


Pandemic Flu and Protocol 36


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KEY QUESTIONS

- What is the most **prominent complaint?**
(**Difficulty breathing**)
 - Does s/he have **difficulty** speaking **between** breaths?
 - (**No**) **Describe** to me what her/his **breathing** is like.
 - (**INEFFECTIVE** or **DSBB**) Did s/he have **any flu symptoms** prior to this?

Yes & INEFFECTIVE _____ 

Yes & DSBB _____ 

No _____

(Chest pain ≥ 35)

- Has s/he ever had a **heart attack** or **angina** (heart pains)?
Yes _____
- Is s/he **completely alert** (responding appropriately)?
- Is s/he **changing colour**?
 - (**Yes**) **Describe** the colour change.
- Is s/he having **chills** or **sweats**?
Yes & chest pain ≥ 35 _____
- Is s/he **vomiting**?
Yes & chest pain ≥ 35 _____
- Does s/he have a **new cough** that **recently** started?
- Does s/he have a **sore throat**?
- Does s/he have **unusual total body aches**?
- Does s/he have a **fever** (**hot to touch** in room temperature)?

36-D-1
36-D-2
6
10
10
10

KEY QUESTIONS (continued)

- Does s/he have a **runny** or **stuffy nose**? * see Rule 2
- Does s/he have **diarrhoea**?
- Does s/he have a **headache**?
 - (**Yes & no other flu symptoms**) Was there a **sudden** onset of **severe** pain?
Yes _____ **18**
- Does s/he have any **HIGH RISK** conditions?
No flu symptoms in KQ 4–12 _____ **CC**

POST-DISPATCH INSTRUCTIONS

- (**If regular dispatch**) I'm organising the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.
- (**If reduced/limited dispatch**) I'm **arranging care** for you now. An ambulance (or Care Van) will come to check you **when they are available**. This might take (several hours).
- (**If quarantine and no dispatch**) Because of the extent of the flu epidemic, an **ambulance cannot be sent** to you. I will **connect** you to a **flu care specialist** who will advise you on what to do.
- (**Patient medication requested and Alert**) Remind her/him to do what her/his **doctor has instructed** for these situations.
- (**≥ 1 + DELTA**) If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

DLS * **Link to**  **X-1 unless:** 

INEFFECTIVE BREATHING and **Not alert**  **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS	→ S A B C	CODES: LEVEL 0 (S)	LEVEL 1 (A)	LEVEL 2 (B)	LEVEL 3 (C)
D	1	INEFFECTIVE BREATHING with flu symptoms		36-D-1			
	2	DIFFICULTY SPEAKING BETWEEN BREATHS with flu symptoms		36-D-2			
	3	Not alert with flu symptoms		36-D-3			
	4	CHANGING COLOUR with flu symptoms		36-D-4			
C	1	Abnormal breathing with single flu symptom or Asthma/COPD		36-C-1			
	2	Abnormal breathing with multiple flu symptoms		36-C-2			
	3	Chest pain ≥ 35 with single flu symptom		36-C-3			
	4	Chest pain ≥ 35 with multiple flu symptoms		36-C-4			
	5	HIGH RISK conditions		36-C-5			
A	1	Chest pain < 35 with single flu symptom		36-A-1			
	2	Chest pain < 35 with multiple flu symptoms		36-A-2			
	3	Flu symptoms only (cough, fever, chills, sweats, sore throat, vomiting, diarrhoea, unusual total body aches, headache, etc.)		36-A-3			

➔ Flu Surveillance & Triage Level Suffixes

Locally enacted **Flu Level designations** may affect your agency's **response assignment**. With the exception of Level 0, the other levels allow for **locally designated**, potentially **different levels** of patient **triage** and **reduced response**:

S = **Level 0** (surveillance only) – no change in response

A = **Level 1** (low triage) – consider referral of ALPHA cases only

B = **Level 2** (moderate triage) – consider reduced response for CHARLIE cases

C = **Level 3** (high triage) – consider referral of some CHARLIE cases and reduced response for DELTA cases

INEFFECTIVE BREATHING

See **Protocol 9** for definitions.

DIFFICULTY SPEAKING BETWEEN BREATHS

See **Protocol 6** for definitions.

CHANGING COLOUR

See **Protocol 6** for definitions.

HIGH RISK Conditions

- ≤ 12 years old
- Diabetes
- Neurological diseases (affecting swallowing or breathing)
- Pregnancy
- Sick cell disease (sickle cell anaemia)

Other high-risk conditions of **asthma**, **COPD**, **heart disease**, and **angina** are covered in other **CHARLIE-level Determinant Codes**.

Rules

1. Once **surveillance** or **triage** is **locally approved**, use **Protocol 36** for the medical Chief Complaints of **breathing problems**, **chest pain**, **headache**, and **sickness**. Do not go to Protocols 6, 10, 18, or 26 **unless** Protocol 36 directs you there.
2. Once **two flu symptoms** in Key Questions 4–12 have been identified, **skip** the rest of the questions to Key Question 13 and then choose the appropriate **Determinant Code**. If **positive flu symptoms** were **mentioned in Case Entry**, these Key Questions **do not have to be asked again**. More than one flu symptom **creates a higher likelihood** that the Chief Complaint is actually the flu.
3. If **initial information** identifies the Chief Complaint as **Breathing Problems** (6), **Chest Pain** (10), **Headache** (18), or **Sick Person** (26), and other flu symptoms are **not identified**, return to the **original Chief Complaint** and **complete the call**.
4. If the patient **had a fever** but took aspirin, acetaminophen/paracetamol (Tylenol, Panadol), or ibuprofen (Motrin, Brufen, Nurofen), **and the fever is now gone**, answer the fever Key Question as **“yes”**.
5. If the complaint is **Chest Pain** (≥ 35) and **sweats**, **vomiting**, or a **history of heart attack** or **angina** are later identified, **go to Protocol 10** and complete the call. While sweats and vomiting are symptoms of flu, they may also be **present in heart attacks**.
6. Patients of age **65 or older** are **unlikely** to have **H1N1** and should be **handled** according to their most **prominent Chief Complaint**.

Axioms

1. It is predicted that a pandemic, epidemic, or outbreak will cause an **increase** in the number of **severe breathing problems** reported (more 6-D-1 cases) **unless Protocol 36 triage is implemented**.

2. **Pregnant women** infected with H1N1 are significantly **more at risk** for **complications**, **hospitalization**, and **death**.
3. The **HIGH RISK Condition** of **neurological diseases** includes: multiple sclerosis (MS), muscular dystrophy (MD), amyotrophic lateral sclerosis (ALS or Lou Gehrig's), motor neuron disease (MND), poliomyelitis, and myasthenia gravis. If a mentioned disease is questionable, consider it as **positive**.

Pandemic

An epidemic that becomes **widespread**, affecting an **entire region, continent, or the world**.

Epidemic

A **sudden outbreak** of a disease or an **unusually large number** of disease cases in a **single community or relatively small area**. Disease may spread from person to person and/or through the exposure of many persons to a single source, such as a water supply.

Outbreak

A **sudden increase** in the number of disease cases, or occurrence of a **larger than expected number** of cases, within a **short period** of time.

Flu Symptoms (may be updated as more is known about specific symptoms at the time of an outbreak)

Common symptoms of the **current H1N1 (swine flu) illness** based on the latest information from government health agencies:

- Chest pain
- Chills or sweats
- Cough (recent onset)
- Diarrhoea
- Difficulty breathing
- Fever (> 38° C/100° F)
- Headache
- Runny/stuffy nose
- Sore throat
- Unusual total body aches
- Vomiting