Algorithm for management of patients at secondary or tertiary level care

Assessment of Patients

Signs of severe illness or signs of rapid progression of illness, such as

- Presence of fever > 38 ^{0} C /> 100.4 ^{0} associated with
- Dyspnoea or difficult breathing
- Pulse oximeter saturation Sp0^2 < 90% (if it is available)
- Alteration of vital sign : Arterial hypotension (Systolic blood pressure < 90 mm Hg and diastolic blood pressure <60 mm Hg); Respiratory frequency increased (over 30 breaths per minute); cardiac frequency increased (Heart rate > 120 bpm);
- Hypoxia as indicated by pulse oximetry, if available (Oxygen saturation $\leq$ 92% despite full oxygen saturation)
- Altered level of consciousness: New confusion, striking agitation or seizures;
- Severe dehydration (Loss of more than 10% of body weight as evidenced by absent or low peripheral pulse, poor skin turgor, undetectable blood pressure and sunken eyes)
- Abnormal chest-x ray (Chest x-ray showing pulmonary infiltrates)
- Patient returning for a second consultation with recurrent or persistent fever (Fever not subsiding beyond 3 days despite under treatment with analgesics;
- Patient from geographically remote area
- Patients with social, personal or familial circumstances for whom the illness implies a high risk for them (example: patients who can not take care of themselves)

No

Refer the case for home management

Management of case at home
(Follow the protocol for home care Ref: 4.1.3)

Yes

Hospitalize the Patients immediately for treatment and further care

Treat them with antiviral medication immediately along with other supporting treatment (Follow Protocol for Hospital Care- Ref: 4.2.3 and 4.2.4)

Yes

In addition to the above, the patient is also presenting with:
- Refractory hypoxaemia
- compromised haemodynamics
- signs of sepsis and imminent shock

Patient's conditions improving and responding to treatment as indicated by:
- Patient becoming afebrile
- Tolerating oral fluid;
- Absence of dyspnoea
- No evidence of dehydration
- Respiratiry rate $\leq$ 30bpm
- Oxygen saturation $\geq$ than 92 %
- In patients at high-risk for complications : underlying chronic health conditions not exacerbated

Discharge criteria met
Discharge the patient with proper advice
(Patients should be discharged after receiving the full five day course of oseltamivir or 24 hours after becoming afebrile whichever is earlier)

Patient's conditions not improving and not responding to treatment as indicated by:
- Progressive pulmonary infiltrates
- Persistent hypoxia (SpO_2 < 92% despite maximum oxygen saturation;
- Progressive hypercapnoea;
- Presence of compromised haemodynamics
- Signs of sepsis and imminent shock

Consult specialists for advice and admission in the Intensive Care Unit (ICU)

Consider admission at the ICU upon advice from the specialists

Infection control measures

Standard and droplet precautions:

Patient: Surgical mask

Staff: Hand hygiene, surgical mask, apron and gloves

Standard and droplet precautions:

Patient: Surgical mask and strict isolation or cohorting. Isolation precaution may be discontinued when patient has had received 72 hours of antiviral treatment provided they have no fever for 24 hours in the absence of antipyretics

Staff: Hand hygiene, surgical mask, apron, gloves and eye protection if there is a risk of splash. *If aerosol generating procedure is undertaken*, use gown, gloves, a correctly fitted facial particulate respirator-N 95 or FFP2 mask and eye protection.

World Health Organization
Regional Office for the Eastern Mediterranean