



The College of Emergency Medicine

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EPRR CRG Opinion on Appropriate Emergency Department Care for Suspected or Confirmed Ebola Patients 24th October 2014

As the Ebola situation has developed over the last few weeks there have been queries from Emergency Departments around the appropriate level of care for Ebola patients in the care of Emergency Medicine staff. The following statement has been agreed by the NHS England Clinical Reference Group for Emergency Preparedness Resilience and Response. This guidance is supplementary and complimentary to the guidance previously released by the College of Emergency Medicine which deals with the overall management using the PHE algorithms.

Ebola is primarily a disease causing gastrointestinal disturbance and haemorrhagic fever, with associated problems of fluid balance. It is not a primary respiratory or cardiovascular condition.

As such, patients where cardio-respiratory support in the Emergency Department would normally be considered, will have multiple organ failure prior to the cardio-respiratory collapse to the extent that advanced life support would be futile as it is unlikely to result in a return of spontaneous circulation.

When considering airway and breathing intervention staff should consider the risk-benefit ratio of artificial ventilation and the associated creation of aerosols, which could pose a significant risk to other patients, relations, staff and thereby of dissemination of the condition to the wider public, therefore such intervention should be carefully balanced against the assumed benefit to the individual, on a case-by-case basis.

Consideration should also be made to the fact that the Faculty of Intensive Care Medicine and the Intensive Care Society recommend that ventilation should only be considered for patients managed in a Level 4 High Level Isolation Unit.

Appropriate intervention for Emergency Medicine staff for Ebola patients would be fluid replacement therapy for dehydration and care should be directed at early attempts to achieve vascular access until prompt expert help arrives or the patient is safely transferred.

The use of intra-osseous fluid administration should be considered early if venous access is not obviously available and the patient needs a fluid bolus.

In summary:

- CPR futile and not supported
- Ventilatory and airway intervention are unlikely to be appropriate
- Fluids for dehydration are appropriate
- Anti-emetics such as Ondansetron may be beneficial if IV/IO access are available but would not justify obtaining access just for medication administration
- Other care as required to maintain comfort and dignity until prompt expert help arrives or the patient is safely transferred

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