**SCREENING TOOL FOR H1N1 INFLUENZA TESTING**

Current as of 05/08/09 at 1600

### Screening Criteria 1

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
</table>
| Does the patient have fever $\geq 38.4^\circ C (101.1^\circ F)$ plus respiratory symptoms and/or sepsis like syndrome? AND Is the patient being admitted? | □ No, go to Screening Criteria 2  
□ Yes, test patient and admit with Special Contact Precautions |
| (recognize that infants may present with hypothermia and apnea as manifestations of influenza) | |

### Screening Criteria 2

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Does the child have a fever $[\geq 38.4^\circ C (101.1^\circ F)]$, plus respiratory tract symptoms, plus a risk factor? | □ No, do not test, treat as usual  
□ Yes  
If not admitted and rapid testing is available, consider testing. If test is positive, consider treatment.  
If not admitted and rapid testing is not available, consider treatment based on clinical judgment. |

**Risk factors:**
- □ Less than 5 years of age
- □ Cardiopulmonary disease
- □ Immunosuppression
  - □ transplant
  - □ cancer
  - □ other conditions requiring immunosuppressive medications
- □ Renal
- □ Diabetes
- □ Hepatic disorder
- □ Hematology
- □ Neuromuscular disorders
- □ Metabolic disorders
- □ Receiving aspirin

### Screening Criteria 3

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Does the child have a febrile $[38.4^\circ C (101.1^\circ F)]$ respiratory tract illness, NO underlying risk factor, and is not being admitted?</td>
<td>□ Yes - DO NOT TEST</td>
</tr>
</tbody>
</table>

### 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