

Guidelines for Care and Treat in Place for Facility and Supportive Living Facilities during Pandemic (H1N1) 2009

These guidelines are intended to assist with decision-making during Pandemic (H1N1) and are not intended to limit access to care or services in any way. Clinical judgement must always determine the course followed for any individual resident.

<p>Resident exhibits symptoms consistent with Influenza Like Illness (ILI): (acute onset of New Cough or change of in existing Cough PLUS one or more of the following:</p> <ul style="list-style-type: none"> • Fever (> or equal to 38 degree C) • Sore throat • Joint pain • Muscle aches • Severe Exhaustion 		
Assessment	Observations	Actions
Initial assessment by Health Care Professional (RN or LPN) using clinical skills and judgment	Vital signs stable	-General treatment of symptoms -Contact physician for early antiviral treatment -Meds as appropriate for symptom relief and comfort. -Give client/caregivers flu self care handout.
Assessment by Health Care Professional (NP/RN/LPN)	Symptoms present: -Chest pain/ shortness of breath -Colored sputum -Night sweats, uncontrolled shivering -Nausea & vomiting (more than 3x in 24 hrs) -Diarrhea (more than 4x in 24 hours) -Syncope on standing or altered level of consciousness (LOC) -New confusion -Existence of other risk factors and/or comorbidities	As above Arrange for further assessment by physician or NP as warranted by the clinical situation. If it is after hours, contact physician on call. Treat in place with treatment plan guided by resident's Goals of Care Designation/Advance Directive/Code Status.
<p>Resident has changed in status requiring medical management for ILI and non ILI conditions (e.g. UTI, pneumonia, pyelonephritis)</p>		
Assessment by Health Care Professional (NP/RN/LPN)	Vital signs: Pulse less than 50 or greater than 110/min Respirations less than 10 or greater than 24/min Oxygen saturation less than 90% on room air Cyanosis	Arrange for urgent assessment by physician. Treatment plan guided by resident's identified Goals of Care Designation/Advance Directive/Code Status. Before transport the physician, NP or nursing manager will determine availability of resources for transport and care. Transfer to acute care considered only for stabilization with early return to facility for ongoing care.
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Resident has symptoms of medical emergency		
Initial assessment by Health Care Professional (RN or LPN) using clinical skills and judgment	Examples -Fracture -Head Injury (altered LOC) -Acute MI, stroke -Acute sepsis -GI bleed	Arrange for urgent assessment by physician. Treatment plan guided by resident's identified Goals of Care Designation/Advance Directive/Code Status. Triage by EMS on scene and consultation with ED prior to transfer. Transfer to acute care considered only for stabilization (e.g. hip #, etc) with early return to facility for ongoing care.

Notes:

1. These guidelines are intended to assist with decision-making during Pandemic (H1N1) 2009 but clinical judgement must always determine the course followed for any individual resident.
2. Residents with ILI symptoms are put on contact and modified droplet precautions. Outbreak procedures are put in place as per existing protocols.
3. Facility Living and Supportive Living sites should make arrangements for physician coverage/ consultation prior to pandemic to support care and treat in place.
4. Refer to AHS website for information:
 - a. How to manage influenza in adults <http://www.albertahealthservices.ca/883.asp>
 - b. IPC Bulletin #5 (revised) Infection Prevention and Control Directive regarding Pandemic (H1N1) 2009 for Health Care Workers in Facility living, Supportive Living and Home Living Programs.
5. All residents in Facility Living should have Goals of Care Designation/Code Status/Advanced Directive which should be considered within the context of the resident's current health status.