Management of Pregnant Patients with Suspected Flu

Pregnant patient presents to ED with influenza-like illness

Was the patient called in by physician for admission or Tamiflu?

1. Take vital signs
2. Put mask on patient
3. Put patient in Ortho/ENT room

Does patient meet basic criteria for direct admit to MSCU?
- No evidence of acute respiratory distress
- Respiratory Rate < 24
- O2 Saturation > 94%

Does the patient have a significant OB complaint in addition to suspected flu?
This includes, but is not limited to, heavy vaginal bleeding, labor, decreased fetal movement, significant abdominal pain not related to flu, or hypertension >140/90 with proteinuria.

YES
1. Call Ob/Gyn resident and inform them the patient has arrived and needs acute evaluation.
2. Place patient in Ortho/ENT room
3. Timely evaluation and workup in ED.
4. Disposition to MSCU, ICU, or L+B as appropriate.

NO
Triage and treat patient as if regular patient, without respect to gestational age

YES
1. Hold patient in ED.
2. Call Ob/Gyn resident and inform them the patient has arrived and needs acute evaluation.

NO
1. Take vital signs
2. Put mask on patient
3. Place patient in Ortho/ENT room
4. Call L&B and explain that patient has emergent OB issue and suspected flu
5. Transfer to L+B for evaluation, workup, and management.

N.B.: OB should call ED in advance when referring patients to ED and should call MSCU and Admitting when admitting a patient.

Key Numbers: Admitting (688-3331); Labor and Birth (688-2309); Maternal Special Care Unit (688-2321); ED Triage (688-6768); ED Main Line (688-2222)