Pandemic Influenza Triage Algorithm (PITA)

When to use the PITA

- Pandemic declared
- Patient presents with suspected influenza or potential influenza exposure

1. Is resuscitation required?
   - Yes
   - No

2. Is patient toxic and/or at high risk for deterioration or hospitalization?
   - Yes
   - No

3. Does patient need a workup and multiple interventions?
   - Yes
   - No

4. Does patient need minimal interventions?
   - Yes
   - No

5. Does patient need only an exam and discharge to home?
   - Yes

Printing and Folding Instructions:

1) Print double sided on 8.5" x 11" paper or card stock. Set your printer to landscape orientation, and to flip on the short side.

2) To fold: place the notes page facing up. Fold in half, left over right as shown in Figure 1.

3) You should be looking at the Pandemic Influenza Triage Algorithm (PITA). Continue by folding in half again, top over bottom as shown in Figure 2.

4) When complete you should be looking at the folded guide measuring 4.25" x 5.5" with the title facing you as shown in Figure 3. As an option, you may wish to laminate.
Note 1. Is resuscitation required?

Airway
Inability to protect/maintain airway
(Respiratory failure/exhaustion)
Needings interventions like BVM ventilation,
intubation, or BiPAP/CPAP

Breathing
Oxygen saturation < 90%
Severe respiratory distress
Breathlessness
– inability to speak complete sentences
Apnea
Excessive work of breathing (e.g., exaggerated
retractions/nasal flaring and/or tripod position)
Extremely labored breathing/grunting
Cyanosis

Circulation
Cardiopulmonary arrest
Weak, thready, or absent pulse
Cool, clammy
Marked pallor, delayed capillary refill, mottling
Needings interventions like ACLS or PALS
resuscitation, large volumes of fluid, or
vasopressors

Mental status
Unresponsive – a patient that is either nonverbal
and not following commands acutely or requires
noxious stimuli (P or U on AVPU scale)
Strikingly agitated or irritable
Active seizures
Infants – decreased responsiveness and
poor muscle tone

Note 2. Is patient toxic and/or at high risk for deterioration or hospitalization?

Toxic Appearance

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Neurological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen saturation 90 or 91%</td>
<td>Acute mental status changes (change from baseline):</td>
</tr>
<tr>
<td>Moderate respiratory distress</td>
<td>• Unable to follow simple commands</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>• Confused/lethargic/disoriented</td>
</tr>
<tr>
<td>Breathing fast or slow</td>
<td>Infants – extremely irritable, inconsolable</td>
</tr>
<tr>
<td>Increased work of breathing (e.g., some nasal flaring, mild retractions, or grunting)</td>
<td></td>
</tr>
<tr>
<td>Infants – inability to feed</td>
<td></td>
</tr>
</tbody>
</table>

High Risk for Deterioration/Hospitalization*

High Risk
Assign Level 2 if patient has influenza-like illness (ILI) symptoms and is in high-risk group (consult CDC website for current list of high-risk groups for influenza), including but not limited to:
Immunocompromised patients (including immunosuppression caused by HIV or by medication, such as chemotherapy or chronic steroids)

Comorbidities/Considerations
Consider assigning Level 2 for patients with these considerations or comorbid conditions who present with ILI (especially with abnormalities in airway, breathing, circulation, and mental status):

- Asthma – moderate to severe
- COPD, cystic fibrosis or other chronic lung disease
- Serious congenital heart disease
- Congestive heart failure
- Renal disease – on dialysis
- Sickle cell disease or other serious anemias
- Chronic neurologic or neuromuscular conditions (e.g., muscular dystrophy, spinal cord injury, cerebral palsy, stroke, or multiple sclerosis)
- Chronic metabolic, hepatic, or hematologic disorders
- Elderly
- Residents of chronic care facilities

Note 3. Does patient need a workup and multiple interventions?

Interventions may include:
- Chest radiograph
- Laboratory studies (complete blood count, electrolytes, and cultures)
- Intravenous (IV) fluids and medications
- Nebulized medications
- Oxygen

Consider Level 3 for patients with:
- Significant past medical history
- Worsening or relapse of influenza-like illness symptoms
- Severe or persistent vomiting requiring IV volume replacement

Note 4. Does patient need minimal interventions?

Minimal interventions (e.g., no more than one) may include those in Note 3 or:
- Medication by metered dose inhaler (MDI)
- Oral medications

Consider Level 4 for patients who may have influenza, but are stable and:
- Hospitalization is unlikely
- May have psychosocial risk factors that limit their ability to do self-care, such as elderly living alone or homeless

Note 5. Does patient need only an exam and discharge to home?

No defined interventions needed
(such as those listed in Notes 3 and 4)
Patient will receive exam and discharge education,
and may receive prescriptions