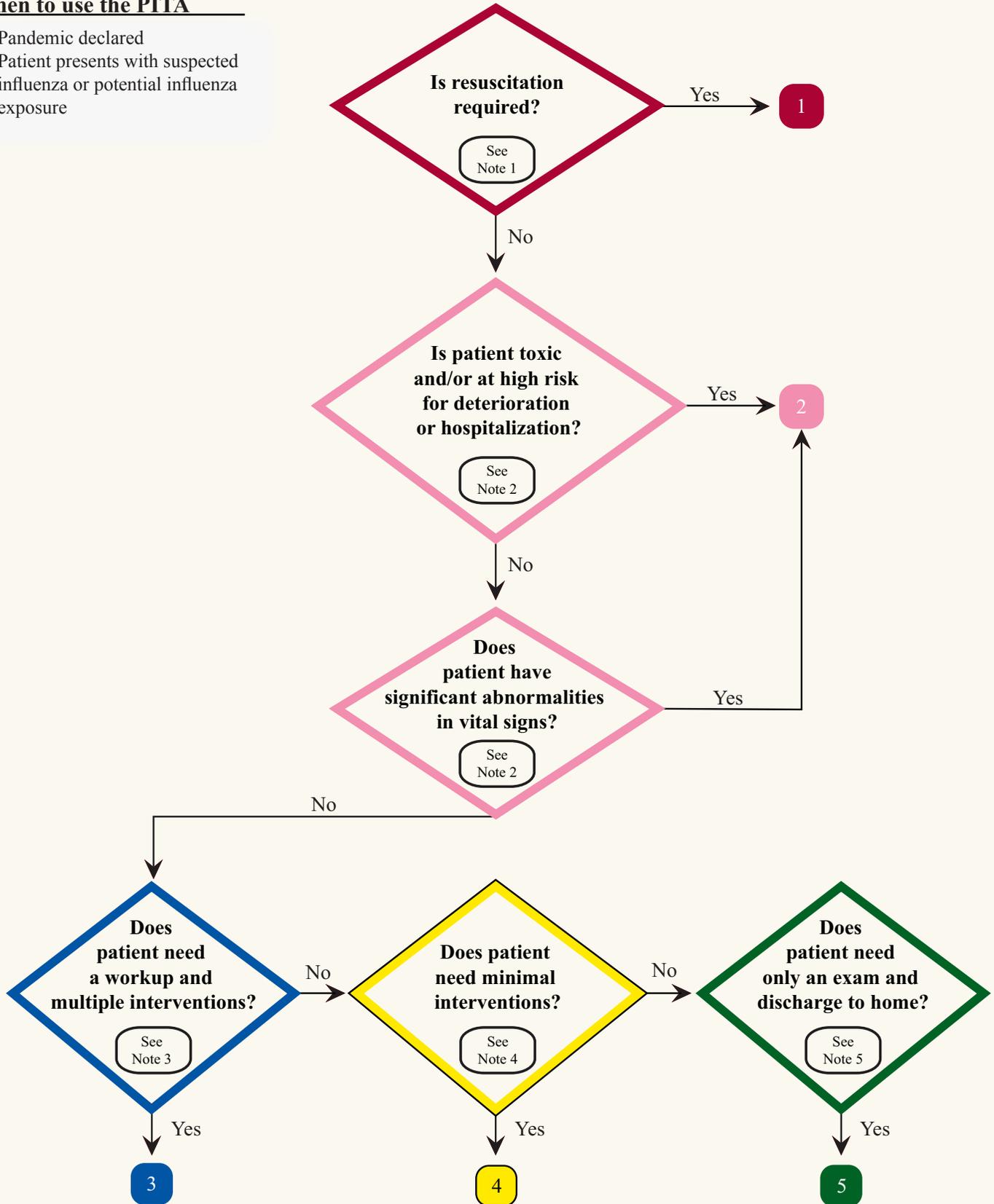


# PITA: Pandemic Influenza Triage Algorithm

## When to use the PITA

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



# Note 1

PITA Level 1

## 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):

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Asthma – moderate to severe</li> <li>COPD, cystic fibrosis or other chronic lung disease</li> <li>Serious congenital heart disease</li> <li>Congestive heart failure</li> <li>Renal disease – on dialysis</li> <li>Sickle cell disease or other serious anemias</li> </ul> | <ul style="list-style-type: none"> <li>Chronic neurologic or neuromuscular conditions (e.g., muscular dystrophy, spinal cord injury, cerebral palsy, stroke, or multiple sclerosis)</li> <li>Chronic metabolic, hepatic, or hematologic disorders</li> <li>Elderly</li> <li>Residents of chronic care facilities</li> </ul> |
|---|---|

#### 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?**

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**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?**

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**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?**

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No defined interventions needed (such as those listed in Notes 3 and 4)

Patient will receive exam and discharge education, and may receive prescriptions