

ACTION CARD – REGISTERED NURSE CRITICAL CARE FOR VIRAL HAEMORRHAGIC FEVER (VHF)

1. Once allocated to patient in ED/RIDU/ARU ensure you check the following and assess what equipment you will need to take with you.
 - a. Ventilator – Oxylog 3000 (ED will provide Oxylog 2000)
 - b. Mobile monitor with power supply (ED should be able to provide)
 - c. Syringe pumps x 3 (ED should be able to provide 2)
 - d. Volumetric pumps x 3 (ED should be able to provide 2)
 - e. Ebola boxes 1 & 2 – containing intubation kit, A line , CVC and Quinton lines. All equipment needed as in a bed divider, all documentation and PPE.
 - f. Sufficient FFP3 masks (WGH) for the shift or Jupiter Hood with extra hoods (RIE/SJH).
2. Report to ED/RIDU/ARU and liaise with Nurse in Charge (NIC) who will advise on the location of the isolation room, the layout of the area and the current procedure.
3. Only enter the isolation room on the instruction of the Consultant on call for Critical Care
4. Re-familiarise yourself with the instructions of how to don and disrobe from PPE.

Low possibility of VHF	High possibility of VHF
Gloves, plastic apron, fluid repellent surgical mask with visor/eye protection For AGPs add FFP3 respirator	Double gloves, disposable fluid repellent coverall and plastic apron on top, FFP3 respirator or Jupiter Hood, eye protection, Wellington style boots plus overboots
NB For droplet and AGPs (aerosol generating procedures) includes BVM, airway suctioning, intubation, all invasive line insertion	

5. If required, don PPE (held in ED/RIDU/ARU, as per advice on NHSL VHF guidelines) and assist with patient care
6. Take regular breaks and both nurses to spend separate periods of time in the isolation room, as directed by the ED/RIDU/ARU NIC.
7. Liaise with NIC of ED/RIDU/ARU and NIC of ICU regularly.
8. Keep aware of any results of blood tests – many patients may have malaria rather than Ebola.
9. If patient proves to be an Ebola positive case then they may be transferred to the Royal Free Hospital in London, so will need to be prepared for transfer.

NB. ON NO ACCOUNT SHOULD THE PATIENT BE MOVED TO ANY OTHER AREA, UNTIL CONSULTANT IN INFECTIOUS DISEASES HAS CONFIRMED THIS ACTION.

Potential outcomes

- Stand down – e.g. VHF negative, confirmed alternative diagnosis, apyrexial for 24h, responding to alternative diagnosis treatment
- High possibility (not requiring critical care) – Possible transfer to RIDU
- VHF confirmed – Possible Category (Containment Level) 4 transport to HLIU at Royal Free Hospital, London
- Patient death