GUDIELINES FOR TRANSPORT OF CRITICALLY ILL H1N1 INFECTED PATIENTS

Inter hospital transport of critically ill influenza H1N1 positive infected patient places the patient at risk of adverse events and increased morbidity and mortality during transport.

Inter hospital transport requires more careful planning.

Guidelines

1) If referring hospital does not have facility of assisted ventilation / Intensive Care Unit/ adequate staff / diagnostic and therapeutic purpose then patient can be shifted for proper care.

2) As far as possible, patient should be transferred within the city / within the district only.

3) Patient should be transferred to a higher level of care.

4) Patient should be transferred only after stabilizing vital parameters.

5) Hemodynamically unstable patients should not be transported under any circumstances.

6) Contact hospital where patient is to be shifted, for place of admission and vacancy and availability of ventilator

Accompanying Personnel

Number of care givers should be restricted in view of droplet infection
At least two trained staff (one doctor and one Nurse) with training of airway management and management of critically ill patient, should accompany patient.
Use of PPE to prevent cross infection.

Equipment and drugs

Drugs required for emergency management for H1N1 positive patient should be available in adequate amount.

- Zanamavir inhalers, Cap. Oseltamivir,
- For Hypotension – Dopamine, Nor adrenaline
- For Arrhythmia – Xylocard, amiodarone, Digoxin
- For Hypertension - Inj. Metoprolol, Nitroglycerine (NIG)
- For sedation / Agitation, Midazalam
- For Anaphylaxis –Adrenaline, Hydrocortisone, Aminophyline
- For Bronchospasm – Salbutamol
- Inj. Glucose 25%,Normal saline, 5% Dextrose
- Inj.Insulin
- For intubation – Atropine / Glycopyrrolate / Propofol
- Inj. Phenytoin sodium for status epilepticus.

Equipments : should be available and dedicated for transport use only.

Back up equipments in case of emergency is always desirable. Check every equipment to make sure it works. Never place equipments on the top of patient. Ensure adequate power back up and check that batteries are charged fully. Check gas cylinders are full and functioning for > 30 min or more according to distance.

For respiratory care

- Oxygen mask
- Self inflating bag – valve resuscitator with PEEP valve
- Suction machine
- Intubation set – endotracheal tubes of diff. sizes, laryngoscope with batteries / bulb
- Pulse Oximeter
- Portable ventilator (with detachable and with autoclavable expiratory valve) to deliver PEEP
- Gas cylinders

For circulatory support

- ECG Monitor / defibrillator / transcutaneous pacemaker
- Non invasive BP Monitor
- Vascular cannula (Intracath) Peripheral and central line (CVP)
- Infusion pumps
- I.V. Sets
- Arterial cannulae / monitoring device
- Syringes and needles (Disposable)

Other equipments

- Ryles tube and bag
- Urinary Foleys catheter and bag
- Rubber gloves of different sizes
- Suturing material, dressing, antiseptic solutions.

Pre- hospital ALS care

- Avoid CPAP Since exhalation port is not filtered
- Avoid Nebulization / suction/intubation
- Limiting intubation to only when bivalve mask is not possible or effective. If bivalve masks are needed, use HEPA filters whenever possible.

After reaching hospital –

- Keep patient in the ambulance until exact place of admission is known.
- Place all PPE in biohazard bag for appropriate disposal.
- Perform through cleaning of stretcher & all equipment that have come in contact or within 6 ft of potentially infected patient by approved disinfectant.
- Maintain strict adherence to hand hygiene by washing with soap & water / hand sanitizer immediately after removing gloves & other equipment and any contact of respiratory . secretions.
- Follow CDC guidelines for cleaning EMS transport vehicle.

Documentation:

A clear and concise record summarizing the clinical status of the patient