Swine flu clinical package for use when there are exceptional demands on healthcare services

These tools and pathways are for use only when high healthcare demand leads to the need for strict hospital admission triage in affected areas.
Swine flu clinical package
Department of Health Gateway number: 12368

Introduction

This clinical package is for use in conditions of exceptional demand for healthcare services

THESE TOOLS AND PATHWAYS ARE FOR USE ONLY WHEN HIGH HEALTHCARE DEMAND LEADS TO THE NEED FOR STRICT HOSPITAL ADMISSION TRIAGE IN AFFECTED AREAS. They should not be used when emergency departments and acute admissions units are working with their usual establishment of trained staff, and can operate their usual daily decision pathways, including providing hospital beds for those requiring admission.

THE TOOLS ARE NOT INTENDED FOR THE ASSESSMENT OF PATIENTS ROUTINELY PRESENTING FOR THE DIAGNOSIS AND TREATMENT OF UNCOMPPLICATED INFLUENZA AT AN EMERGENCY DEPARTMENT. These patients should be directed to use the National Pandemic Flu Service, or to contact a primary care surgery or clinic.

As one or more pandemic waves affect different areas of the country, Primary Care Trusts, Ambulance Trusts and Acute Trusts may decide that they need to use these tools on a number of occasions, depending on the local situation.

Most patients attending for triage will previously have had flu confirmed and treated in primary care, and may already have been commenced on treatment for complications or for exacerbation of underlying conditions. A few patients will present with very severe onset of flu symptoms.

The tools and pathways in the Swine Flu Clinical package are intended to provide a framework for consistent decision-making when excessive demand is severely challenging the capacity of healthcare services, staffing levels are depleted, and triage is being undertaken by staff who do not usually work in emergency departments or acute admissions units.

At such times, a ‘high bar’ will have to be applied to triage systems for hospital admission, meaning that only severely ill patients can be admitted. Patients who would have been cared for in hospital under normal circumstances may therefore not be admitted. Furthermore, severe stress on facilities such as X-ray and imaging services, as well as urgent laboratory investigations, will mean that clinical assessment and examination may be the main source of information for early triage.

The tools are therefore designed to provide extra safety measures for people who are moderately unwell, but cannot be admitted to hospital at the time of triage. Safety measures may include the provision of empirical antibiotic treatment which would not be offered on initial presentation with flu symptoms.

Where appropriate medical experience is available, and clinical judgements can be made, the individual patient's pathway may be adjusted on the basis of an expert assessment.
The Swine Flu Clinical Package contains five tools:

1. Swine Flu Paediatric Community Assessment Tool (Paediatric CAT)
2. Swine Flu Adult Community Assessment Tool (Adult CAT)
3. Community to Hospital Referral Form
4. Swine Flu Paediatric Hospital Pathways
5. Swine Flu Adult Hospital Pathways

It is accepted that not all healthcare and investigational facilities will be available at all times. The tools are designed to allow for this.

**Community Assessment Tools**

The Community Assessment Tools (CATs) have been developed to support front-line healthcare professionals in deciding which children and adults are most likely to benefit from hospital treatment in a flu pandemic. CATs provide a framework for consistent decision-making in a range of situations when resources are limited. CATs are not specific to flu, but their criteria address the most likely modes of critical illness arising from flu, or the complications of flu. The CATs have been developed by paediatric and adult expert Clinical Development Groups drawing on the nationally accepted clinical evidence that supports the recognition of severe illness. The relevant professional bodies nominated the Development Groups’ members. The Development Groups achieved consensus in a process supported by the Department of Health.

The CATs are intended to be used by GPs and other regulated healthcare professionals (midwives, health visitors, school nurses, community nurses, ambulance crew, emergency department nurses and doctors).

The CATs are locked documents (PDFs) and should not be altered except to change scale, e.g. to fit a pocket or para-bag.

NB: The CATs are for use for patients with acute feverish or flu-like illness; patients who clearly need an alternative pathway (such as chest pain, stroke or acute abdomen) should follow that pathway.

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1 The following organisations nominated experts to the Paediatric (p) and Adult (a) Clinical Development Groups: The Royal College of General Practitioners (a, p), The Royal College of Paediatrics and Child Health (p), The Royal College of Physicians (a), The Royal College of Midwives (p), The Royal College of Nursing (a, p), The College of Emergency Medicine (a, p), Unite/The Community Practitioners’ and Health Visitors’ Association (p), The British Medical Association (a, p), and The Directors of Clinical Care of UK Ambulance Trusts (a, p).
Community to Hospital Referral Form

Patients who meet referral criteria should be referred to the nearest general hospital Emergency Department using the Community to Hospital Referral Form. The Community to Hospital Referral Form is harmonised with the CATs and the hospital pathways to prevent referral loops. This form has been endorsed by the Royal College of General Practitioners and the British Medical Association.

Hospital Pathways

The Hospital Pathways are based on those developed and adopted for use in NHS North West. The Emergency Department triage sections of the Hospital Pathways are harmonised with the CATs and Community to Hospital Referral Form to prevent referral loops. The Hospital Pathways are provided as templates in PDF format. The PDF template is the source document endorsed by the expert bodies as indicated on the document.

Adaptation of the PDF document should only be made with the authority of Trusts’ medical directors to reflect individual Trusts’ policy decisions in accordance with their clinical governance procedures.
Swine flu paediatric community assessment tool

For use in all children under 16 years old in the community.

This assessment tool should be used during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. It will assist with deciding whether a sick febrile child with flu-like illness needs referral to the nearest general hospital Emergency Department. Most children are expected to be managed in the community.

Respiratory failure, overwhelming gastroenteritis, shock, heart failure and encephalitis are the most likely modes of critical illness in children suffering from swine flu. Complications such as sepsis and meningitis may co-exist.

<table>
<thead>
<tr>
<th>Criteria label</th>
<th>REFER CHILDREN TO THE NEAREST GENERAL HOSPITAL EMERGENCY DEPARTMENT IF THEY PRESENT WITH ANY OF THE FOLLOWING:</th>
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| B             | Increased respiratory rate measured over at least 30 seconds.  
|               | ≥50 breaths per minute if under 1 year, or ≥40 breaths per minute if ≥1 year. |
| C             | Oxygen saturation ≤92% on pulse oximetry, breathing air or on oxygen  
|               | Absence of cyanosis is a poor discriminator for severe illness. |
| D             | Respiratory exhaustion or apnoeic episode  
|               | Apnoea defined as a ≥20 second pause in breathing. |
| E             | Evidence of severe clinical dehydration or clinical shock  
|               | Sternal capillary refill time >2 seconds, reduced skin turgor, sunken eyes or fontanelle. |
| F             | Altered conscious level  
|               | Strikingly agitated or irritable, seizures, or floppy infant. |
| G             | Causing other clinical concern to their own GP or clinical team  
|               | e.g. a rapidly progressive or an unusually prolonged illness. |

Further information

- This tool is designed to support and empower all healthcare professionals working in difficult circumstances with limited resources, but does not supersede a decision by an experienced clinician about whether, when or where to refer a child.
- The assessment applies to all children under 16 years old and is independent of any prior or existing medical condition.
- Infants less than 2 months old with increased respiratory rate and sternal recession should be referred promptly to the nearest hospital because they are at high risk of suffering severe illness or death.
- Fever alone is not used as a criterion for referral to hospital in children over 3 months of age, as it is a poor discriminator for severe illness.
- Difficulty in feeding indicates a need for assessment but is not by itself a good measure of severe illness.
- When referral is not indicated, a copy of the home care advice leaflet should be provided, with encouragement to call again should the child’s condition deteriorate.
- Every assessment should include a record of the time of assessment and time of onset of illness. Referrals must include the criteria label(s) to assist with the treatment of children on arrival at hospital.

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For use in all children under 16 years old in the community.

This assessment tool should be used during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. If will assist with deciding whether a sick febrile child with flu-like illness needs referral to the nearest general hospital Emergency Department. Most children are expected to be managed in the community.

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### Criteria label

**A** Severe respiratory distress
- Lower chest wall indrawing, sternal recession, grunting, or noisy breathing when calm.

**B** Increased respiratory rate measured over at least 30 seconds.
- ≥50 breaths per minute if under 1 year, or ≥40 breaths per minute if ≥1 year.

**C** Oxygen saturation ≤92% on pulse oximetry, breathing air or on oxygen
- Absence of cyanosis is a poor discriminator for severe illness.

**D** Respiratory exhaustion or apnoeic episode
- Apnoea defined as a ≥20 second pause in breathing.

**E** Evidence of severe clinical dehydration or clinical shock
- Sternal capillary refill time >2 seconds, reduced skin turgor, sunken eyes or fontanelle.

**F** Altered conscious level
- Strikingly agitated or irritable, seizures, or floppy infant.

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- e.g. a rapidly progressive or an unusually prolonged illness.

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**Further information**

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- If difficulty in feeding indicates a need for assessment but is not by itself a good measure of severe illness.

- When referral is not indicated, a copy of the home care advice leaflet should be provided, with encouragement to call again should the child’s condition deteriorate.

- Every assessment should include a record of the time of assessment and time of onset of illness. Referrals must include the criteria label(s) to assist with the treatment of children on arrival at hospital.


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This assessment tool should be used during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. It will assist with deciding whether a sick febrile adult with flu-like illness needs referral to the nearest general hospital Emergency Department. Most adults are expected to be managed in the community. Respiratory failure, shock, heart failure and encephalopathy are the most likely modes of presentation in adults suffering from severe infection.

### Swine flu adult community assessment tool

**For use in all adults aged 16 years or older in the community.**

This assessment tool should be used during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. It will assist with deciding whether a sick febrile adult with flu-like illness needs referral to the nearest general hospital Emergency Department. Most adults are expected to be managed in the community. Respiratory failure, shock, heart failure and encephalopathy are the most likely modes of presentation in adults suffering from severe infection.

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| A              | **Severe respiratory distress**  
|                | Severe breathlessness, e.g. unable to complete sentences in one breath. Use of accessory muscles, supra-clavicular recession, tracheal tug or feeling of suffocation. |
| B              | **Increased respiratory rate** measured over at least 30 seconds.  
|                | Over 30 breaths per minute. |
| C              | **Oxygen saturation ≤92% on pulse oximetry, breathing air or on oxygen**  
|                | Absence of cyanosis is a poor discriminator for severe illness. |
| D              | **Respiratory exhaustion**  
|                | New abnormal breathing pattern, e.g. alternating fast and slow rate or long pauses between breaths. |
| E              | **Evidence of severe clinical dehydration or clinical shock**  
|                | Systolic blood pressure <90mmHg and/or diastolic blood pressure <60mmHg.  
|                | Sternal capillary refill time >2 seconds, reduced skin turgor. |
| F              | **Altered conscious level**  
|                | New confusion, striking agitation or seizures. |
| G              | **Causing other clinical concern to their own GP or clinical team**  
|                | e.g. a rapidly progressive or an unusually prolonged illness. |

### Further information

- The tool is designed to support and empower all healthcare professionals working in difficult circumstances with limited resources but does not supersede a decision by an experienced clinician about whether, when or where to refer an adult.
- The assessment applies to all adults aged 16 years or over and is independent of any prior or existing medical condition.
- Fever alone is not used as a criterion for referral as it is a poor discriminator for severe illness.
- Difficulty in self care indicates a need for assessment but is not by itself a good measure of severe illness or need for hospital admission. Referral to a community-based support facility may be suitable.
- When referral is not indicated, a copy of the home care advice leaflet should be provided, with encouragement to seek medical advice again should the adult’s condition deteriorate.
- Every assessment should include a record of the time of assessment and time of onset of illness. Referrals must include the criteria label(s) to assist with the treatment of adults on arrival at hospital.

*The Swine Flu Adult Community Assessment Tool is endorsed by: The Royal College of General Practitioners, The Royal College of Physicians, The Royal College of Nursing, The College of Emergency Medicine, The Directors of Clinical Care of UK Ambulance Trusts and The British Medical Association.*

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Date: ________________________ Time: ______________ hrs
Case reference no.: ______________ NHS no. if known: ______________
Hospital ref. no.: _______________ Ambulance Service job ref.: ______________
Referral to: ____________________ Ambulance Service target in hosp. time: ___ hrs
Hospital: ______________________ Own GP: ____________________________
Name: _________________________ Date of birth: _________________________
Address: _________________________ Postcode: _________________________

History and examination (circle referral criteria label(s) as appropriate)

<table>
<thead>
<tr>
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</table>

NB: New inability to cope at home indicates a need for assessment but may not lead to hospital admission. Admission to a low resource care facility may be more appropriate.

Medications listed/attached

________________________

Allergies

________________________

Working diagnosis

________________________

Other relevant information

________________________

Yours sincerely,

(Sign here)

(Any regulated healthcare professional)

<table>
<thead>
<tr>
<th>Print name of referrer</th>
<th>Professional status</th>
</tr>
</thead>
</table>

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Swine flu paediatric hospital pathways – Emergency Department management

This pathway should be used to manage severe and complicated flu-like illness during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. Practitioners must remain vigilant for other serious diseases which can present or be referred with symptoms similar to flu-like illness.

Triage assessment tool to be completed in Emergency Department

<table>
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<tr>
<th>Criteria label</th>
<th>CHILDREN UNDER 16 YEARS OLD WILL BE CONSIDERED FOR ADMISSION AT THE NEAREST GENERAL HOSPITAL IF THEY PRESENT WITH ANY OF THE FOLLOWING:</th>
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Severe flu-like illness but admission criteria not met

Flu-like illness and admission criteria met

Record criteria (above) and AVPU on presentation

Admit to short stay observation ward (up to 4 hours)
Flu virus test if currently advised
Oxygen to maintain SpO₂ ≥92%
Assess and treat dehydration (local guidelines):
• Encourage oral fluids if tolerated
• Naso-gastric fluids if unable to take adequate oral fluids
• IV fluids only if vomiting or neurological symptoms
Oseltamivir
Co-amoxiclav or clarithromycin if allergic to penicillin
Antipyretic (for fever and pain)
Reassess

SpO₂ <92% in oxygen or respiratory exhaustion
Discuss with Intensive Care Specialist

Admit to ICU if can benefit

Discharge criteria met at 4 hours:
• No evidence of respiratory distress
• Respiratory rate <40 bpm
• SpO₂ ≥92% in air
• No evidence of dehydration
• Infants tolerating ¾ oral feeds

Improving but discharge criteria not met at 4 hours
Continue observation for further 2–4 hours

Discharge criteria met

Admission criteria met: No improvement

Admit (to flu cohort ward if available) (see overleaf)

Discharge with:
• Flu home care advice, Swine Flu Information number
• Oseltamivir to complete 5 day course (children <1 year see RCPCH guidance)
• Co-amoxiclav for 5 days or clarithromycin if allergic to penicillin


please turn over
This pathway should be used to manage severe and complicated flu-like illness during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. Practitioners must remain vigilant for other serious diseases which can present or be referred with symptoms similar to flu-like illness.

Admit (to flu cohort ward if available)

Respiratory/gastro-Intestinal symptoms
- Oxygen to maintain SpO₂ ≥92%
- Fluid management
- Oseltamivir may be of some benefit in severe cases if duration of symptoms <7 days
- Continue antibiotics and antipretics (see overleaf)

Cardiac symptoms –
- Viral myocarditis or heart failure
- Tachycardia, hepatomegaly or hypotension
- Refer to PEW tool for ranges. Accept rise in HR by 10 bpm for every 1°C rise in temperature
- Oseltamivir may be of some benefit in severe cases if duration of symptoms <7 days

Neurological symptoms –
- Meningitis or encephalitis
- Altered level of consciousness, change in behaviour or seizures unexplained by respiratory or metabolic symptoms
- Oseltamivir may be of some benefit in severe cases if duration of symptoms <7 days

If at any time:
- SpO₂ <92% in oxygen or respiratory exhaustion

Chest X-ray, ECG
- Chest X-ray, FBC, U&E, blood culture, sputum culture, rapid respiratory pathogen tests as recommended locally

GCS, examine for meninges and focal neurological signs
- Consider CT if GCS <12 or focal signs
- LP if no contraindications
- Send CSF for microscopy, culture and sensitivity and virology

Specialist advice
- Treat seizures by APLS guidelines
- IV cefotaxime and aciclovir, if <3 months add IV amoxicillin

Discharge criteria met for 4 hours
- No evidence of respiratory distress
- Respiratory rate <40 bpm
- SpO₂ ≥92% in air
- No evidence of dehydration
- Infants tolerating 1/3 oral feeds

If pneumonia add oral clindamycin or IV antibiotics only if vomiting

Discharge when specialist criteria met

Discharge with:
- Flu home care advice, Swine Flu Information number
- Oseltamivir to complete 5 day course (children <1 year see RCPCH guidance)
- Antibiotics to complete 5 day course

Deterioration in condition
- Capillary blood gases. Consider non-invasive ventilation.
- Consider likelihood of benefit of intensive care if available

Admit and assess progress on ICU

Palliative care

Return to cohort ward or supportive care

### Triage assessment tool to be completed in Emergency Department

<table>
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<tr>
<th>Criteria</th>
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Severe breathlessness, e.g. unable to complete sentences in one breath.  
Use of accessory muscles, supra-clavicular recession, tracheal tug or feeling of suffocation. |
| B        | Increased respiratory rate measured over at least 30 seconds.  
Over 30 breaths per minute. |
| C        | Oxygen saturation ≤92% on pulse oximetry, breathing air or on oxygen  
Absence of cyanosis is a poor discriminator for severe illness. |
| D        | Respiratory exhaustion  
New abnormal breathing pattern, e.g. alternating fast and slow rate or long pauses between breaths. |
| E        | Evidence of severe clinical dehydration or clinical shock  
Systolic blood pressure <90mmHg and/or diastolic blood pressure <60mmHg.  
Sternal capillary refill time >2 seconds, reduced skin turgor. |
| F        | Altered conscious level  
New confusion, striking agitation or seizures. |
| G        | Causing other clinical concern to the clinical team or specialist doctor  
e.g. a rapidly progressive or an unusually prolonged illness. |

**Severe flu-like illness but admission criteria not met**

- **Flu-like illness and admission criteria met**
  - **Record criteria (above) and AVPU on presentation**

  - **Admit to short stay observation ward (up to 4 hours)**
    - **Flu virus tests if currently advised**
    - Oxygen to maintain \( \text{SpO}_2 \geq 92\% \)
    - Assess and treat dehydration (local guidelines):
      - Encourage oral fluids if tolerated
      - IV fluids immediately if vomiting or neurological symptoms
    - Oseltamivir
    - Doxycycline or co-amoxiclav. Clarithromycin 2nd line
    - Antipyretics and analgesics (for fever and pain)
    - Reassess

  - **Discharge criteria met at 4 hours:**
    - No evidence of respiratory distress
    - Respiratory rate ≤30 bpm
    - \( \text{SpO}_2 \geq 92\% \) in air
    - No evidence of dehydration
    - Tolerating oral fluids

  - **Improving but discharge criteria not met at 4 hours**
    - Continue observation for up to a further 4 hours
    - Discharge criteria met

  - **Admission criteria met:**
    - No improvement

  - **Discharge with:**
    - Flu home care advice, Swine Flu information number
    - Oseltamivir to complete 5 day course
    - Doxycycline or co-amoxiclav for 5 days. Clarithromycin 2nd line

- **SpO\(_2\) <92\% in oxygen or respiratory exhaustion**
  - **Discuss with Intensive Care Specialist**
  - **Admit to ICU if can benefit**

- **Admit (to flu cohort ward if available) (see overleaf)**

This template is endorsed by The Royal College of Physicians, The College of Emergency Medicine, The Intensive Care Society, The British Society for Antimicrobial Chemotherapy, The British Infection Society and The Health Protection Agency.
This pathway should be used to manage severe and complicated flu-like illness during severe and exceptional circumstances when surge demand for healthcare services leads to a need for strict triage. Practitioners must remain vigilant for other serious diseases which can present or be referred with symptoms similar to flu-like illness.

### Respiratory/gastro-intestinal symptoms
- Oxygen to maintain SpO₂ ≥92%
- Fluid management
- Oseltamivir may be of benefit in severe cases if duration of symptoms <7 days
- Continue antibiotics and antipyretics (see overleaf)
- Stool examination for C. diff. and other pathogens

### Neurological symptoms – meningitis or encephalitis
- Meningism, altered level of consciousness, change in behaviour or seizures
- Maintain hydration, and SpO₂ >95%
- Oseltamivir may be of benefit in severe cases if duration of symptoms <7 days

### Cardiac symptoms – viral myocarditis or heart failure
- Tachycardia, hypotension, lung congestion or peripheral oedema
- Refer to local early warning tool for ranges. Accept rise in HR by 10bpm for every 1°C rise in temperature. Oseltamivir may be of benefit in severe cases if duration of symptoms <7 days
- Echocardiography
- Diuretics/ACE inhibitors/restrict fluid balance
- LP if no contraindications
- Send CSF for microscopy, culture and sensitivity and virology

### Discharge criteria met for 4 hours
- No evidence of respiratory distress
- Respiratory rate ≤30bpm
- SpO₂ ≥92%
- No evidence of dehydration
- Tolerating oral fluids

### If pneumonia give IV co-amoxiclav plus clarithromycin. Alternatives according to local policy
- Chest X-ray, ECG, echocardiography
- Diuretics/ACE inhibitors/restrict fluid balance
- Specialist advice
- If pneumonia give IV co-amoxiclav plus clarithromycin. Alternatives according to local policy

### Discharge with:
- Flu home care advice, Swine Flu Information number
- Oseltamivir to complete 5 day course
- Antibiotics to complete 5 day course

### If at any time:
- SpO₂ <92% in oxygen or respiratory exhaustion
- GCS, examine for meningism and focal neurological signs
- Consider CT if GCS ≤12 or focal signs
- LP if no contraindications
- Send CSF for microscopy, culture and sensitivity and virology
- Treat seizures by local guidelines
- Give IV cefotaxime and aciclovir

### Specialist advice
- Arterial blood gas. Consider non-invasive ventilation. Consider likelihood of benefit of intensive care if available. Take specialist advice

### Admit and assess progress in ICU
- Palliative care
- Return to cohort ward or supportive care

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