

CRITICAL CARE MANAGEMENT

Indications of Intensive Care Management.

1. Haemodynamic instability, not responded to fluid resuscitation and required higher dose of vasopressor.
2. Respiratory failure required ventilatory support
3. Poor conscious level which require close monitoring and airway protection.
4. Patient with multiple organ failure especially for those who require additional support such as CVVH.

Patient Placement

All suspected and probable case of pandemic flu which required intensive care management will be admitted to ICU in the following order;

1. ICU Teratai – Isolation room with negative pressure
 2. ICU Teratai – Patient will be cohort in one cubicle.
 3. ICU Intan – Normal isolation room
- *To consider sending to ICU Hospital Tanah Merah-isolation room with negative pressure*

If the demands for critical care bed are overwhelming, the other area with critical care facilities such as Temenggong (isolation room or specified cubicle) will be used to manage patient with pandemic flu.

Precautions for prevention of transmission

Anaesthetic doctor must be alerted early by physician/pediatrician when respiratory support is required to ensure necessary preparations can be done.

All personnel attending patients must wear PPE.

Aerosol-generating procedures increase the potential for dissemination of small particle aerosols (droplet nuclei) and should only be performed:

- when absolutely essential
- with the fewest number of personnel necessary
- with the most experienced personnel available under elective, controlled conditions, (i.e earlier intubation with patient sedated/paralysed)
- in an adequately ventilated (≥ 12 air changes per hour) room : room with negative pressure facility

Avian Influenza, Including Influenza A (H5N1), in Humans: WHO Interim Infection Control Guideline for Health Care Facilities. May 2007