Health Care Provider: This patient has been screened for pandemic influenza!
 Use infection control procedures recommended for potential pandemic flu case
 (level of precaution TBD).

1. Nurse (or designate) Assessment (Acute Care)

Allergies (please list, or see Primary Record Assessment):

- i. Drug: _____
- ii. Drug: _____
- iii. Drug: _____

Medication (taken at home – see also Primary Record Assessment: <i>If further space is required see attached medication list appendix <input type="checkbox"/></i> Drug (medication name, dose, route, frequency)	Order in hospital	Carried (time)	Initials
Osetamivir or Zanamivir (current prescription)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vaccination history (up-to-date)? Comments: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Vital Signs (record initial and follow-up):

		HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
Pulse	140								
	120								
	100								
	80								
	60								
	40								
	20								
	Resp.	30							
25									
20									
15									
5									
Blood Pressure	200								
	180								
	160								
	140								
	120								
	110								
	100								
	80								
	60								
	20								
SpO2	98								
	96								
	94								
	92								
	92								
	90								
	88								
Temp	°C								

Appears Toxic? Yes No

Weight: _____ (actual or estimate)

Initial Physical Exam (completed to the best of the assessor's abilities):

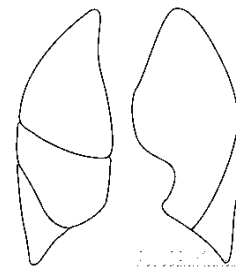
Head & Neck:

- Mucous membranes moist dry
- Conjunctiva pink pale
- Neck supple stiff/rigid nodes

Other findings of note: _____

Chest:

- Respiratory effort normal distressed
- Auscultation clear



- = crackles
- = ↓ breath sounds
- = wheeze

Extremities:

- Cyanosis: absent present
- Peripheral pulses: present
- Peripheral edema: absent present

absent

CNS:

Level of consciousness: alert drowsy unresponsive

Orientation: person place
 time

Skin:

Rash No Yes Describe: _____

Criteria for Hospital Admission (one or more of the following):

- | | |
|---|---|
| <input type="checkbox"/> Respiratory distress/cyanosis (O ₂ sat ≤ 91%) | <input type="checkbox"/> Hypotension |
| <input type="checkbox"/> Pneumonia (CXR confirmed – if applicable) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Severe dehydration | <input type="checkbox"/> Bulging fontanelle |
| <input type="checkbox"/> Altered level of consciousness | <input type="checkbox"/> Apneic spells |
| <input type="checkbox"/> Signs of septicemia | |

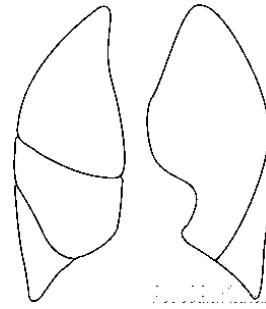
Disposition:

- Home for Care by Family Acute Care

2. MD (or Designate) Physical Exam and Assessment (Acute Care)

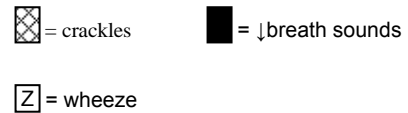
Head & Neck:

- Mucous membranes moist dry
 Conjunctiva pink pale
 Neck supple stiff/rigid nodes
 Other findings of note: _____



Chest:

- Respiratory effort normal distressed
 Auscultation clear

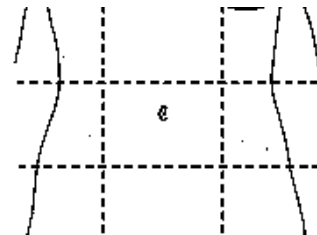


CVS:

- Apex normal _____
 Peripheral pulses present absent
 Heart Sounds normal _____
 Murmur _____
 Capillary Refill ≤ 3 secs > 3 secs

Abdomen:

- Bowel sounds normal _____
 Palpation soft guarding
 non-tender tender
 Organomegaly/mass _____



Extremities:

- | | | |
|---|--|---|
| Cyanosis:
<input type="checkbox"/> absent <input type="checkbox"/> present | Peripheral pulses:
<input type="checkbox"/> present <input type="checkbox"/> absent | Peripheral edema:
<input type="checkbox"/> absent <input type="checkbox"/> present |
|---|--|---|

CNS:

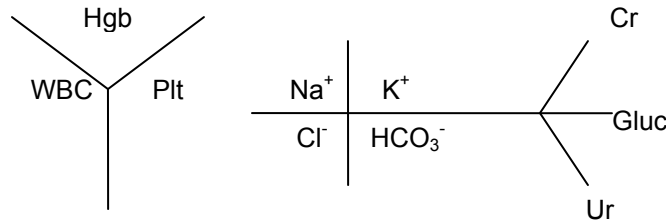
- | | | | |
|------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| Level of consciousness | <input type="checkbox"/> alert | <input type="checkbox"/> drowsy | <input type="checkbox"/> unresponsive |
| Orientation | <input type="checkbox"/> person | <input type="checkbox"/> place | <input type="checkbox"/> time |
| Cranial nerves | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal | <input type="checkbox"/> not assessed |
| Reflexes | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal | <input type="checkbox"/> not assessed |
| Motor | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal | <input type="checkbox"/> not assessed |
| Sensation | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal | <input type="checkbox"/> not assessed |

Skin:

- Rash No Yes Describe: _____

Laboratory Review:

normal results abnormal see attached lab



AST _____ LDH _____ CBG/ABG _
 ALT _____ CK _____ ALP _____
 amylase _____ Tbili _____ Troponin _
 INR _____ PTT _____ HCO₃ _____

Criteria for ICU Admission (one or more of the following):

- Child failing to maintain an SaO₂ of >92% in FiO₂ of >0.6.
- Persistent hypotension.
- There is severe respiratory distress and a raised pCO₂.
- There is a rising respiratory rate and pulse rate with clinical evidence of severe respiratory distress with or without a raised pCO₂.
- There is a need for ventilation (i.e., apneic episodes, hypercarbia).
- There is evidence of encephalopathy.

Diagnosis:			
INFLUENZA:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Lab Defined	<input type="checkbox"/> Suspected
INFLUENZA (with Associated Pneumonia)	<input type="checkbox"/> Clinical	<input type="checkbox"/> X-RAY Confirmed	<input type="checkbox"/> Suspected
OTHER: _____			
Disposition:			
<input type="checkbox"/> Home for Care by Family <input type="checkbox"/> Acute Care <input type="checkbox"/> ICU			
Reviewed By:	Designation:	Signature:	

Criteria for Automatic ICU Discharge (consider transfer to ward if all of the following are met):

- Adequate airway protection
- Absence of requirement for mechanical ventilation for ≥ 24 hours
- Adequate oxygenation: SaO₂ > 90% on FiO₂ < 0.6
- Hemodynamic stability: BP > 90/60, HR < 120 bpm, no inotropes/vasopressors

Criteria for Hospital Discharge:

- Normal level of consciousness
- Tolerating oral intake
- Stable respiratory status: RR < 20/min, SaO₂ > 90% on room air (or baseline for COPD patients)
- Hemodynamic stability: BP > 90/60, HR < 100 bpm
- Temp < 38.5°C for 24 hours

Physician (or designate) Signature:	Date: / /	Time: :
-------------------------------------	--------------	------------