

**University of Iowa Hospitals and Clinics  
Maternal-Child Health H1N1 Protocols  
Outpatient and In-patient Units**

**\*\*Please note since our last protocol (Oct 6<sup>th</sup>) was written, changes have been made by the CDC to include “women who are 2 weeks postpartum (including pregnancy loss)” in the highest risk group with pregnant women. Additionally, on Oct. 23<sup>rd</sup> a hospital wide visitor policy was issued with a joint statement by Johnson County Public Health, Mercy IC and UIHC. This Maternal Child H1N1 Protocol has been edited to reflect those changes.**

**Protocol 1 - Telephone Triage H1N1 Screening/Scripting**

All calls to outpatient and inpatient units from patients or family members stating they think they have flu like illness:

The unit clerk/operator should transfer the call to a nurse:

- **ASK** if symptoms of flu like illness are present
  - **Temp  $\geq$  37.8°C (100°F)**
  - AND**
  - **Cough and/or sore throat**

- If **NO** and pregnant or 2 weeks postpartum (including pregnancy loss), educate about pregnancy and newborn risk

- Advise to receive vaccines when/if possible
- If others in household with flu like illness, should consult with providers to assess need for Oseltamivir (Tamiflu) prophylaxis if exposure less than 48 hr.

- If **YES** and pregnant or 2 weeks postpartum (including pregnancy loss), assess severity of symptoms with additional screening questions for **complicated flu like illness**

- **ASK:** if following symptoms are present:
  - -new onset shortness of breath
  - -difficulty breathing or chest pain
  - -altered mental status

- If **YES**, Come to hospital immediately,
  - To LDR if > 20 weeks
  - To ED if < 20 weeks

- Instruct patient to put on mask and sanitize their hands as they **enter** UIHC (infection prevention stations with masks and hand hygiene products are available at all UIHC entrances)
- Notify LDR and ED

- If **NO**, but has flu like illness symptoms

- Must be seen same day WHC if weekday (8-4) or LDR nights/weekends
- Instruct the patient that this may be a short visit but stress it is important she be seen the same day due to the risk factors for pregnant women and women who are 2 weeks postpartum (including pregnancy loss) related to H1N1

- Instruct patient that she should limit visitors escorting them to the hospital due to the risk to others being exposed.
  - Review Visitor Policy – see Protocol 5 below.
- Instruct patient to put on mask and sanitize their hands as they enter UIHC (infection prevention stations with masks and hand hygiene products are available at all UIHC entrances)
- Notify front desk staff of patient name & ETA

### **Protocol 2 - On Site Triage and Screening**

When patient arrives, the front desk staff should notify the Charge Nurse in LDR or “Float Staff member” in WHC. Float staff member or Charge nurse or designee will escort patient directly to the designated room A-1 (in WHC) or Room 9/US room in LDR

Implement Droplet and Standard precautions including door sign, surgical masks, gloves, and hand hygiene (N95 Mask is reserved for use during aerosolizing procedures like bronchoscopy, intubation, open suctioning and nebulizing therapy).

- Evaluate patient for respiratory compromise
- RR>20, HR>110 and O2 sat <94%
- Consider culture for strep if sore throat
- All patients are seen by a provider who evaluates patient to assess need for further evaluation (ie XCR, ABG) and admission
  - **If flu like illness confirmed, then assess need for admission**  
Treat with Oseltamivir (Tamiflu) 75 mg po BID x 5 days to begin immediately and hopefully within 48 hours of symptoms
  - **If no flu like illness**, but exposure to known/suspected flu like illness and < 48 hrs exposure, Prophylaxis with Oseltamivir (Tamiflu) 75 mg po daily x 10 days (see Protocol 3 below)

### **Admission criteria consideration:**

- Clinically appears short of breath
- Abnormal lung exam on auscultation
- O2 sats consistently < 94
- RR >20 and HR >110
- Abnormal CXR

Patient Check out: If possible, assist patient to schedule follow up by calling scheduling from exam room.

- Patient should be instructed to continue wearing mask until outside of UIHC
- Standard room cleaning should include special attention to cleaning all surfaces patient has come in contact with Virex®

### **Protocol 3 - Prophylaxis**

Patients reporting **exposure** to known or suspected **flu like illness** (and asymptomatic)

- Pregnant patients or patients who are 2 weeks postpartum (including pregnancy loss)
  - Calling in reporting exposure:  
CDC guidelines for community exposures are:
    - Having cared for or lived with an infected person
    - Having been in a setting where there is a high likelihood of contact with respiratory Droplets and or body fluids of such a person.  
Examples of close contact include:
      - Kissing or embracing
      - Sharing eating or drinking utensils
      - Any other contact between persons likely to result in exposure to respiratory droplets
    - Close contact typically does not include:
      - Walking by an infected person
      - Sitting across from a symptomatic person in a waiting room or office]
- Notify patient’s provider to determine if prophylaxis is indicated

- If < 48 hrs from initial contact, recommend Oseltamivir (Tamiflu) 75 mg po daily x 10 days.

#### **Protocol 4 - Testing for Influenza A/H1N1**

- Testing can be considered for hospitalized patients – not all pregnant women with flu like illness need testing
- KEY: Antiviral therapy should not be delayed awaiting test results – current test sensitivity is poor and dependent upon specimen collection.

#### **Protocol 5 - Visitation for Family/Friends – including UIHC policy**

Flu activity in Iowa is currently increased to widespread activity therefore we are limiting visitors to clinics and wards. Visitors with flu like illness will not be permitted to clinics or obstetric units except for fathers. Fathers with flu like illness will be required to wear a mask and remain at least 6 feet from the newborn infant until after 48 hours on antiviral medication, when cough and secretions are easily contained and at least afebrile for 24 hours without the use of fever lowering medications. Per hospital policy, all tours of patient care units have been suspended until further notice.

- **Visitors to WHC**

Instruct the patient that they should limit visitors escorting them to the hospital. Patients should be strongly discouraged from bringing children and more than 2 visitors to the clinic.

- **Visitors to L&D**

Only two visitors may accompany patient in L&D. Patients should be discouraged from bringing children. Healthy, screened siblings of newborn infants may be allowed on the unit in certain circumstances.

- **Visitors to 6JPP and 3JPE**

Visitors will be limited to Dad/significant other, siblings and grandparents while on Mother/Baby unit. They will perform hand hygiene and will wear masks when entering the room according to Droplet Precautions.

#### **Protocol 6 - Isolation of mothers with flu like illness**

- Mother with suspected, probable or confirmed influenza H1N1 is placed into Droplet and Standard Precautions upon admission to Mother/Baby Unit. **\*\*all personnel entering room wear a mask\*\***
- Mother is to wear a surgical mask within 6 feet of the baby.
- Mother continues to wear mask for 7 days from start of signs and symptoms and until fever is fully resolved and cough and secretions can be contained. These measures are strongly recommended for care at home.
- If patient has a prolonged stay in the hospital, isolation continues for at least 7 days. The mother can resume feeding her infant after 48 hours on antiviral medication, when cough and secretions are easily contained and at least afebrile for 24 hours without the use of fever lowering medications. Continue isolation longer than 7 days if signs and symptoms persist.

#### **Protocol 7 - Infant care and breastfeeding with mothers with flu like illness**

- After delivery, the baby can room-in with mother as long as a designated person provides care to the infant.
- Infant will remain in Droplet and Standard Precautions for the entire hospitalization and will be monitored closely for signs and symptoms of influenza. Mother and dad/significant other are instructed on how to identify signs and symptoms of influenza-type illness in an infant.
- Mother to express breast milk for feeding.
- A healthy designated person is to feed the baby.
- All postpartum women should be encouraged to receive both the seasonal flu and H1N1 vaccine – preferably the nasal H1N1 vaccine if they meet criteria (given the national shortage of injectable H1N1). Breastfeeding and/or having a newborn at home are not contraindications to the live attenuated nasal vaccine.

## **GENERAL INSTRUCTIONS**

Nursing staff will begin to “swipe and wipe” high-touched\* areas within the room at the beginning of each shift. Purple topped PDI wipes are used for this purpose and will be available within each room.

\*note: high-touched areas include stethoscope, tray tables, around sink, and door knobs.

POD 2 will be used to cohort patients with ILI if we begin to see a surge in patient activity.

In case of increased census on LDR and no triage beds, a triage station would be temporarily set up in the back LDR hallway to assess patients for admission/treatment as outlined above.

### **Staff considerations:**

- Pregnant women or women who are 2 weeks postpartum (including pregnancy loss) are at high risk for respiratory distress and ARDS following an H1N1 exposure and should be admitted if O<sub>2</sub> saturations are <94%. These patients should be watched closely for rapid decline in respiratory status.
  - Pregnant women are more likely to go into preterm labor with H1N1.
  - Unvaccinated pregnant health care workers should avoid taking care of patients with suspected H1N1 if at all possible.