Influenza 2019—How is your organization managing the added pressures of flu season?

The 2017-2018 season was a virulent flu season¹
From October 1, 2017—May 19, 2018

959,000
CONFIRMED FLU-RELATED HOSPITALIZATIONS

79,400
FLU-RELATED DEATHS

600
ESTIMATED FLU-RELATED PEDIATRIC DEATHS

Maintaining performance during flu season

As this year’s flu season continues to intensify, more patients will present to your waiting rooms, putting more strain on your organization.

Long wait times hurt patient satisfaction, growing patient volumes put additional pressure on staff, and the inability to obtain timely test results can impede the delivery of high-quality care.

As the flu season continues, with-patient testing solutions can enable you to make timely care decisions.
Better inform your course of care during flu season with the i-STAT System

Complications due to influenza can arise quickly. This means your team needs to rapidly assess patients so you can direct your resources where they are needed most.

Influenza patients of all ages are at risk of developing worsening conditions. Influenza can progress quickly—leading to complications such as pneumonia, sepsis, and increased risk of mortality.

Chances of a heart attack are increased six-fold during the first seven days after a flu infection.2

**References:**

**Lactate - INTENDED USE**
The test for lactate, as part of the i-STAT System, is intended for use in the *in vitro* quantification of lactate in arterial, venous, or capillary whole blood.

The i-STAT lactate test is useful for (1) the diagnosis and treatment of lactic acidosis in conjunction with measurements of blood acid/base status, (2) monitoring tissue hypoxia and strenuous physical exertion, and (3) diagnosis of hyperlactatemia.

**cTnI - INTENDED USE**
The i-STAT cardiac troponin I (cTnI) test is an *in vitro* diagnostic test for the quantitative measurement of cardiac troponin I (cTnI) in whole blood or plasma. Measurements of cardiac troponin I are used in the diagnosis and treatment of myocardial infarction and as an aid in the risk stratification of patients with acute coronary syndromes with respect to their relative risk of mortality.