

Caring for Someone with Influenza

During a severe influenza outbreak or pandemic, the residents of Clallam County will be informed by the media and healthcare providers about how to obtain medical advice and receive 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 & Comforting

Keep a care log. Write down 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 how much the patient drinks each day and through the night)
- Write down how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red)
- Write down all medications, dosages and times given.

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

Tissues and a trash bag should be within reach of the patient.

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 if the ill person:

- Has difficulty breathing, is breathing fast, or has a 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 & Nutrition

If Not Vomiting offer small amounts of fluid often 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 (diluted half and half with water), Pedialyte® or Lytren®, ginger ale and other sodas, but *not* diet drinks or drinks with caffeine. Regular urination is a sign of good hydration.

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

- Young children – 1 ½ ounces per pound of body weight per day
(Example: A 20 pound child needs approximately 30 ounces fluid per day)
- Older children and adults – 1 ½ to 2 ½ quarts per day

If 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. Breastfed babies who are vomiting can continue to nurse. Feed smaller amounts more often by breastfeeding on only one breast for 4-5 minutes every 30-60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.

Alcohol and Tobacco. No alcohol or tobacco use by the patient. Smoking should not be allowed in the home.

Dehydration. Watch for signs of dehydration which can include:

- ? 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. 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.

Other Resources

Clallam County Health & Human Services www.clallam.net/HealthServices/

Washington State Department of Health www.doh.wa.gov

Centers for Disease Control and Prevention www.cdc.gov