



Ebola

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Public Health England guidance for the management of patients with viral haemorrhagic fever (VHF) recommends transferring all confirmed cases to a High Level Isolation Unit (HLIU).

The Faculty of Intensive Care Medicine and Intensive Care Society suggest referral and transfer should precede the offer of organ support.¹ The College of Emergency Medicine guidance states that CPR would be futile and that ventilatory and airway intervention are unlikely to be appropriate.² This guidance leaves out the management of the suspected but unconfirmed case. Currently, the testing for VHFs is undertaken at Porton Down with turnaround times of around 12 h. How should we manage the deteriorating patient with fever who is categorised as ‘high possibility for VHF?’ It is likely that a number will subsequently test negative, and in our view, we should be offering full unrestricted organ support to such patients. We believe it unethical to withhold treatment from patients, pending diagnosis, who may have a

reversible disease process which carries a reasonable prognosis with treatment.

In order to safely treat such patients, full precautions against VHF would be required. We suggest that ICUs should be training a cohort of staff to use personal protective equipment (PPE) in order to safely offer initial full organ support in the high-risk case-pending diagnosis.

References

1. FICM Statement. Ebola Clinical Management & Guidance. FICM news, <http://www.ficm.ac.uk/news-events/ficm-statement-ebola-clinical-management-guidance> (accessed 16 October 2010).
2. The College of Emergency Medicine. EPRR CRG opinion on appropriate emergency department care for suspected or confirmed Ebola patients, <http://www.collemergencymed.ac.uk/CEM/document?id=8067> (accessed 24 October 2014).

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