



*A Union of Professionals*

## Home Care Guide for Influenza

This flu season, many of us will have to deal with seasonal flu or the second wave of novel H1N1 influenza. While we may need to seek medical care, sometimes the best strategy will be to try to cope at home.

When a person has influenza, symptoms often appear suddenly. The worst symptoms, including fever, often last three days, but can sometimes last as long as eight days. The person may feel weak, tired or less energetic than normal for weeks afterward, and may have a long-lasting, hacking cough.

Be vigilant but don't panic if someone in your household comes down with these symptoms. Monitor and support the person before seeking medical care. In the event of an influenza pandemic, the hospital or the healthcare provider's office may be the option of last resort. Often you can provide the support a sick person needs unless the symptoms get worse.

### **Common symptoms:**

- Fever—low (99 F) to high (104 F), usually for three days, but may persist for four to eight days. Sometimes fever will go away and return a day later.
- Extreme fatigue
- Muscle and body aches
- Feeling very cold or having shaking chills
- Joint aches
- Headache (may be severe)
- Eye pain
- Sore throat
- Stuffy or runny nose
- Dry cough initially, may become a deep, hacking and painful cough over the course of several days
- No appetite for food or desire to drink fluids
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### **Supplies to have on hand:**

- Thermometer
- Acetaminophen or ibuprofen
- Cough suppressants/cough syrup
- Drinks—fruit juices, sports drinks, soda, tea
- Light foods—clear soups, crackers, applesauce
- Blankets, warm covers
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### **Caring for a person with influenza:**

- Have the patient rest in bed.
- Allow the patient to judge the amount of bedcovers needed. With a high fever, a person may feel very cold and want several blankets.

- Give acetaminophen (Tylenol or other brand names) or ibuprofen (Advil, Motrin or other brand names) according to the package label or a healthcare provider's direction to reduce fever, headache, and muscle, joint or eye pain.
- Give fluids frequently. This is extremely important to replace body fluids that are lost as a result of fever.
- Give light foods, as the patient wants. Fluids are more important than food, especially in the first days when the fever may be highest.

### **When to seek additional medical advice:**

If the person is short of breath or breathing rapidly at rest;

If the person's skin is dusky or bluish in color;

If the person is disoriented ("out of it");

If the person is so dizzy or weak that standing is difficult (for people who are able to walk before the illness); or

If the person has not urinated in 12 or more hours.

## Symptom and Care Log for Home Care

(Copy, fill out and bring log sheets to healthcare provider visits.)

Name of patient \_\_\_\_\_ Name of healthcare provider \_\_\_\_\_

Date	Time	Observations*	Temperature	Medications

\*How the person looks; what the person is doing; fluids or foods taken since last observation.

## Infection-Control Measures for the Home to Prevent the Spread of Infection

People who have not been exposed to pandemic influenza and who are not essential for the sick person's care or support should not enter the home—especially while the sick person still has a fever.

If people who have not been exposed to flu must enter the home, they should avoid close contact with the patient.

Sick people should be separated from other household members as much as possible. Consider designating one person as the primary care provider.

Household members should watch for the development of their own influenza symptoms. Consult with a professional healthcare provider to determine whether a pandemic influenza vaccination (if available) or preventive antiviral medications should be considered.

The sick person should follow respiratory hygiene/cough etiquette: cover the mouth and nose when coughing and sneezing.

Care providers should wash their hands with soap and water, or use alcohol-based hand cleaners, before and after attending to sick people.

Care providers may wear surgical masks during interactions with patients if masks are available, but there is no evidence that masks provide protection from exposure to “aerosols.”\* Care providers may use N95 disposable particulate respirators (in short supply, but may be available at Home Depot or other hardware stores).

The sick person may wear a surgical mask when others are around, if masks are available and the sick person can tolerate wearing it.

Unless they need additional medical care, patients should not leave home during the period when they are most infectious, which is when they have a fever or for about seven days after they first became ill.

If the sick person must leave the house to get medical care, try to call or e-mail the doctor for advice and so isolation arrangements can be made at the healthcare site. When the patient must leave the house, he or she should follow respiratory hygiene/cough etiquette and wear a mask if it can be tolerated.

Tissues used by the patient should be placed in a bag and disposed of with other household waste.

Eating utensils should be washed in a dishwasher or by hand with soap and warm water; other separation or sterilization is not necessary.

Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linens and laundry used by a patient with influenza from other household laundry. Soiled laundry should be handled carefully (i.e., avoid “hugging” the laundry) to avoid self-contamination. Wash hands after handling soiled laundry.

Surfaces in the home should be cleaned using regular household cleaning sprays or solutions. Bleach is not necessary.

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Adapted from a fact sheet of the Office of Public Health and Environmental Hazards (13)  
Veterans Health Administration, Department of Veterans Affairs