

SCREENING TOOL FOR H1N1 INFLUENZA TESTING

Current as of 05/08/09 at 1600

Screening Criteria 1

<p>Does the patient have fever $\geq 38.4^{\circ}\text{C}$ (101.1°F) plus respiratory symptoms and/or sepsis like syndrome? AND Is the patient being admitted?</p> <p>(recognize that infants may present with hypothermia and apnea as manifestations of influenza)</p>	<p><input type="checkbox"/> No, go to Screening Criteria 2</p> <p><input type="checkbox"/> Yes, test patient and admit with Special Contact Precautions</p>
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Screening Criteria 2

<p>Does the child have a fever [$\geq 38.4^{\circ}\text{C}$ (101.1°F)], plus respiratory tract symptoms, plus a risk factor?</p> <p>Risk factors:</p> <p><input type="checkbox"/> Less than 5 years of age</p> <p><input type="checkbox"/> Cardiopulmonary disease</p> <p><input type="checkbox"/> Immunosuppression</p> <p style="padding-left: 20px;"><input type="checkbox"/> transplant</p> <p style="padding-left: 20px;"><input type="checkbox"/> cancer</p> <p style="padding-left: 20px;"><input type="checkbox"/> other conditions requiring immunosuppressive medications</p> <p><input type="checkbox"/> Renal</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Hepatic disorder</p> <p><input type="checkbox"/> Hematology</p> <p><input type="checkbox"/> Neuromuscular disorders</p> <p><input type="checkbox"/> Metabolic disorders</p> <p><input type="checkbox"/> Receiving aspirin</p>	<p><input type="checkbox"/> No, do not test, treat as usual</p>	<p><input type="checkbox"/> Yes</p> <p>If not admitted and rapid testing is available, consider testing. If test is positive, consider treatment.</p> <p>If not admitted and rapid testing is not available, consider treatment based on clinical judgment.</p>
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Screening Criteria 3

<p>Does the child have a febrile [38.4°C (101.1°F)] respiratory tract illness, NO underlying risk factor, and is not being admitted?</p>	<p><input type="checkbox"/> Yes - <u>DO NOT TEST</u></p>
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Screener Name/Date	Patient name and DOB
Parent/ Legal Guardian Name / Phone #	STATE/ COUNTY of patient residence
Referring/PCP name and telephone	

Guidelines for testing:

- Place in a Negative Pressure Room, if available and mask the patient and **coughing** family member
- Healthcare workers must wear N-95 respirator mask and eye protection when entering patient room
- Notify the receiving department
- Call Infection Control 816-234-3223 **if patient is admitted** and fax form to Infection Control at 816-346-1328
- Community provider, please call 1-800-GO MERCY (1-800-466-3729) if patient being sent to CMH for outpatient evaluation or admission
- Send form with patient if from an outside provider office