

Guidance: algorithm for the management of patients with influenza-like-illnesses in RHN

Screening and Assessment

Combination of two or more of the following symptoms:

- Fever >38 °C Headache
- Cough (sudden increased production of sputum) Sore throat (pain when swallowing)
- Aching muscles - joint pain

**vomiting and diarrhoea had been reported as a feature of some influenza cases (UKHSA, 2022)

NOTE:

RHN patients may have different presentations due to their complex physical disabilities – it is important to know if the patient is presenting new symptoms other than the usual clinical presentation

Infection control

Before continuing with the assessment, the following enhanced precautions must be taken:

1. Isolate the patient
2. Avoid exposure of the symptomatic patient to other patients
3. FFP3 masks to be used for aerosol-generating procedures, surgical masks for other contact procedures
4. Eye protection as appropriate

Suspect influenza/respiratory viruses

- Notify the Doctor on duty and the Clinical Nurse Specialist – Infection Prevention and Control (extension 5416)
- Infection Prevention and Control Team (IPCT) to confirm the suspicion of influenza

Consider testing for VIRAL Respiratory panel by PCR

(The viral respiratory PCR assay includes Influenza A, Influenza B, Parainfluenza, Rhinovirus, Coronavirus, RSV, Metapneumovirus, Adenovirus, Bocavirus, Enterovirus, Parechovirus and Mycoplasma pneumoniae)

Viral respiratory panel negative

Investigate and manage as clinically indicated i.e. antipyretics, analgesics

Viral respiratory panel positive (but negative for Flu A/B)

Discuss management and isolation precautions with IPCT/Infection Control Doctor/Consultant

Flu a/b positive

Consider use of antivirals if clinically indicated (ICT will liaise with Infection Control Doctor/Consultant Microbiologist)

Ensure isolation after discussion with IPCT.