

BEFORE PATIENT IS ADMITTED

- Place oxygen mask or surgical mask on patient
- If "possible" case of H1 nurse in isolation if possible
- If "confirmed" case of H1 patients can be cohorted
- Ensure staff have appropriate PPE

INITIAL ASSESSMENT

- Record history, including flu like symptoms, date of onset, travel, contacts, comorbidities
- H1 PCR from sputum, nasal & throat swabs
- Consider alternate diagnoses: Typical/Atypical bacterial Pneumonia. Sputum for MC&S, atypical serology and blood cultures

RESPIRATORY

- Secure airway: intubation rather than trial of CPAP / NIV
- Assess compliance and ensure appropriate ventilation mode selected
- Avoid pulmonary over distension.
- PEEP and tidal volume set to appropriate settings
- Ensure viral circuit used with HFO
- Consider daily NDBL samples sent for H1 PCR

CARDIOVASCULAR

- IBP and CVP monitored: consider CO monitoring
- Assess intravascular volume and use IV fluid only if fluid responsive
- Maintain MAP > 65mmHg with vasopressors if required
- Check ECG for evidences of myositis. Echocardiography if indicated

RENAL

- Where possible ensure negative fluid balance to maintain or improve oxygenation
- Renal function assessed and requirement for renal replacement therapy (RRT) considered
- If RRT is not possible as all machines are in use consider time limited treatments

CNS

- Consider requirement for neuromuscular paralysis
- Monitor depth of sedation regularly (clinically/BIS)
- Consider diagnosis of H1 encephalitis

OTHER

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

INFECTION TREATMENT & CONTROL

- Consider increased doses of Oseltamivir (150mg bd for 10 days) in severe cases
- In severe cases consider Ribovarin in addition to Oseltamavir
- If poor GI function consider nebulised Zanamivir
- Modify Oseltamivir dose if renal function abnormal
- Consider regular brocho-alveolar lavage specimen for MC&S (x3 per week)
- Give appropriate antibiotics if evidence of secondary bacterial infection after discussion with Microbiologist

BEFORE LEAVING ISOLATION AREA

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

BEFORE EVERY PATIENT CONTACT

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

IF USING AEROSOL GENERATING PROCEDURES

(intubation, bronchoscopy, CPR, suction, tracheostomy)

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