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Care of Pandemic Influenza Patients in the Home

Most patients with pandemic influenza will be able to remain at home during the course of their illness and can be cared for by other family members or others who live in the household. Anyone residing in a household with an influenza patient during the incubation period and illness is at risk for developing influenza. A key objective in this setting is to limit transmission of pandemic influenza within and outside the home. When care is provided by a household member, basic infection control precautions should be emphasized (i.e., segregating the ill patient, hand hygiene). Infection within the household may be minimized if a primary caregiver is designated; ideally someone who does not have an underlying condition that places them at increased risk of severe influenza disease.

Management of Influenza Patients

- Physically separate the patient with influenza from non-ill persons living in the home as much as possible.
- Patients should not leave the home during the period when they are most likely to be infectious to others (i.e., five days after onset of symptoms). When movement outside the home is necessary (i.e., for medical care), the patient should follow cough etiquette (i.e., cover the mouth and nose when coughing and sneezing) and wear a mask if available.
- Having a supply of over-the-counter products on hand can be useful for the home treatment of cases of severe influenza. For instance, simple household items that will be very useful include ibuprofen, acetaminophen, table sugar, and table salt. It will also be helpful to have on hand, and know how to use a thermometer and an automatic blood pressure and pulse monitor.

Monitoring and Comforting

- **Keep a care log.** Record the following information about the ill person at least once each day or more often as symptoms change, along with the date and time.
 - Check the patient's temperature
 - Check the patient's skin for color (pink, pale or bluish?) and rash
 - Record the approximate quantity of fluids consumed each day and through that night
 - Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red)
 - Record all medications, dosages and times given
- **Keep the ill person as comfortable as possible.** Rest is important.
- **Keep tissues and a trash bag** for their disposal within reach of the patient.
- **Keep in mind that fever is a sign that the body is fighting the infection.** It will go away as the patient is getting better. Sponging with lukewarm (wrist-temperature) water may lower the patient's temperature, but only during the period of sponging. Do not sponge with alcohol.
- **Watch for complications of influenza.** Complications are more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu. Call your healthcare provider or the pandemic flu hotline if the ill person:
 - Has difficulty breathing, fast breathing, or bluish color to the skin or lips
 - Begins coughing up blood
 - Shows signs of dehydration and cannot take enough fluids

- Does not respond or communicate appropriately or appears confused
- Complains of pain or pressure in the chest
- Has convulsions (seizures)
- Is getting worse again after appearing to improve
- Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Medications

- Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider, for fever, sore throat and general discomfort.
- Do not use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.

Fluids and Nutrition

- If the patient is not vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups, sports drinks, like Gatorade® (diluted half and half with water), Pedialyte® or Lytren® (undiluted), ginger ale and other sodas, but not diet drinks. Regular urination is a sign of good hydration. Recommended minimum daily fluid intake, if not eating solid food:
 - Young children – 1-1/2 oz. per pound of body weight per day
 - (Example: A 20 lb. child needs approximately 30 oz. fluid per day)
 - Older children and adults – 1-1/2 to 2-1/2 quarts per day
- If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.
- Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 30-60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.
- Make sure the patient avoids drinking alcohol and using tobacco. Smoking should not be allowed in the home.
- Watch for signs of dehydration:
 - Weakness or unresponsiveness
 - Decreased saliva/dry mouth and tongue
 - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into its usual shape right away. If patient is dehydrated, the skin will “tent” or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
 - Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8-12 hours.
- If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient's overall condition. These are signs that the increased fluids are working.
 - Children under 5 years: Give 1 ounce fluid per pound body weight over 4 hours (Example: A 20 lb. child needs 20 oz. or 2-3 cups over 4 hours)
 - Older children & adults will need 1-2 quarts of fluids over the first 4 hours

Management of Other Persons in the Home

- Persons who have not been exposed to pandemic influenza and who are not essential for patient care or support should not enter the home while persons are actively ill with pandemic influenza.
- If unexposed persons must enter the home, they should avoid close contact with the patient.
- Persons living in the home with the pandemic influenza patient should limit contact with the patient to the extent possible; consider designating one person as the primary care provider.
- Household members should monitor closely for the development of influenza symptoms and contact a telephone hotline or medical care provider if symptoms occur.

Infection Control Measures in the Home

- All persons in the household should carefully follow recommendations for hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) after contact with an influenza patient or the environment in which care is provided.
- The wearing of gloves and gowns is not recommended for household members providing care in the home.
- Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with hot water and soap. Separation of eating utensils for use by a patient with influenza is not necessary.
- Laundry can be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Care should be used when handling soiled laundry (i.e., avoid “hugging” the laundry) to avoid contamination. Hand hygiene should be performed after handling soiled laundry.
- Tissues used by the ill patient should be placed in a bag and disposed with other household waste. Consider placing a bag for this purpose at the bedside.
- Normal cleaning of environmental surfaces in the home should be followed.

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