

INTEGRATED CARE PATHWAY

<p>Patients Assessed as At Risk of Viral Haemorrhagic Fever Directorate of Infection</p>

Confidential Patient Information

Patient Name (or attach ID Label)	
Hospital Number	
Date of Birth	
Male / Female	
Address	
General Practitioner	
Assessment Date	
Arrival Time	
Triage Time	

Allergies (please write clearly)

**LEVEL OF RISK
(following VHF assessment)**

INFORMATION ABOUT THIS INTEGRATED CARE PATHWAY (ICP)

What is an ICP?

It is a multidisciplinary patient record developed using the best evidence to support the predicted pathway of the patient's care.

It aims to ensure that the care we offer is of the highest quality using the best evidence in an efficient way.

Who developed this pathway?

Multidisciplinary team consisting of:

Diana Lockwood, Charles Woodrow, Clare Culpin, Emma Aarons, Stephen Morris-Jones, William Newsholme, Andrew Ustianowski, Sarah Robinson, Fiona Sparkes, Martin Bruce, Geoff Scott, Maggie Armstrong.

How do I use this pathway?

This ICP is a guideline of the best-expected multidisciplinary care for a patient. However, remember that every patient is an individual. This ICP is NOT a substitute for your clinical judgement and expertise.

- Until the patient's VHF status is assessed as MINIMUM RISK, **ALL** the clinical medical and nursing care should be documented in this ICP rather than using the hospital in-patient continuation sheets. This includes all triage notes.
- Check that the Confidential Patient Information on the front page (page 1) has been completed.
- Complete the signature and initial box on page 3.
- Consider each action in the ICP (page 4 and then as directed) in turn.
- Decide if this action is appropriate for your patient.
- If yes, then carry out this action, record the time it was completed, and initial the relevant box.
- If you decide to do something other than the action set out in the ICP, then you must record a 'variance'.
- *To record a variance you must write next to the activity concerned*
 - the time the variance occurred
 - what the variance was using the codes on the back of the pathway (page 17)
 - what action you did instead of that planned
 - initial the variance recording
- If more space is required to record the variance or additional notes, continue on the multidisciplinary note sheet using the appropriate operator code as a reference point.
- Note that the ICP indicates by operator code that certain actions may be appropriately delegated to a nurse
- **Always** use blue or black ink in filling out this record.
- If any other problems are identified during and after the assessment process, which are not reflected within this pathway, then a care plan should be appended to this document.

Where should the ICP be kept following completion?

Medical Records

Who can I contact for more information?

For more information about VHF or ICPs please contact Duncan Burton (Modern Matron, Directorate of Infection)

VHF ICP		AFFIX PATIENT ID LABEL HERE			Date		
M U L T I P R O F E S S I O N A L	Operator Code	ACTION	Time	Sign	Reason for variance & action taken (use codes)	Sign for variance	
	N1	African Risk assessed in Triage <ul style="list-style-type: none"> • RAR in HTD O/P or • poster in A/E (page 17) 					
	N2	Isolate patient: Source Isolation <ul style="list-style-type: none"> • patient to stay in side room • all entering s/room to wear gloves and apron 					
	N3	Record vital observations: T, P, RR & BP (page 5)					
	N4/M1	Inform HTD team via Switch (09.00-21.00 SHO; 21.00-09.00 SpR)					
	M2	Assess clinical status and record on page 7					
	M3	VHF assessment completed (pages 7 – 9)					
	M4	Determine patient's initial risk status: Minimum Risk <input type="checkbox"/> Discontinue ICP Moderate Risk <input type="checkbox"/> Continue ICP High Risk <input type="checkbox"/> Continue ICP					
	M5	If Moderate or High Risk: Initiate use of Personal Protection Equipment Level 1 ¹					
	N5	Commence hospital contact record sheet (page 6)					
	M6	EDTA blood for malaria film AND Clotted sample for VHF virology ONLY ²					
	DO NOT CANNULATE OR TAKE ANY OTHER SPECIMENS OF ANY SORT UNLESS SPECIFICALLY DIRECTED TO DO SO BY THE HTD SPR OR CONSULTANT ²						
	M7	Malaria screen POSITIVE: <ul style="list-style-type: none"> • Discuss with HTD SpR and treat patient accordingly. • If now Minimum Risk: stop ICP, inform Parasitology and continue instead with conventional notes. 					
M8	Malaria screen NEGATIVE: <ul style="list-style-type: none"> • Discuss with HTD SpR • Continue with ICP Minimum Risk page 10 Moderate Risk page 11 High Risk page 12						

1. PPE Level 1: disposable body gown and gloves. Mask and visor should be worn if respiratory symptoms are present. Overshoes may be used if body fluid visibly contaminating environment.

2. If other blood samples have already been taken, these must be sent with the malaria bottle to Parasitology. Other investigations that may be appropriate include FBC, U&Es, LFTs, Blood cultures. Specimens must be clearly labelled as "Danger of Infection" and transported by medical staff in secure containers. The processing of these samples **MUST** be discussed with the relevant scientific staff.

ALL samples taken should be listed on page 13.

VHF ICP

AFFIX PATIENT ID LABEL
HERE

Date

Viral Haemorrhagic Fever Risk Assessment Part 1

Date when left endemic / risk area	
Date of first symptom	
Difference (days) i.e. minimum incubation period	

Symptoms & Signs (Circle if applicable)

Fever	Headache	Myalgia	Pharyngitis	Diarrhoea	Vomiting	Retrosternal pain	Rash
Haematemesis	Melaena	Nose Bleed/s	Other Bleed/s	Pulse > 90 bpm	BP systolic < 90mmHg	Resp Rate > 20 / min	Other

TRAVEL HISTORY

Country / countries visited	Urban / Rural give details	Date From	Date To

	Yes	No
Outdoor / Risk activities? If yes, specify: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Contact with ill / deceased persons? If yes, specify: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Direct contact with animals? If yes, specify: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

VHF ICP

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HERE

Date

Viral Haemorrhagic Fever Risk Assessment Part 2

Section One

Is the patient a Healthcare worker / Laboratory worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES and they <u>have</u> travelled: answer ALL sections (including section 5) If YES and <u>have NOT</u> travelled: go to section 5		

Section Two

Has the patient travelled:	Yes	No
<ul style="list-style-type: none">• <u>only</u> from an area not known to be endemic for VHF	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none">• from an endemic area <u>more than</u> 21 days ago	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none">• within the previous 3 weeks, but from a major city where the risk of VHF is considered negligible?	<input type="checkbox"/>	<input type="checkbox"/>
If uncertain, discuss endemic areas with the HTD SpR. If you have answered YES to any of these grade the patient as: MINIMUM RISK		

Section Three

Has the patient travelled:	Yes	No
<ul style="list-style-type: none">• from an endemic area within 21 days	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none">• from an area adjacent to known areas for VHF (ie from rural areas or small towns not generally considered endemic) within 21 days	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered YES to any of these grade the patient as: MODERATE RISK		

Section Four

As " MODERATE RISK " plus any of the following:	Yes	No
<ul style="list-style-type: none">• Organ failure and haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none">• Contact with a febrile person for >4h	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none">• Cared for a febrile person or had contact with body fluids from such a person (particularly health-care staff from rural hospitals)	<input type="checkbox"/>	<input type="checkbox"/>
OR		
<ul style="list-style-type: none">• Any contact with confirmed cases (clinical / laboratory)	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered YES to any of these, grade the patient as: HIGH RISK		

VHF ICP

AFFIX PATIENT ID LABEL
HERE

Date

Section Five – High Risk Professionals

	Yes	No
Is the patient:		
• A laboratory worker in contact with samples from a known / suspected case of VHF within past 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
OR		
• A healthcare worker in contact with samples from a known / suspected case of VHF within past 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
OR		
• A laboratory worker who handles VHF viruses	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered YES to any of these, grade the patient as: HIGH RISK		

INITIAL ASSESSED CATEGORY OF RISK (CIRCLE AS APPROPRIATE)
MINIMUM / MODERATE / HIGH

MALARIA PARASITES (CIRCLE AS APPROPRIATE)
PRESENT / ABSENT

REVISED ASSESSED CATEGORY OF RISK (CIRCLE AS APPROPRIATE)
MINIMUM / MODERATE / HIGH

IF MINIMUM RISK - page 10 and discontinue ICP

IF MODERATE / HIGH RISK - CONTINUE ICP
Consult Infection Control Manual or Microbiology SpR / Consultant for advice regarding spillages / decontamination / patient transport / waste disposal

	Yes	No
Was the patient ill on the flight to UK?	<input type="checkbox"/>	<input type="checkbox"/>
Were there stopovers / transfers? If yes, specify airport(s) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Airline flight number(s): _____		
Arrival airport in UK: _____		
Date/time of arrival and flight number: _____		

VHF ICP		AFFIX PATIENT ID LABEL HERE			Date	
MODERATE RISK						
Code	ACTION	Time	Sign	Reason for variance & action taken (use codes)	Sign for variance	
ALL3	SAMPLES: APART FROM EDTA FOR A MALARIA FILM AND CLOTTED BLOOD, NO OTHER SAMPLES SHOULD BE TAKEN AT THIS STAGE UNLESS ON CONSULTANT ADVICE ⁴					
M10	Contact Tropical Disease SpR (Via Switchboard)					
	SpR name: Consultant name:	Any additional action(s) instructed:				
M11	Contact Virologist (0207 380 9978 & ask for Consultant Virologist on duty to be bleeped) Virologist will deal with the PCR and will inform Microbiology/Infection Control Team					
	Virologist name:	Any additional action(s) instructed: VHF PCR to be done? Yes <input type="checkbox"/> No <input type="checkbox"/>				
M12	Contact CCDC: 7220 4500 Out of hours: 07623 543 249 or via UCLH Switchboard.					
	CCDC name:	Any additional action(s) instructed:				
N7	Arrange admission of patient to Isolation Room on 8 th floor Infection Ward					
N8	Update contact list prior to transfer to 8 th floor Infection Ward (page 6)					

Use the multi-disciplinary notes (pages 15-16) to record other observations not covered by the ICP.

4. Any Consultant requests for processing further samples before the VHF PCR result is available, **MUST** be discussed with relevant laboratory.

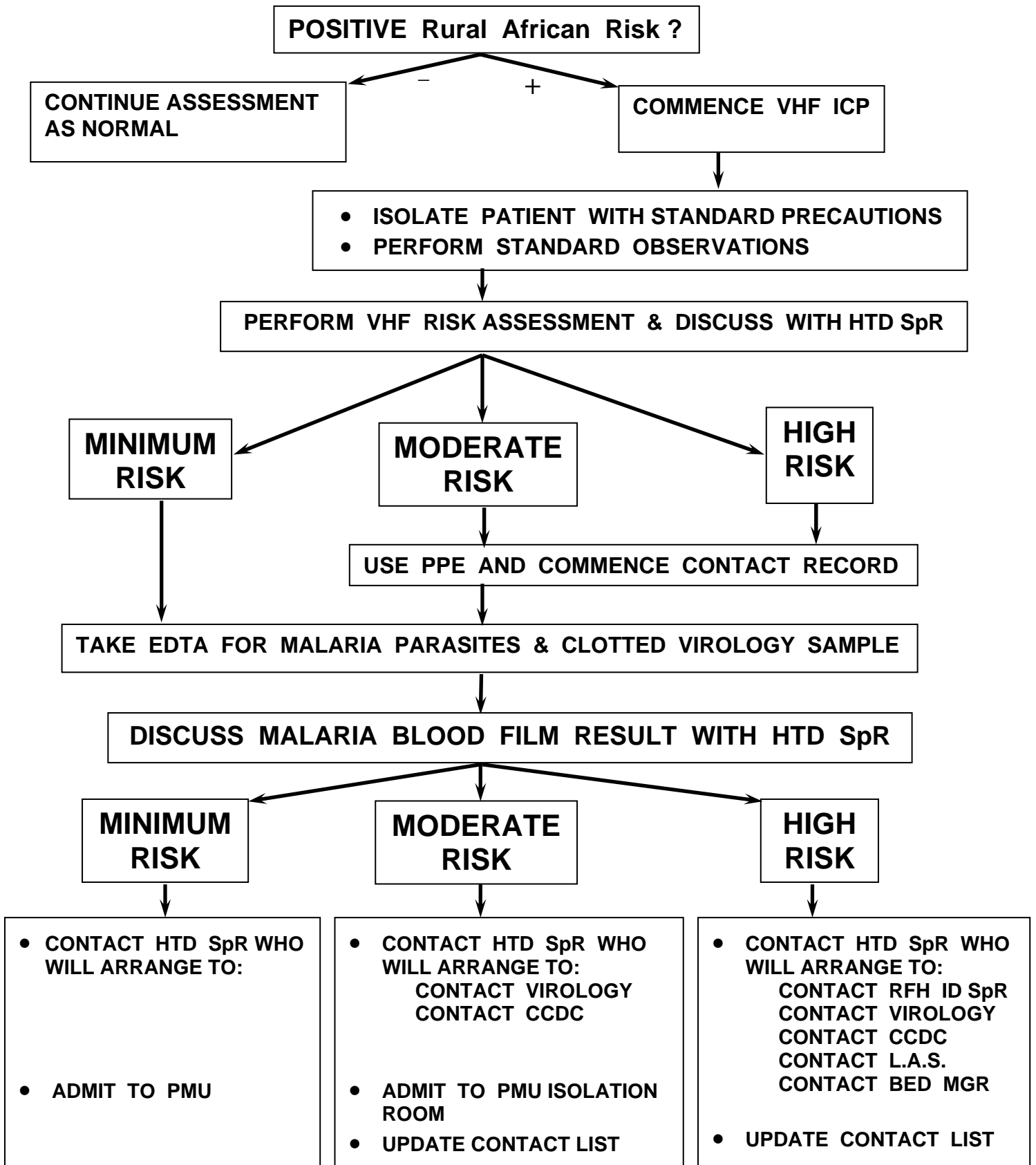
Samples taken should be listed on page 13.

Under **NO CIRCUMSTANCES** will clotting or ESR be performed.

VHF ICP		AFFIX PATIENT ID LABEL HERE			Date
HIGH RISK					
Code	ACTION	Time	Sign	Reason for variance & action taken (use codes)	Sign for variance
ALL4	APART FROM EDTA FOR A MALARIA FILM AND CLOTTED BLOOD, NO OTHER SAMPLES SHOULD BE TAKEN AT THIS STAGE UNLESS ON CONSULTANT ADVICE. ANY ALREADY TAKEN SHOULD TRAVEL SECURELY WITH PATIENT TO RFH.				
M13	Contact Tropical Disease SpR (via Switchboard)				
	SpR name: Consultant name:	Any additional action(s) instructed:			
M14	Contact SpR at RFH (Switchboard 0207 794 0500)				
	RFH SpR name:	Any additional action(s) instructed:			
M15	Contact Virologist (0207 380 9978 & ask for Consultant Virologist on duty to be bleeped) Virologist will deal with the PCR and inform Microbiology/Infection Control				
	Virologist name:	Any additional action(s) instructed: VHF PCR to be done? Yes <input type="checkbox"/> No <input type="checkbox"/>			
M16	Contact CCDC: 0207 220 4500 Out of hours: 07623 543 249 or via UCLH switchboard.				
	CCDC name:	Any additional action(s) instructed:			
N9	Contact London Ambulance Service : 7827 4597 (request category 3 transfer ambulance)				
	Name at LAS:	Any additional action(s) instructed:			
N10	Contact Bed manager/Night Co-ordinator (via switch board UCH bleep 6886 or 6887, and ask them to contact duty manager and press officer)				
	Bed Manager's name:	Any additional action(s) instructed:			
N11	Update contact list prior to transfer to Coppett's Wood (page 6)				

VARIANCE CODES

Patient Condition			
001	Pyrexia	014	Wound infection
002	Nausea and/or vomiting	015	Chest infection / UTI
003	Pain not controlled	016	MRSA positive
004	Wound bleeding / oozing	017	Other infection (Please state in notes)
005	Drain oozing / excessive drainage	018	Poor mobility
006	Hypertensive	019	Mobilising faster than expected
007	Hypotensive	020	Fatigue / sedation
008	Pressure area concern	021	Asleep
009	Poor urine output	022	Confused
010	Constipation	023	Communication problem
011	Low blood glucose	024	Other patient condition issue
012	High blood glucose	025	Deep vein thrombosis
013	Catheter in situ	026	Pulmonary Embolism
Staff / persons			
101	Medical staff decision	107	Families decision
102	Medical staff not available	108	Family unavailable
103	Nursing staff decision	109	Other clinician / PAM decision
104	Nursing staff not available	110	Other clinician / PAM
105	Patients decision	111	Other staff / person issue
106	Patient not available		
Departmental system			
201	Done/given previously	209	Nursing staff unavailable
202	Pharmacy delay	210	Medical staff unavailable
203	Trust patient transport delay	211	Physiotherapist unavailable
204	Laboratory delay	212	OT unavailable
205	X-ray delay	213	Bed unavailable in unit
206	Other departmental delay	214	Community care unavailable
207	Equipment unavailable	215	Other clinical staff unavailable
208	Weekend / out of department hours	216	Other departmental system issue
External System			
301	Bed unavailable in other hospital or unit	304	District / community nurse delay
302	Other hospital transport delay	305	Other community service delay
303	Social Services delay	306	Other external system issue
Specific to this ICP			
401	Not registered with a GP	404	
402		405	
403		406	

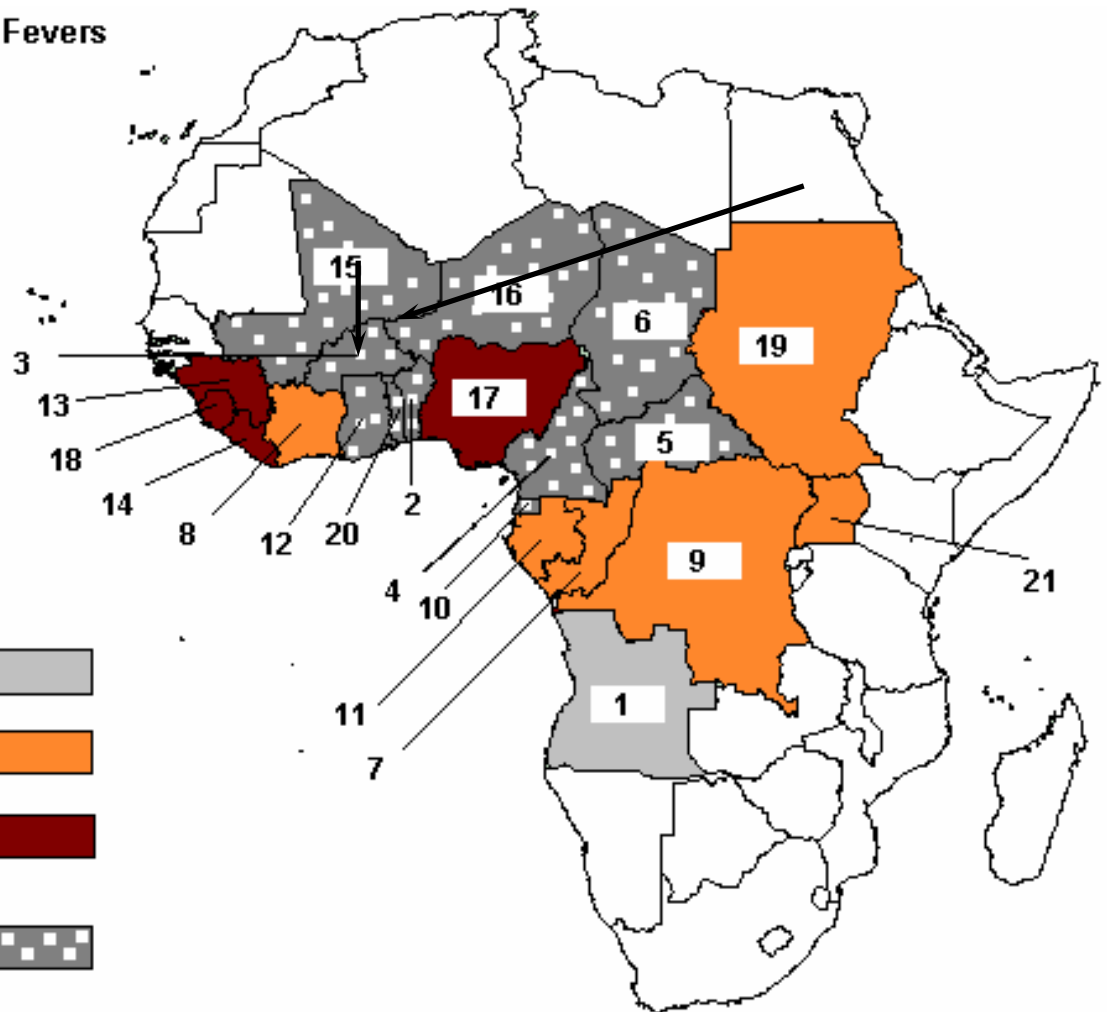


HTD SpR:	7380 9978 (SWITCH)	RFH ID SpR:	* 6474 then via SWITCH
HTD CONSULTANT:	7380 9978 (SWITCH)	LAS:	7827 4597
VIROLOGY CONSULTANT:	7380 9978 (SWITCH)	CCDC:	7220 4500 / 07623 543249
		DUTY BED MGR:	BLEEP 6886

COMMENCE VHF ICP IF PATIENT HAS FEVER ONSET WITHIN 21 DAYS OF TRAVEL TO ANY OF:

- | | | | |
|----------------------------|--|------------|-----------------|
| 1 Angola | 7 Congo | 12 Ghana | 17 Nigeria |
| 2 Benin | 8 Côte d'Ivoire | 13 Guinea | 18 Sierra Leone |
| 3 Burkina Faso | 9 Democratic Republic of Congo (Zaire) | 14 Liberia | 19 Sudan |
| 4 Cameroon | 10 Equatorial Guinea | 15 Mali | 20 Togo |
| 5 Central African Republic | 11 Gabon | 16 Niger | 21 Uganda |
| 6 Chad | | | |

Viral Haemorrhagic Fevers



Useful Websites:

1. UCLH Infection Control Manual: <http://www.infectioncontrolservices.co.uk/index1.htm>
2. WHO: <http://www.who.int/csr/don/en/>
3. HPA: http://www.hpa.org.uk/infections/topics_az/VHF/menu.htm
4. CDC: <http://www.cdc.gov/ncidod/diseases/vir/fvr/vir/fvr.htm>