

# ACUTE CARE ALGORITHM FOR IMMEDIATE MANAGEMENT OF RESPIRATORY AND/OR FEBRILE ILLNESS – NOT YET DIAGNOSED

Infection Control VERSION 5

24 Oct 2016

#### **TRIAGE**

1

**INFECTION IS SUSPECTED** 

1. Patient has worsening respiratory illness with any of the following: cough, shortness of breath, hemoptysis, difficulty breathing, abnormal CXR

OR

2. Patient has fever with any of the following: rash or parotid gland swelling

### **YES TO 1 or 2**

NO TO BOTH

## INITIAL ISOLATION

2

INITIAL ISOLATION based on POINT OF CARE RISK ASSESSMENT

- Patient: wears surgical mask if tolerated
- Patient: isolated in negative pressure room, single room, or cubicle with curtain pulled
- Staff: wears N95 respirator until differential diagnosis is determined

#### **ROUTINE PRACTICES**

etermined

ASSESS 3

ATTENDING PHYSICIAN ASSESSMENT

Please refer to the VCH Infection Control intranet for the most current version; updates are made without notification.

### ISOLATE

(for confirmed or suspected infections)

4

AIRBORNE, DROPLET and CONTACT PRECAUTIONS

SARS-CoV MERS-CoV Contact both Medical Microbiologist and Medical Health Officer on call AIRBORNE and CONTACT PRECAUTIONS

Chicken Pox Disseminated Herpes Zoster AIRBORNE PRECAUTIONS

Tuberculosis Measles DROPLET and CONTACT PRECAUTIONS

Influenza\*
Viral respiratory infections
Meningitis
VHF (refer to VHF/EVD
triage algorithm)\*

DROPLET PRECAUTIONS

Mumps Pertussis

ROUTINE: ALL PATIENT ENCOUNTERS: hand hygiene, use of protective equipment appropriate for the clinical situation

**AIRBORNE:** N95 respirator, patient in negative pressure room, door closed

**DROPLET:** surgical mask, protective eyewear (face shield or goggles), follow respiratory/cough etiquette

**CONTACT:** gown, gloves

If the working diagnosis is unclear, default to the higher level of precaution(s).

\*Use N95 respirator for aerosol generating medical procedures