

**BROWN EMERGENCY MEDICINE CDU  
INFLUENZA/INFLUENZA-LIKE ILLNESS TREATMENT PATHWAY**

**Purpose:** To safely manage patients diagnosed with Influenza who require further observation and medical management after standard ED therapy

**CDU Admission Eligibility Criteria:**

- Positive influenza A, B or Positive RPP
- No infiltrate on CXR
- Non-dynamic or non-ischemic ECG
- **Before patient may be moved to the CDU, the attending must complete a note documenting rationale for CDU admission, intended treatment and disposition plan.**

**CDU Exclusion Criteria:**

- Vital Signs:
  - Systolic Blood Pressure <90 mmHg
  - RR>30
  - Pulse Oximetry < 92% on room air or at baseline are 88-92% on room air
- On home oxygen
- Infiltrate on CXR
- Concomitant COVID-19 or RSV
- Clinical evidence of respiratory failure (or pH <7.3 or >7.5 if VBG obtained)
- Altered mental status
- Lactate > 2 mmol/L if obtained and not resolved to <2
- Immunosuppressive illness or on immunosuppressive medications
- Need for continuous nebulizers, BIPAP, or heliox
- Acute decompensated heart failure
- Concurrent medical problem requiring admission
- Any condition found on the “CDU Universal Exclusion Criteria” list
- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within 48 hrs. (ED attending discretion)

**Discharge Criteria:**

- Clinical improvement
- Able to take PO liquids and solids
- Able to ambulate at their baseline / Ambulatory pulse ox >89%
- Normal work of breathing/no evidence of respiratory compromise

*Last Update: 12/181/22, EEG*

## **INFLUENZA/ILI MANAGEMENT PATHWAY**

### **Pre-observation unit evaluation should include:**

1. CBC, Chem 7, other labs as clinically indicated
2. Rapid influenza or RPP screening with positive test for influenza or other ILI
3. EKG
4. Chest radiograph

### **Observation Unit Evaluation/Management should include:**

1. Serial vital signs
2. IV Hydration
3. Albuterol inhaler 2 puffs vs. 1 nebulizer every 2-4 hours as needed
4. Antipyretics as indicated (acetaminophen, ibuprofen, etc.)
5. Oseltamivir if clinically indicated
6. Anti-emetics if clinically indicated

### **Indications for hospital admission while under ED observation:**

1. Clinical deterioration
2. Inability to be discharged within 48 hours

### **Discharge Criteria:**

1. Normalized vital signs
2. Ambulatory Pulse Oximetry >94% or return to baseline (must be >88%)
3. Able to take oral liquids and solids

### **Discharge Instructions:**

1. Ensure patient has adequate supply of home respiratory treatments (neb vs. MDI) if needed
2. Prescription for oseltamivir
3. Prescription for anti-emetics if indicated
4. Ensure close outpatient follow up within 14 days