

# Management of Pregnant Patients with Suspected Flu

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

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

YES

NO

▶ Triage and treat patient as if regular patient, without respect to gestational age

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**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

NO

YES

NO

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1. Call Ob/Gyn resident and inform them the patient has arrived and will be transferred.
  2. Call Maternal Special Care Unit to inform them patient will be transferred.
  3. Eval. and workup on MSCU by Ob/Gyn team

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

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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.

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1. Take vital signs
  2. Put mask on patient
  3. Treat patient in accordance with current flu guidelines
  4. Contact Ob/Gyn resident for consultation in ED
  5. Disposition to home, MSCU, ICU, or L+B as appropriate.