When to use the PITA

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

Is resuscitation required?
- Yes
- No

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

Does patient have significant abnormalities in vital signs?
- Yes
- No

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

Does patient need only an exam and discharge to home?
- Yes
- No

See Note 1
See Note 2
See Note 3
See Note 4
See Note 5
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*

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

<table>
<thead>
<tr>
<th>Age</th>
<th>RR</th>
<th>HR</th>
<th>Temperature Celsius (Fahrenheit)</th>
<th>Systolic BP</th>
<th>Sa02</th>
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</thead>
<tbody>
<tr>
<td>&lt; 3 mo</td>
<td>&lt;40 &gt;60</td>
<td>&lt;100 &gt;205</td>
<td>&gt;38° (100.4)</td>
<td>+</td>
<td>&lt;92</td>
</tr>
<tr>
<td>3mo - &lt;1y</td>
<td>&lt;25 &gt;40</td>
<td>&lt;100 &gt;190</td>
<td>&gt;38° (100.4)</td>
<td>+</td>
<td>&lt;92</td>
</tr>
<tr>
<td>1y - &lt;3y</td>
<td>&lt;22 &gt;34</td>
<td>&lt;80 &gt;160</td>
<td>&gt;39° (102.2)</td>
<td>+</td>
<td>&lt;92</td>
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<tr>
<td>3y - &lt;5y</td>
<td>&lt;20 &gt;26</td>
<td>&lt;75 &gt;140</td>
<td>&gt;40° (104)</td>
<td>+</td>
<td>&lt;92</td>
</tr>
<tr>
<td>5y - &lt;10y</td>
<td>&lt;18 &gt;24</td>
<td>&lt;60 &gt;120</td>
<td>&gt;40° (104)</td>
<td>+</td>
<td>&lt;92</td>
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<tr>
<td>≥10y</td>
<td>&lt;16 &gt;20</td>
<td>&lt;50 &gt;100</td>
<td>&gt;40° (104)</td>
<td>&lt;90</td>
<td>&lt;92</td>
</tr>
</tbody>
</table>

*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.

*Asess 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