

H5N1 – bird ‘flu: What happens if the critical care system is overwhelmed?

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Doctors, nurses, ethics experts and scientists are preparing plans to make fair decisions about who gets scarce treatment if bird ‘flu spreads to humans, creating a pandemic and overwhelming the critical care services, a scientific meeting heard today, Wednesday 29 November 2006, as part of the Federation of Infection Societies conference in Cardiff.

If a serious outbreak of influenza occurs anywhere in the world, vital medical facilities, such as artificial ventilators and stocks of antiviral treatments, are likely to be in short supply very quickly. Doctors, nurses and their administrative colleagues in Canada have already planned medical protocols which will help make sure that the most urgent patients get the best treatment available.

“Our models of a human ‘flu pandemic in Ontario suggest that we can expect up to 1,823 new cases every day for a six week period at its height” says Dr Michael Christian from the McMaster University, Canada. “This means that 72% of the total hospital capacity would be used by influenza patients. Similarly the demand for intensive care unit resources would peak at 171% of the current ICU bed capacity, and 118% of the ventilator capacity solely for patients with ‘flu, completely overwhelming the critical care facilities”.

The medical predictions during a pandemic do not take into account the current demand for critical care from patients after car smashes, following heart attacks and with other problems needing urgent and

specialised treatment, which is already at nearly full capacity for the intensive care units.

“This is the first protocol of its kind to be developed, and should help guide physicians in allocating critical care resources such as ventilators”, says Dr Christian. “Our triage protocol has four main components: deciding who should be included in treatment, who should be excluded, what is the minimum needed to survive and how to prioritise decisions. Although it still requires future testing and revisions, we have released it now to provide a tangible policy to facilitate medical community discussions”.

Source: Society for General Microbiology

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