

King County Emergency Preparedness

401 Fifth Avenue, Suite 1300
Seattle, WA 98104

206-263-8722 Fax 206-296-0166
TTY Relay: 711

www.kingcounty.gov/health

Caring for someone with influenza

During a severe influenza outbreak or pandemic, the media and healthcare providers will notify residents of King County with instructions for obtaining medical advice and receiving medical care. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider.

Monitoring and comforting

- **Keep a care log.** Record the following information about the ill person at least once each day or more often as symptoms change, along with the date and time.
 - Check the patient's temperature
 - Check the patient's skin for color (pink, pale or bluish?) and rash
 - Record the approximate quantity of fluids consumed each day and through that night
 - Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red)
 - Record all medications, dosages and times given

- **Keep the ill person as comfortable as possible.** Rest is important.

- **Keep tissues and a trash bag** for their disposal within reach of the patient.

- **Keep in mind that fever is a sign that the body is fighting the infection.** It will go away as the patient is getting better. Sponging with lukewarm (wrist-temperature) water may lower the patient's temperature, but only during the period of sponging. Do not sponge with alcohol.

- **Watch for complications of influenza.** Complications are more common in individuals with health conditions such as diabetes, heart and lung problems,

but may occur with anyone who has the flu. Call your healthcare provider or the pandemic flu hotline if the ill person:

- Has difficulty breathing, fast breathing, or bluish color to the skin or lips
- Begins coughing up blood
- Shows signs of dehydration and cannot take enough fluids
- Does not respond or communicate appropriately or appears confused
- Complains of pain or pressure in the chest
- Has convulsions (seizures)
- Is getting worse again after appearing to improve
- Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Medications

- Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider, for fever, sore throat and general discomfort.
- Do not use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.

Fluids and nutrition

- If the patient is not vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups, sports drinks, like Gatorade® (diluted half and half with water), Pedialyte® or Lytren® (undiluted), ginger ale and other sodas, but not diet drinks. Regular urination is a sign of good hydration.

Recommended minimum daily fluid intake, if not eating solid food:

- Young children – 1-1/2 oz. per pound of body weight per day
- (Example: A 20 lb. child needs approximately 30 oz. fluid per day)
- Older children and adults – 1-1/2 to 2-1/2 quarts per day

- If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.
- Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 30-60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.
- Make sure the patient avoids drinking alcohol and using tobacco. Smoking should not be allowed in the home.
- Watch for signs of dehydration:
 - Weakness or unresponsiveness
 - Decreased saliva/dry mouth and tongue
 - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into its usual shape right away. If patient is dehydrated, the skin will “tent” or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
 - Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8-12 hours.
- If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient's overall condition. These are signs that the increased fluids are working.

- Children under 5 years: Give 1 ounce fluid per pound body weight over 4 hours (Example: A 20 lb. child needs 20 oz. or 2-3 cups over 4 hours)
- Older children & adults will need 1-2 quarts of fluids over the first 4 hours