

## Appendix B. PATIENT WORKSHEET for Pandemic Influenza Triage

### STEP 1: If any of the following are present, DO NOT ADMIT. Transfer to palliative care.

The patient is excluded from hospital admission or transfer to critical care if ANY of the following is present:

- (1) **Known "Do Not Resuscitate" (DNR) status.**
- (2) **Severe and irreversible chronic neurologic condition** with persistent coma or vegetative state
- (3) **Acute severe neurologic event with minimal chance of functional neurologic recovery (physician judgment).** Includes traumatic brain injury, severe hemorrhagic stroke, hypoxic ischemic brain injury, and intracranial hemorrhage.
- (4) **Severe acute trauma** with a **REVISED TRAUMA SCORE <2** (see (d) and (e))  
 GCS: \_\_\_\_\_ SBP: \_\_\_\_\_ RR: \_\_\_\_\_  
 Revised trauma score: \_\_\_\_\_
- (5) **Severe burns** with **<50% anticipated survival** (patients identified as **"Low" or worse on the TRIAGE DECISION TABLE FOR BURN VICTIMS (f)**). Burns not requiring critical care resources may be cared for at the local facility (e.g., burns that might have been transferred to the University of Utah Medical Center Burn Center under normal circumstances). **Score: \_\_\_\_\_**
- (6) **Cardiac arrest not responsive to ACLS interventions within 20-30 minutes.**
- (7) **Known severe dementia** medically treated and requiring assistance with activities of daily living.
- (8) **Advanced untreatable neuromuscular disease** (such as ALS, end-stage MS, or SMA) requiring assistance with activities of daily living or requiring chronic ventilatory support.
- (9) **Known chromosomal or untreatable disorders** that are uniformly fatal in the first 2 years of life.
- (10) **Incurable metastatic malignant disease.**
- (11) **End-stage organ failure** meeting the following criteria:
  - Heart: NEW YORK HEART ASSOCIATION (NYHA) FUNCTIONAL CLASSIFICATION SYSTEM Class III or IV (g).** **Class: \_\_\_\_\_**
  - Lung** (any of the following):
    - Chronic Obstructive Pulmonary Disease (COPD) with Forced Expiratory Volume in one second (FEV<sub>1</sub>) < 25% predicted baseline, PaO<sub>2</sub> <55 mm Hg, or severe secondary pulmonary hypertension.
    - Cystic fibrosis with post-bronchodilator FEV<sub>1</sub> <30% or baseline PaO<sub>2</sub> <55 mm Hg.
    - Pulmonary fibrosis with VC or TLC < 60% predicted, baseline PaO<sub>2</sub> <55 mm Hg, or severe secondary pulmonary hypertension.
    - Primary pulmonary hypertension with NYHA class III or IV heart failure (g), right atrial pressure >10 mm Hg, or mean pulmonary arterial pressure >50 mm Hg.
  - Liver: PUGH SCORE >7 (h)**, when available. Includes billi, albumin, INR, ascites, encephalopathy.  
**Total score: \_\_\_\_\_**
- (12) **Age:**
  - Triage Level 1: >95 years
  - Triage Level 2: >90 years
  - Triage Level 3: >85 years

### STEP 2: Modified Sequential Organ Failure Assessment (MSOFA)

The MSOFA requires only one lab value, which can be obtain using bedside point-of-care testing (creatinine obtained through ISTAT).

MSOFA scoring guidelines						
Variable	Score 0	Score 1	Score 2	Score 3	Score 4	Score for each row
<b>SpO<sub>2</sub>/FIO<sub>2</sub> ratio*</b> <i>or</i> nasal cannula or mask O <sub>2</sub> required to keep SpO <sub>2</sub> >90%	SpO <sub>2</sub> /FIO <sub>2</sub> >400 <i>or</i> room air SpO <sub>2</sub> >90%	SpO <sub>2</sub> /FIO <sub>2</sub> 316-400 <i>or</i> SpO <sub>2</sub> >90% at 1-3 L/min	SpO <sub>2</sub> /FIO <sub>2</sub> 231-315 <i>or</i> SpO <sub>2</sub> >90% at 4-6 L/min	SpO <sub>2</sub> /FIO <sub>2</sub> 151-230 <i>or</i> SpO <sub>2</sub> >90% at 7-10 L/min	SpO <sub>2</sub> /FIO <sub>2</sub> ≤150 <i>or</i> SpO <sub>2</sub> >90% at >10 L/min	_____
<b>Jaundice</b>	no scleral icterus			clinical jaundice/ scleral icterus		_____
<b>Hypotension†</b>	None	MABP <70	dop <5	dop 5-15 <i>or</i> epi ≤0.1 <i>or</i> norepi ≤0.1	dop >15 <i>or</i> epi >0.1 <i>or</i> norepi >0.1	_____
<b>Glasgow Coma Score</b>	15	13-14	10-12	6-9	<6	_____
<b>Creatinine level, mg/dL</b> (use ISTAT)	<1.2	1.2-1.9	2.0-3.4	3.5-4.9 <i>or</i> urine output <500 mL in 24 hours	>5 <i>or</i> urine output <200 mL in 24 hours	_____
<b>MSOFA score = total scores from all rows:</b>						_____

\* SpO<sub>2</sub>/FIO<sub>2</sub> ratio:

SpO<sub>2</sub> = Percent saturation of hemoglobin with oxygen as measured by a pulse oximeter and expressed as % (e.g., 95%); FIO<sub>2</sub> = Fraction of inspired oxygen; e.g., ambient air is 0.21  
 Example: if SpO<sub>2</sub>=95% and FIO<sub>2</sub>=0.21, the SpO<sub>2</sub>/FIO<sub>2</sub> ratio is calculated as 95/0.21=452

† Hypotension:

MABP = mean arterial blood pressure in mm Hg (diastolic + 1/3(systolic - diastolic))  
 dop = dopamine in micrograms/kg/min  
 epi = epinephrine in micrograms/kg/min  
 norepi = norepinephrine in micrograms/kg/min

### STEP 3: Determine admission priority based on MSOFA

- Score >11:** Unlikely to survive. Discharge to palliative care.
- Score 8-11:** Intermediate priority for hospital admission.
- Score 1-8:** Highest priority for hospital admission.
- Score 0:** Lowest priority for hospital admission. Likely to survive without treatment. Discharge to home

### STEP 4: Record disposition

**Disposition:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date and time:** \_\_\_\_\_