ACTION CARD – CONSULTANT ON CALL FOR VIRAL HAEMORRHAGIC FEVER (VHF)

On receipt of a call requiring doctors to care for patients in the Emergency Dept, Regional Infectious Diseases Unit or Acute Receiving Unit (ED/RIDU/ARU) :

- Patients will have been risk assessed and will be in one of 4 categories
    1. VHF unlikely (patient will not be in isolation and VHF precautions are not necessary at this point)
    2. Low possibility of VHF (patient will be in isolation in the ED/RIDU/ARU)
    3. High possibility of VHF (patient will be in isolation in the ED/RIDU/ARU)
    4. VHF confirmed (very unlikely this will occur at time of call)
- Patient will have been assessed by ED/RIDU/ARU medical staff and potential need for organ support established
- Patient will have been discussed with **ID Consultant**
- Notification of appropriate parties will be happening (as per NHSL VHF Guidelines; incl. very early liaison with **Consultant Virologist**)

1. **Gather information re need and appropriateness for Critical Care support**

2. **Arrange for senior doctor (Critical Care Consultant) to attend ED/RIDU/ARU with 2 Critical Care nurses, if staffing allows.**

3. **'Ebola Boxes' which contain equipment for intubation, arterial access, CVL and Quinton line access should be located ready for transport to the ED/RIDU/ARU. (The requirement for this equipment will be dictated by the clinical situation)**

4. **Where possible, patient assessment should occur outside the isolation facility and Critical Care staff should not enter isolation unless absolutely essential. If required, don PPE (held in ED/RIDU/ARU, as per advice on NHSL VHF guidelines) and assess patient**

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. **Provide Critical Care support in the ED/RIDU/ARU as agreed and continue to liaise with ID, Microbiology/Virology, Public Health, Health Protection Team**

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