
14.1 General Treatments and Supportive Treatments

14.1.1 General Treatments

The general treatments include rest, drinking enough water, close observation of the patients' conditions, antifebrile treatment for patients with high fever.

14.1.2 Antiviral Treatments

For patients with mild clinical symptoms without complications in self-limited conditions, positive therapy of neuraminidase inhibitors is not necessary. For patients with severe conditions and dynamic deteriorating conditions as well as population at high risk of infecting Influenza A (H1N1), the therapy of neuraminidase inhibitors should be timely applied as an antiviral therapy.

14.1.3 Other Treatments

For patients suffering from hypoxemia and respiratory failure, appropriate therapies should be timely administered, including oxygen therapy or mechanical ventilation. For patients with complicated shock, corresponding anti-shock treatment is recommended. When other organ impairments occur, appropriate supportive treatment should be given. Corresponding antibacterial or antifungal therapy is recommended when bacterial or fungal infection occurs. For severe and critical cases, infusion of plasma from patients at the

recovery stage of Influenza A (H1N1) or recently cured patients or immune plasma from vaccinated people can be considered as an alternative therapy.

14.2 Symptomatic Treatments

1. Patients with high fever and severe cough should be given appropriate symptomatic treatment, such as application of ice pillows, ice packs or chemical drugs for defervescence and application of cough-suppressing and phlegm-dissolving medicinals to relieve the symptoms and to ensure good rest.
2. Patients with obvious respiratory symptoms, such as sneezing, nasal obstruction and runny nose, are recommended to use appropriate drugs to reduce nasal congestion.
3. For patients with hypoxemia or respiratory failure, appropriate therapeutic measures should be timely performed, such as oxygen inhaling, non-invasive mechanical ventilation or traumatic mechanical ventilation.
4. For patients with complicated bacterial pneumonia, antibiotic therapy can be applied.
5. Vital signs of patients should be closely observed and artificially assisted respiration support should be timely given.
6. For emergency cases of toxic shock with complicated acute respiratory distress syndrome, small doses of glucocorticoid can be used as one therapy.
7. In addition, cares should be given to the oral cavity and the eyes of the patients. For cases with complicated conjunctivitis, eye drops should be given.
8. As to other organs impairments, appropriate supportive care should be correspondingly given.