When to use the PITA

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

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**Note 1. Is resuscitation required?**

**Airway**
- Difficulty in preserving/maintaining airway (respiratory failure/obstruction)
- Needing interventions like BVM ventilation, intubation, or BiPAP/CPPAP

**Breathing**
- Oxygen saturation <90%
- Severe respiratory distress
- Breathing unsustainable
- Increased work of breathing (e.g., nasal flaring, mild retractions, or grunting)
- Infants – extremely irritable, inconsolable

**Circulation**
- Cool, clammy
- Marked pallor, delayed capillary refill, mottling
- Cyanosis
- Excessive work of breathing (e.g., exaggerated retractions/nasal flaring and/or tripod position)
- Cardiopulmonary arrest

**Mental status**
- Unresponsive – a patient that is either nonverbal or cannot follow commands acutely or requires aggressive stimulation (e.g., pain or use of A/P/VPU scale)
- Agitated or agitated
- Active seizure
- Infants – decreased responsiveness and poor muscle tone

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

**Toxic Appearance**
- Temperature:
  - >38°C (100.4°F)
  - >40°C (104°F)
- Breathing:
  - >38°C (100.4°F)
  - >40°C (104°F)
- Mental status:
  - <100 or >190
  - <60 or >120
- Circulation:
  - <100 or >120
  - <75 or >140

**Neurological**
- Acute mental status changes (change from baseline)
- Unable to follow simple commands
- Confused/lethargic/disoriented
- Infants – extremely irritable, irritable

**High Risk for Deterioration/Hospitalization**
- 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
    - Limited to:
      - 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
      - Residence of chronic care facility

**Does patient have significant abnormalities in vital signs?**
- Temperature:
  - <37°C
  - >39°C
- Heart:
  - <100 beats/min
  - >100 beats/min
- Respiratory:
  - <10 breaths/min
  - >20 breaths/min

**Recommended:** 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.

**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
- Subcutaneous 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:**
- 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 definitive interventions needed**
- Patient will receive exam and discharge education, and may receive prescriptions