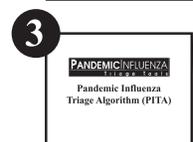
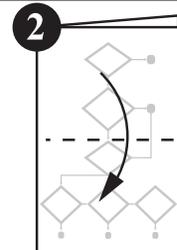
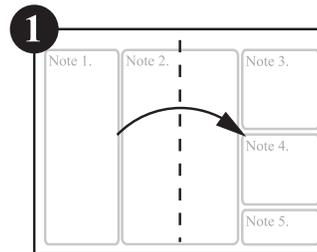


# Pandemic Influenza Triage Algorithm (PITA)



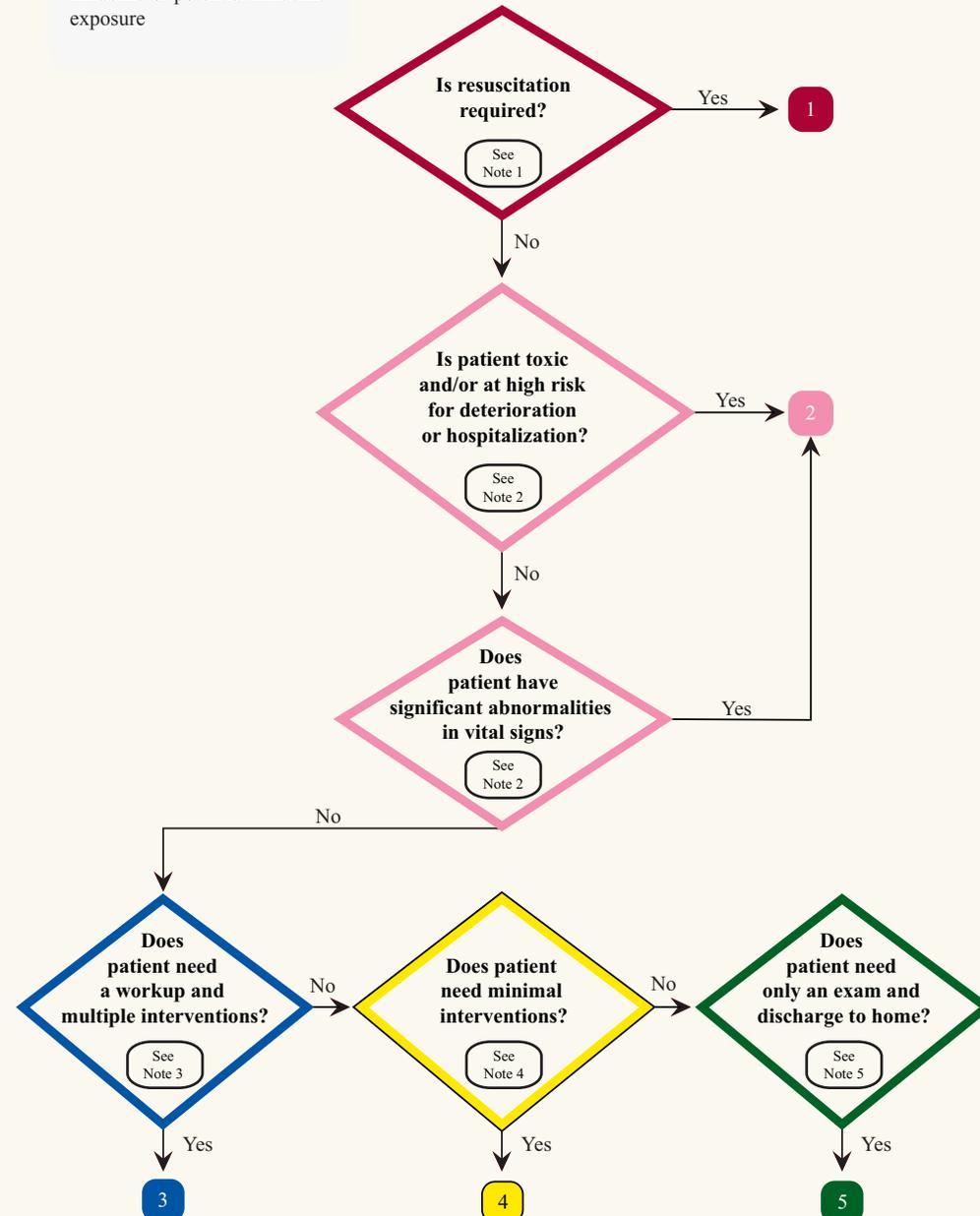
## Printing and Folding Instructions:

- 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.



### When to use the PITA

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



## Note 1. Is resuscitation required?

### Airway

Inability to protect/maintain airway

(respiratory failure/exhaustion)

Needing 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

Needing 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

#### Respiratory

Oxygen saturation 90 or 91%

Moderate respiratory distress

Shortness of breath

Breathing fast or slow

Increased work of breathing (e.g., some nasal flaring, mild retractions, or grunting)

Infants – inability to feed

#### Neurological

Acute mental status changes (change from baseline):

- Unable to follow simple commands

- Confused/lethargic/disoriented

Infants – extremely irritable, inconsolable

### 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

### Does patient have significant abnormalities in vital signs?

If one or more vital signs exceed parameters listed, consider assigning Level 2

Age	RR	HR	Temperature Celsius (Fahrenheit)	Systolic BP	SaO2
< 3 mo	<40 >60	<100 >205	>38* (100.4)	+	<92
3mo - <1y	<25 >40	<100 >190	>38 (100.4)	+	<92
1y - <3y	<22 >34	<80 >160	>39 (102.2)	+	<92
3y - <5y	<20 >26	<75 >140	≥40 (104)	+	<92
5y - <10y	<18 >24	<60 >120	≥40 (104)	+	<92
≥ 10y	<16 >20	<50 >100	≥40 (104)	<90	<92

\***Recommendation:** When fever exceeds 38°C (100.4°F), rate patients aged 1-28 days as Level 2, and consider rating patients aged 1-3 months as Level 2.

+Assess perfusion in children using capillary refill and skin color.

\*This algorithm is designed to assist healthcare professionals and those under their supervision in triaging patients with ILI. It is not meant as a substitute for sound clinical judgment.

## 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