Telephone Triage Protocols for Nurses

Sixth Edition

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Preface

The telephone has become a vital link in health care today. Heightened awareness of cost and access to health-care services has significantly increased the consumer's use of the phone to determine the urgency of a problem and the need for medical attention. Emergency departments, primary care providers, and other health-care providers receive numerous calls from individuals regarding the need to access medical care, often in an attempt to avoid spending unnecessary health-care dollars. Using organized, systematic telephone triage protocols, nurses can respond to these calls with confidence and consistency while minimizing subjectivity.

In this rapidly changing health-care environment, new medications, treatments, devices, and practice modalities are evolving daily. The number of FDA-approved over-the-counter medications has increased steadily and enabled individuals to effectively manage conditions at home rather than visit their primary care provider for a prescription. Many conditions are now treated in the outpatient setting or at home. Time-sensitive treatments such as thrombolytics for strokes and cardiac catheterization for heart attacks make rapid triage in an emergency care setting imperative. The sixth edition of *Telephone Triage Protocols for Nurses* has incorporated these considerations in the revision of existing protocols and the development of new ones.

New Features

- Protocols have been thoroughly reviewed, revised, and updated to reflect current practice and changes in access to medications and health care.
- Protocols address adult, pediatric, geriatric, and maternal/child and home health concerns.
- Protocols have been updated and expanded to ensure *pediatric* and the rapidly expanding *aging population*'s concerns and conditions are adequately addressed.
- Postoperative conditions and considerations have been added to numerous protocols.
- Expanded home care instructions provide more useful and timely information, list drug warnings whenever over-the-counter medications are suggested, and offer many home and alternative remedies.
- New protocols have been added to address current health issues and communicable disease outbreaks, including:
  - Arthritis problems
  - Chronic obstructive pulmonary disease (COPD)
  - Elder abuse
  - Stroke, Suspected
  - Zika virus
  - Mental health challenges in telephone triage
    - Altered mental status
    - PTSD
    - Suicide prevention
  - Emergency preparedness section
    - Tips for preparedness in telephone triage
    - START triage system
    - Mass casualty incidents
    - Active shooter incidents
- The **Other Protocols to Consider** section has been revised to reflect changes in protocol titles and new protocols to help the nurse select the

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most appropriate protocol after asking the initial Key Questions. Additionally, page numbers have been included for each protocol to enhance the ability to rapidly locate a different protocol to complete the triage encounter.

- The **Nurse Alert** section has been enhanced and expanded to specific protocols to provide the nurse with additional important information to consider when choosing a protocol, recognizing potentially serious problems or when triaging the caller's concern. Referrals to additional resources are included to provide the nurse with Internet resources when appropriate or referrals to appendices to assist the nurse in gaining a better understanding of a specific condition.
- A number of key features have been added to make this book even more user-friendly and enhance the user's ability to quickly locate the appropriate protocol.
    - Several titles have been changed to more closely match what the caller may be describing.
        - "Altered Level of Consciousness" is changed to "Altered Mental Status."
        - "Nausea and Vomiting, Adult and Child" protocol is changed to "Vomiting, Adult" and "Vomiting, Child."
        - "Black and Bloody Stools" has been changed to "Rectal Bleeding."
    - Related protocols have been *combined* to minimize search time. The "Drug and Alcohol Problems" is included in the "Alcohol Problems" and "Substance Abuse, Use, or Exposure" protocols.
    - The **Table of Contents by Body System** has been updated and organizes the protocols by body system or part to help the user quickly identify the most appropriate protocol given a symptom or set of related symptoms. It includes separate sections for disease-related protocols, general problems, behavioral health problems, and pediatric-specific protocols.
    - The color tabs for each alphabetical section have been staggered, making it easier to locate the appropriate section of the book. The reader may also wish to purchase alphabetical stick-on tabs, which can be found at most office supply stores.
- **Emergency home care instructions** are included in the action column of the protocol, providing the nurse with immediate access to important first aid actions to take while the caller is waiting for an ambulance or before going to the emergency department. Page numbers are included when the nurse is directed to a different page.
- The **Introduction** chapter has been reorganized to serve as a useful resource in establishing and maintaining an ongoing telephone triage program and includes Triage Roles and Responsibilities, Protocol Structure, Using Protocols Safely, Medical–Legal Considerations and case examples, Documentation Guidelines, and Strategies to Ensure Quality in a Telephone Triage Program.

Telephone Triage Protocols for Nurses assists health-care professionals in asking appropriate questions to quickly assess the severity of a problem and help the caller make an informed decision concerning health service utilization. The protocols are not designed to diagnose the caller's medical condition.

This manual contains more than 200 protocols that cover a wide range of common symptoms, disorders, and medical emergencies. Health problems unique to adults, children, pregnant women, the chronically ill, and the aged are included. While most of the protocols have "symptom-based" titles, a few have "diagnosis-based" titles for use with callers who have been previously diagnosed with a condition and are having concerns related to that condition (congestive heart failure, diabetes, sickle cell disease, asthma, etc.). Protocols are arranged alphabetically to help the health-care professional quickly locate the appropriate protocol. A team of experts has extensively reviewed all of the protocols to ensure accurate and up-to-date advice.

Key Features

- The format is easy to follow.
- Coverage of common symptoms and conditions is comprehensive.
- Age-specific considerations are built into the protocols, eliminating the need for several reference books.
- Questions and instructions are written in clear and concise language.
- All protocols are cross-referenced to additional protocols that could also be useful.
- Each protocol follows a standard design, which helps the nurse to utilize information efficiently.

Additional Features

- An expanded **Table of Contents** lists each protocol, directing the reader to the appropriate page.
- The **Appendices** include the following:
    - Abbreviations Chart
    - Sample Telephone Triage Protocol Forms
    - Community Resources Telephone List
    - Telephone Triage Quality Improvement Checklist
    - Telephone Triage Documentation Form
    - Telephone Triage "Call Back" Log
    - Consulting Nurse Call Tape Review Form
    - Consulting Nurse Call Documentation Review Form
    - Telephone Triage Training Guidelines, Course Outline, and Training Exercises
    - Communicable Diseases and Sexually Transmitted Diseases Tables
    - Temperature and Weight Conversion Charts
    - Teaching Self-Assessment Guide
    - Abdominal Pain, Chest Pain, and Headache Causes and Characteristics Charts
    - Additional Resources
    - Mental Health Challenges in Telephone Triage
    - Emergency Preparedness
- The **Bibliography** includes additional telephone triage and advisory resources.
- The **Index** includes all of the protocol titles as well as alternate terms to allow quick access to the correct protocol.

Telephone Triage Protocols for Nurses is a comprehensive resource that will benefit medical offices, emergency departments, urgent care centers, clinics, schools, home health agencies, occupational health departments, managed health-care providers, and all nurses who receive calls for advice. This quick reference manual can serve as:

- A systematic screening guide to assist callers in making informed decisions about when to access health-care resources.
- A ready resource for health-care professionals.
- A source for community referrals.
- A tool to help reduce inappropriate utilization of emergency services.
- A telephone service to triage patients with life-threatening problems.
- A mechanism to minimize risk management difficulties through consistency and documentation.
- A resource for additional website information to learn more about specific conditions, treatments, and prevention.

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The efforts of many people are responsible for the successful completion of this book. I thank the reviewers for their consistent and thorough evaluation of the protocols for accuracy, safety, appropriateness, clarity, and completeness. Their ongoing efforts have been noteworthy and their comments invaluable.

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Julie K. Briggs

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Introduction: Practicing Telephone Triage Safely

Appropriate use of health-care resources is one of the biggest challenges in today's health-care environment. Effective telephone triage can help people access the right level of health care at the right time. The aging baby boomer population has become a significant consumer of health-care resources due to evolving chronic health conditions such as cardiac disease, diabetes, congestive heart failure, chronic obstructive pulmonary disease, cancer, degenerative neurologic disorders along with a rapidly rising increase in anxiety and depression. In an era of escalating health-care costs, corporate reorganization, and a surge in the number of managed care systems, consumers are forced to carefully evaluate whether and when to seek medical attention. They must contend with cost and access as key issues, and telephone triage nurses play a key role in helping consumers through this decision-making maze.

Primary care providers are increasingly called upon to control health-care costs and the use of health-care resources. However, most providers are too busy to personally answer the numerous calls from consumers who are seeking advice. The responsibility frequently falls on nurses. Standardized protocols help the nurse handle telephone questions efficiently, confidently, and in a safe and proficient manner. Telephone triage has become the entry point into the health-care system for many consumers. It is a tool to help improve access to health care, not to block access as some skeptics believe.

Nurses in a variety of settings, including emergency rooms, physician offices, clinics, home health, occupational health, urgent care centers, and crisis care centers, frequently find themselves in the position of giving telephone advice. It is important to recognize that not all nurses are equal in terms of education, experience, knowledge base, assessment skills, and communication skills. Therefore, advice based on what a nurse "thinks" is appropriate may in fact be harmful to the caller. The nurse may miss an important detail in the absence of a thorough, systematic assessment. A system for using organized, approved protocols helps to ensure that the assessment is thorough and that nothing significant is overlooked and that advice is consistent from one nurse to another.

Traditionally, hospital emergency departments (EDs) have been used as health-care information resources because of their availability 24 hours a day and because some patients are hesitant to disturb their primary care providers during evening and weekend hours. In the past, ED nurses have been told not to give advice over the telephone to avoid potential medical–legal problems. Although this practice may provide a perceived safety net for hospitals and their nursing staff, the nurse's refusal to give advice frustrates and angers callers. Many consumers believe it is the hospital's obligation to the community to provide health-care information upon request, and they will persist in asking questions until they receive advice. Unfortunately, in the absence of standardized protocols, the advice may be inaccurate or inconsistent. This haphazard approach is all too common and may increase liability risks. More and more EDs are providing their own telephone triage nurse to manage these calls or contract with a telephone triage call center to provide that service.

Telephone triage is a systematic process in which a nurse screens a caller's symptoms for urgency and advises the caller when to seek medical attention,

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based on the severity of the problem described. The nurse also helps direct the caller to the most appropriate health-care setting or gives advice about home care.

Despite the potential medical–legal risks of giving telephone advice, there has been considerable interest in telephone triage as a mechanism to help control costs and resource use while still responding to the consumer's need for information. Helping a caller to make an informed decision about health care will enhance the provider's image to a much greater extent than refusing to discuss health-care options over the telephone.

As health-care delivery systems evolve and formal relationships among physician groups, hospitals, and third-party payers are cultivated, telephone triage and advice programs are rapidly emerging as a necessary service. To be successful, they must be well-organized, protocol-driven, well-documented, and evaluated for quality, accuracy, and consistency.

Triage Roles and Responsibilities

Roles and responsibilities of staff in managing telephone calls must be defined and clarified to ensure that only trained and qualified staff is providing the triage function. Identify who can provide triage, health information, and make appointments. Clearly define the role of the receptionist, medical assistant, LPN (LVN), and RN. For example, some organizations have the receptionist take the initial call, then forward the call to the triage nurse. The triage nurse asks specific questions about a condition and advises home care, clinic appointment, or higher level of care. The organization needs to provide a list of conditions and situations that should be passed on to the nurse for triage, for example:

- Breathing problems
- Chest or abdominal pain
- Headaches
- Trauma
- Neurologic problems
- Psychiatric problems
- Drug and alcohol problems
- Symptoms that are sudden and severe
- Person sounds sick

Assign to the triage role experienced RNs who have a broad knowledge base, are trained in telephone triage, are excellent performers, and like telephone triage. Although there is some merit to training all RNs for greater flexibility within the setting, those who truly enjoy the role generally perform much better and promote better patient satisfaction and customer service. Provide a quiet environment that has the necessary resources for triage, documentation, and the discussion of sensitive issues in private.

Protocol Structure

- All the protocols in the book follow the same format and include the following:
    - Key Questions
    - Other Protocols to Consider
    - Nurse Alert (when appropriate)
    - Reminder for documentation
    - Assessment questions
    - Action for the nurse to take
    - Home Care Instructions
    - Section to write in additional instructions
    - Problems to report to provider
    - When to seek emergency care
    - Advice agreement reminder
- The **Key Questions** section prompts the nurse to ask for important information before proceeding through the protocol. This always includes asking for the caller's name, age, onset of symptoms, history, medication usage, and questions appropriate to the complaint, such as pain scale, immunization status, or frequency of symptoms. Disease-based protocols include questions about a known diagnosis, treatment, or known exposure to a disease.
- The **Other Protocols to Consider** section lists related protocols, serving as a quick resource for

multiple symptoms or related conditions. After asking key questions, the nurse may determine that a different protocol is more appropriate and can quickly select that protocol.

- A **Nurse Alert** section provides the nurse with additional important information to consider when choosing a specific protocol or when triaging the caller's concern. Referrals to additional resources are provided when appropriate to assist the nurse in gaining a better understanding of a specific condition. Background information is provided to give the nurse a better understanding of the condition and potential seriousness of that condition. It is not provided to diagnose a caller's concern.
- The **Reminder** text ("Document caller response to advice, home care instructions, and when to call back") prompts the nurse to document, per organizational policy, and ensure that the caller understands the advice provided.
- The **Assessment** section lists the symptoms, conditions, or combination of factors that should be assessed in determining urgency.
- **Action** is organized around yes-or-no answers to the assessment questions. If the caller answers "no" to the question, the nurse is directed to the next category of assessment questions. If the caller answers "yes," concrete advice is given regarding when and where to receive care. This advice is prioritized so that emergency actions always appear first. The terms used in the Action section instruct the nurse or the caller how to proceed. Actions the nurse should take appear in italicized type in the list below. Instructions to the caller appear in quotation marks. Action options are as follows:
  - *Go to [a related] protocol*: The nurse is directed to a related protocol that may address an emergent problem more appropriately.
  - "Call an ambulance" (911 in many areas): Emergency first aid instructions while waiting for the ambulance are also included in this section.
  - "Seek emergency care now": Refer caller to the nearest ED. Emergency first aid instructions before going to the ED may also be included here as appropriate.
  - "Seek medical care within 2 to 4 hours": Refer caller to usual care provider, clinic, or ED for urgent conditions.
  - "Seek medical care within 24 hours": Refer caller to usual care provider, clinic, or ED for less urgent conditions. This may be a same-day appointment dependent upon the urgency of the condition, repeated calls, or time of day.
  - "Seek medical care within 24 to 48 hours": Refer caller to usual care provider, clinic, or ED for nonurgent conditions.
  - "Call back or call PCP for appointment if no improvement": Refer caller to primary care provider or clinic for nonurgent problems if no improvement occurs after following home care instructions.
  - *Follow home care instructions*: The nurse is directed to explain the information described in the Home Care Instructions section, which follows the Assessment/Action columns.
- The **Home Care Instructions** section explains what care should be given in the home before emergency help arrives, while waiting for an appointment, or if the problem can be managed at home. These guidelines can provide symptom relief, prevent a condition from worsening, and reassure the caller. Home and alternative remedies are included and offer less-expensive options for symptom relief.
- An **Additional Instructions** section provides space in which the health-care professional can write customized health-care facility instructions.
- The **Report the Following Problems to Your PCP/Clinic/ED** section lists subsequent observations, symptoms, or conditions that should be reported wherever the caller generally receives ongoing health care.
- The **Seek Emergency Care Immediately** section lists subsequent observations, symptoms, or conditions that would require the caller to seek immediate emergency care. The caller is directed to watch for these symptoms and, if they occur, either call an ambulance or go directly to the ED.

- The **Advice Agreement** section prompts the nurse to ask whether or not the caller agrees with the advice given and encourages the caller to call back or follow up with the PCP, clinic, or ED if the problem persists or worsens. This warning should be given with every call. If the caller does not agree with the advice, the nurse should reassess the advice given.

Using Protocols Safely

Although protocol use does not replace nursing judgment, they do provide a quick, efficient, and safe way to communicate essential information. To ensure consistency and safe practice, policy should mandate that approved protocols be used for all telephone advice and then each call and advice provided documented. All protocols should be reviewed and approved by the medical provider or medical authority.

The importance of using protocols when giving telephone advice:

- Protocols are clinical rules for managing calls and provide structure and cues to ask specific questions, starting with the most emergent concerns.
- Protocols prompt the nurse to avoid missing important facts.
- Protocols provide validity and reliability. If followed, they lead to a reasonable and safe disposition, and if given the same set of data, another nurse would reach the same disposition.
- Protocols do not replace nursing judgment. Education, training, and experience affect the nurse's knowledge base and their ability to apply the protocols appropriately.
- When **selecting the appropriate protocol**, choose the protocol that:
  - best matches the symptom or condition;
  - will result in receiving care sooner when multiple symptoms are present;
  - is their most serious symptom or the most bothersome symptom.
- When overriding a protocol:
  - err on the side of caution;
  - upgrade rather than downgrade; do not downgrade without discussing with the provider or supervisor;
  - document the reason for choosing a different resource or overriding a protocol;
  - ensure caller is comfortable with the advice; if not, then reassess.
- **Disease-based protocols** are designed to address already diagnosed problems and should not be used to diagnose a condition. They should be used when a caller has a known diagnosis and has questions about managing his symptoms or treatment regimen, or a known exposure to a communicable disease. Examples of diagnosis-based protocols are diabetes problems, chickenpox, arthritis, congestive heart failure, or a history of an allergic reaction or a communicable disease exposure.
- **Closure to the call** is extremely important and can significantly help to reduce liability. Each protocol includes a reminder to ensure the caller understands the advice, home care instructions, and when to call back. It is important to understand that this critical step helps to ensure that the caller:
  - verbalizes understanding of the directions and information;
  - expresses intent to comply or not comply with the advice;
  - establishes agreement with the plan of care;
  - has the opportunity to ask additional questions or address concerns;
  - addresses any concerns about appropriate transportation to the referred care center;
  - is directed to call back if condition worsens, new symptoms develop, or there is no improvement.

Following this important step helps the nurse to determine nonunderstanding or noncompliance and provides the opportunity to reassess before ending the call.

Medical–Legal Safeguards

A variety of methods can be used to reduce the risks of giving medical advice over the telephone. Experts in the telephone triage field agree that the use of approved protocols substantially reduces risk. Protocols establish a standard of care, and they provide a mechanism to address potentially serious conditions in a consistent manner when the nurse cannot see or touch the person.

Once telephone contact is made and the nurse has offered to help, a patient–nurse relationship has been established. Failure to follow through and provide advice could be considered abandonment, according to some experts.

Although no assurances can be made that all medical–legal problems associated with telephone triage and advice can be avoided, using the following guidelines will help in preventing them.

Tips for Practicing Safe Telephone Triage

- Consider all calls life-threatening until proven otherwise so that all emergent questions are asked and help to prevent missing emergent problems.
- Err on the side of caution to avoid the risk in delaying treatment for potentially serious problems.
- Recognize knowledge deficits and use protocols to supplement knowledge to make appropriate triage decisions.
- Document the call and the advice given. If a lawsuit is filed a few years later claiming that the nurse did not advise a caller appropriately, the nurse's position is much more defensible if documentation shows that protocols were followed and appropriate advice was given, the caller's response to the advice, and the caller was advised to call back if no improvement or condition worsens. (See Appendix E1 (**679**) for sample documentation forms.) Documentation may include a log, a note in the patient's chart, or a recording of the call.
- Establish a positive, helping relationship at the onset of the call. Good initial contact can greatly influence the caller's trust in, and satisfaction with, the telephone interaction. The average call lasts only about 6 minutes, and the effectiveness of this brief encounter depends on skillful communication.
- Use terminology the caller can understand. Avoid medical jargon as much as possible.
- Encourage the caller to briefly describe the problem and its duration, onset, and location. Be sure to obtain the age, medical history, medications, and allergies of the person with the problem. Always ask about allergies before giving medication advice.
- When advising the caller to take over-the-counter medication, give the appropriate drug warnings:
    - Do not give aspirin to a child or to anyone who is also taking blood-thinning medication. Avoid aspirin-like products if age is <20 years.
    - Do not take anti-inflammatory medications if stomach problems or kidney disease is present or in the case of pregnancy.
    - Avoid acetaminophen if liver disease is present.
    - Avoid taking antihistamines if the prostate is enlarged.
    - Avoid taking decongestants if hypertension is present.
- Know how to elicit a description of a petechiae-type rash—flat, purple or dark red dots that do not blanch with pressure. Teach the caller how to test for blanching. Be on the alert for signs of meningitis: headache, stiff neck, fever, petechial rash, vomiting, irritability, altered mental status.
- Listen carefully to the caller and avoid jumping to conclusions. Callers may mask their real concern because of embarrassment, particularly regarding sensitive issues, such as sexually transmitted diseases, drug or alcohol problems, or mental health issues.

  Case example: A young man called an ED asking to reserve a room for the weekend. A busy

nurse hurriedly answered the call, told the patient that the ED does not reserve rooms, and put him on hold for the secretary to handle. In further questioning, the caller revealed that he had attempted suicide in the past, was feeling suicidal again, and was asking for help and protection from himself. He wanted to be in a safe place where he could not harm himself.

- Try to talk directly to the person with the problem, if possible. Direct communication usually is more reliable and inclusive than secondhand information.
- Thoroughly assess the problem before determining an action plan. The caller may underplay the symptoms and want reassurance that the problem is insignificant. Consider the case of a 50-year-old man who states that his wife is making him call, but that he does not think his neck and jaw pain is anything to worry about. A thorough assessment is essential to identify potential cardiac symptoms.
- Do not try to diagnose the caller, or let the caller self-diagnose. Assess the symptoms to determine a disposition. Chest pain, diaphoresis, and weakness may very well signal a heart attack, but they also may indicate pneumonia or some other condition.
- Condition-/diagnosis-specific protocols are to be used only on callers with a previously diagnosed condition or suspected or known exposure to a specific contagious condition. *Do not* try to diagnose the problem and give advice, which is outside the scope of practice for a licensed RN in most states. The focus of triage is the assessment and management of symptoms and referral to the appropriate level of care at the right time.
- You may override a protocol, but do not downgrade without discussing the case with the primary care provider. Although experience will enhance your telephone triage skills, you must always use the protocols to ensure an appropriate and safe disposition or to document the rationale for deviating from a protocol.

  Case example: A 45-year-old man called with concerns about anxiety, a bad taste in his mouth, and profuse sweating. The patient was taking medication for anxiety and hypertension. The nurse had personal experience with antianxiety medication and advised the patient to rest, as he was probably experiencing the side effects of his fairly new medication. He died of a heart attack at home several hours later.

- Pay attention to the degree of anxiety and concern expressed by the caller. Remember, the telephone triage nurse has the disadvantage of not being able to see or touch the person. If the caller is emphatic that the person he or she is talking about is ill, encourage the caller to seek medical attention sooner than the protocols may recommend. If the caller thinks it is an emergency, it probably is. Let the EMS or ED staff determine otherwise. It is better to err on the side of caution than to miss a serious condition, such as meningitis, a stroke, or heart attack, which can result in permanent impairment or death.
- Triage is the practice of exclusion. It is permissible to be conservative and overreact.
- When telling a parent to report specific signs and symptoms, give him or her a time period, for example, to report a change in behavior within 4 hours of onset.
- When directing the caller to call an ambulance, several avenues may be most appropriate based on the circumstances: (Ambulance, EMS, 911 = emergency services for that area of the country)
  - Caller hangs up and calls the ambulance or 911.
  - Caller stays on the line but calls the ambulance on a cell phone or other device.
  - Triage nurse calls 911 for the caller and gives address, cross streets, and telephone number.
  - EMS dispatch centers are trained in providing specific emergency procedure directions while waiting for an ambulance and often have GPS capability to locate the caller's location.
  - When there is a contagious communicable disease in question, advise not to use public transportation. Depending on the lethality of the potential contagious disease, advise to

call 911 and tell dispatchers of potential contagiousness so they can prepare appropriately with personal protective equipment and transport to the appropriate facility that can manage the contagion.

- When referring a caller to the ED, give a time frame, such as "now" or "within the next 1 or 2 hours." How are they going to get there?
- When advising a caller to seek emergency care now, consider the caller's condition and circumstances. Is there a risk of deterioration that could compromise the airway or limb, or loss of life (myocardial infarction, stroke, or allergic reaction)?
- Calls that often require emergent/urgent referral to medical care:
  - Confused or too weak to stand
  - Signs of meningitis: fever, confusion, headache, vomiting, stiff neck, or rigid body in an infant, red or blood-colored flat rash
  - Signs of stroke: sudden-onset numbness or tingling, difficulty walking, talking, swallowing, or thinking
- When there are repeated calls within a 12-hour period (two or more), the caller's needs may remain unmet. Ask for more information than the standard protocol. What advice was given, what has changed, get specifics and reassess. Either the caller is not satisfied with the advice or the person is sicker than described.
- Consider the time of day. If the advice is to seek medical care in 2 to 4 hours and it is 11 pm, refer the caller to the ED. If it is Friday evening and the advice is to seek medical care in 24 hours, refer the caller to a clinic or ED that is open and available within 24 hours.

  Case example: At 1 am on a Saturday, a caller with a severe sore throat, fever, and difficulty managing secretions was told to keep his doctor's appointment on Monday morning. He did keep his appointment and was immediately sent to the ED, where he was found to be critically ill from a peritonsillar abscess and sepsis.

- Treat young mothers, teenagers, and young adults cautiously.

  Case example: A 17-year-old mother called in hysterics because her baby had a fever (felt warm) and was constipated (making grunting noises as though he needed to go to the bathroom but couldn't). She was uncooperative and wouldn't answer questions. The nurse talked to her sister and recommended a bath with baking soda to stimulate a bowel movement. The child expired from meningitis within 8 hours.

- Treat calls at the end of the day cautiously. Do not rush through them.
- Do not give advice without an opportunity for follow-up. Determine whether the caller agrees with the advice. If the caller does not agree or is not satisfied with the advice given, reassess. You may have missed something important to the caller.
- Ask the caller what he or she is going to do.
- Provide callers with an option to seek medical attention sooner if they do not agree with the advice or if their condition persists or worsens. Make sure callers know what "worse" means.

Documentation

The purpose of documentation is to provide a clear picture of the interaction and patient condition. It provides a permanent record that serves as a resource if the caller calls back or there is a lawsuit and the call needs to be reviewed. As the saying goes, if it was not documented, it was not done, was not important, or was not considered, and this would make it difficult to recall the encounter and support the decision-making process. Use the caller's own words as much as possible, applying "quotation marks." Show evidence that questions were asked, and document denials to rule out serious conditions. Documentation policy should describe whether the documentation process is by exception, omitting negatives, or by inclusion, including negatives.

Documentation elements should include the following whether it is an electronic record or

handwritten document (See Appendix E1 (**679**) for sample documentation form.):

- Caller name and relation to the patient
- Date and time of call
- Demographics per policy
- Chief complaint
- Provider
- Description of signs and symptoms, onset, and duration
- Associated symptoms
- Relevant medical history
- Medications
- Disposition and advice given
- The protocol followed and recommended time frame to seek care
- Your name and title
- Time frame to call back if no improvement

elicit the caller's concern to select the appropriate protocol;
recognize serious symptoms that should be directed to an urgent/emergent disposition;
ask appropriate assessment questions to reach an appropriate disposition;
review home care instructions to help callers manage their problems at home or before going to the doctor or ED;
advise the caller when to call back or seek treatment;
assure caller understanding and agreement with the advice and plan and what action the caller will take. If not in agreement, reassess;
document the call.

Strategies to Help Ensure a Quality Telephone Triage System

- The top priority should always be patient safety.
- Use the medically approved protocols to establish a standard of care. Do not deviate from the protocols unless changes are made in writing and approved by the appropriate medical authority.
- Orient and train staff in telephone triage protocols, policies, and procedures; telephone encounter techniques; dealing with difficult callers; and documentation. (See Appendix I (**684**) for a sample training outline and Appendices J (**687**), K (**691**), and L (**693**) for training exercises.)
- Develop a mechanism to regularly review documentation and advice for consistency, accuracy, and quality. (See Appendices G (**682**) for a sample tape review and H (**683**) for documentation review forms.)
- Measure outcomes. Conduct regular consumer satisfaction surveys. Follow up promptly on problems and quality issues. (See Appendix D (**678**) for a sample survey form and Appendix L (**693**) for a skills assessment tool.)
- Use telephone triage to improve access to care, not to impede it. Follow up on all complaints concerning limited access to care.
- Follow up and review calls where staff fails to use protocols and relies only on nursing knowledge. Review caller concern, advice given, reason for deviating from a protocol, and outcome.
- Know your State Board of Nursing laws regarding medication advice. Laws vary from state to state.
- Research and review current events, such as local outbreaks of communicable diseases like pertussis, influenza, SARS, Ebola, and meningitis. Callers may hear about them on the news and have questions or be worried that they have been exposed. Telephone triage nurses can be the first to recognize an outbreak from the frequency and types of calls received.

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Abdominal Pain, Adult

A

Key Questions Name, Age, Onset, Medications, Pain Scale, Associated Symptoms, Date of Last Menstrual Period, Prior Medical History

Other Protocols to Consider Abdominal Swelling (18); Constipation (160); Diarrhea, Adult (192); Food Poisoning, Suspected (262); Menstrual Problems (404); Rectal Bleeding (510); Urination, Difficult (624); Urination, Painful (628); Vomiting, Adult (642).

Many conditions can cause abdominal pain, and some can be potentially life-threatening. Err on the side of caution when triaging callers with abdominal pain. Abdominal Pain: Causes and Characteristics: Appendix R (709) is provided to help the nurse gain a better understanding of the many conditions causing abdominal pain. It is NOT to be used to try and diagnose a caller's condition.

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Are any of the following present?		
• Faint (unconsciousness) or unresponsiveness • Severe weakness and inability to stand • Cold, pale skin, or profuse sweating • Severe, sudden pain radiating to back or legs	**YES**	"Call ambulance"
	NO	Go to B
B. Are any of the following present?		
• Lightheadedness • Vomiting blood or dark coffee-ground–like emesis • New onset of rapidly worsening symptoms and age >60 years • Bloody or black stools unrelated to hemorrhoids or iron supplements • Sudden abdominal and shoulder pain in a woman with menses >4 weeks late • Age >30 years, heavy smoker, high blood pressure, high cholesterol, or obesity • History of diabetes, heart disease, blood clotting problems, or CHF	**YES**	"Seek emergency care now"
	NO	Go to C

C. Are any of the following present?

- Rapidly increasing pain
- Pregnancy
- Unusually heavy vaginal bleeding and possibility of pregnancy
- History of recent abdominal surgery, frequent falls, or injury to the abdomen
- RLQ pain with poor appetite, nausea and/or vomiting, or fever
- Ingestion of plant, drug, or chemical
- Temperature >101°F (38.3°C) and age >60 years, bedridden, or weakened immune system
- Temperature >103°F (39.4°C)
- Severe nausea and vomiting
- Persistent nausea and vomiting, and decreased oral intake and urination
- Pain worsens with coughing
- Taking antibiotics for diverticulitis or other abdominal condition and pain and fever worsens

YES "Seek medical care within 2 to 4 hours"

NO Go to D

D. Are any of the following present?

- History of hepatitis or exposure
- Continuous pain >1 hour
- Unexplained progressive abdominal swelling
- Painful or difficult urination
- Blood in urine
- Pain interferes with activity
- Age >60 years
- Nausea, vomiting, or diarrhea >24 hours

YES "Seek medical care within 24 hours"

NO Go to E

E. Are any of the following present?

- Vaginal or urethral discharge
- History of abdominal pain, and usual treatment is ineffective
- Constipation
- History of nervous stomach or irritable bowel syndrome
- Significant increase in stress level
- Intermittent mild pain associated with an empty stomach, eating certain foods, or use of pain, antibiotic, or anti-inflammatory medications
- Mild, infrequent diarrhea
- Other family members ill
- Recently started taking antibiotics for diverticulitis or other abdominal condition and abdominal pain persists for a few days

YES "Call back or call PCP for appointment if no improvement" and Follow **Home Care Instructions**

NO Follow **Home Care Instructions**

Home Care Instructions
Abdominal Pain, Adult

- Rest.
- Consume clear liquids (broth, tea, ginger ale, apple juice, flavored ice, gelatin) in frequent small amounts (sips) until vomiting or diarrhea subsides.
  - After 12 hours without vomiting or diarrhea, introduce a bland diet (rice, potatoes, bread, crackers, bananas, cereal).
- Take medications as directed by the pharmacy. Some should be taken on an empty stomach and others with food. Avoid aspirin, ibuprofen, and naproxen. Do not take acetaminophen if liver disease is present. Follow the instructions on the label, or as directed by the PCP in the elderly or those with liver or kidney problems.
- Apply heat (moist hot towel or heating pad) to the abdomen for cramping or discomfort, or take a warm bath. Do not sleep on a heating pad. Do not apply heating pad directly to the skin without a cloth barrier between heating pad and skin. Use caution in the elderly as the thinning skin burns easily.
- For gas relief, try Maalox or Mylanta, and follow the instructions on the label. Ask the pharmacist for other suggestions.
- Avoid alcohol, caffeine, and greasy or spicy foods.
- If taking antibiotics for diverticulitis 7 to 14 days:
  - Anticipate continued abdominal pain first 1 to 3 days.
  - Consume clear liquids (broth, tea, ginger ale, apple juice, flavored ice, gelatin) in frequent small amounts (sips) to give the bowel a chance to rest.
  - After 3 to 4 days, introduce a bland diet (rice, potatoes, bread, crackers, bananas, cereal).
  - Some antibiotics will decrease appetite or cause nausea with eating. Follow pharmacy instructions when taking meds with foods or fluids.
  - If abdominal pain not resolved within 4 to 5 days after starting antibiotics, follow up with PCP.
  - Once diverticulitis resolved, start high-fiber diet to prevent constipation as prescribed by PCP.
- If known GERD exists, encourage consumption of smaller, more frequent meals, and avoid spicy or greasy food, caffeine, and chocolate.
- Try herbal teas, such as peppermint or chamomile, to soothe an upset stomach.

A

Additional Instructions

Severe pain >2 hours
Temperature >101°F (38.3°C) and age >60 years, bedridden, or weakened immune system
Temperature >103°F (39.4°C)
Persistent vomiting or diarrhea and decreased oral intake or urination
Pain worsens with heat or activity

Unusually firm or hard abdomen
Persistent vomiting
Severe persistent pain
Fainting/lightheadedness
Bloody or black stools or emesis

If the caller agrees with the advice given, document the call and encourage the caller to call back or see PCP if the problem worsens. If the caller does not agree with the advice given, reevaluate and advise the caller to follow up with PCP, Clinic, or ED.

Abdominal Pain, Child

A

Key Questions Name, Age, Onset, Medications, Pain Scale, Associated Symptoms, Prior History, Date of Last Menstrual Period

Other Protocols to Consider Abdominal Swelling (16); Constipation (160); Diarrhea, Child (195); Food Poisoning, Suspected (262); Menstrual Problems (404); Urination, Difficult (624); Urination, Painful (628); Vomiting, Child (645).

Many conditions can cause abdominal pain, and some can be potentially life-threatening. Err on the side of caution when triaging callers with abdominal pain. Abdominal Pain: Causes and Characteristics: Appendix R (709) is provided to help the nurse gain a better understanding of the many conditions causing abdominal pain. It is NOT to be used to try and diagnose a caller's condition.

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Are any of the following present?		
• Severe persistent pain >2 hours • Rapidly increasing pain • RLQ pain with poor appetite, nausea and/or vomiting, fever, grasping abdomen, walking bent over, screaming, grunting respirations, or lying with knees drawn toward chest • Unusually heavy vaginal bleeding and possibility of pregnancy • Ingestion of unknown chemical substance, plant, or medication • Recent abdominal trauma • Black, bloody, or jellylike stools unrelated to hemorrhoids or iron supplements • Weight loss • Vomiting blood or dark coffee-ground–like emesis • Weakness and inability to walk • Severe pain and swelling in testicle(s) or scrotum	**YES**	"Seek emergency care now"
	NO	Go to B

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B. Are any of the following present?

- Severe nausea and vomiting
- Continuous pain >2 hours and unresponsive to home care
- Unexplained progressive abdominal swelling
- Painful or difficult urination
- Age <2 years and intermittent pain
- Pain interferes with activity
- Decreased urine output
- Nausea, vomiting, or diarrhea >24 hours and unresponsive to home care
- Known hernia or hydrocele and pain or crying >2 hours

YES "Seek medical care within 2 to 4 hours"

NO Go to C

C. Are any of the following present?

- Vaginal or urethral discharge
- History of abdominal pain, and usual treatment is ineffective
- Significant increase in stress level
- Blood in urine
- Temperature >101°F (38.3°C), cough, or weakness

YES "Seek medical care within 24 to 48 hours"

NO Go to D

D. Are any of the following present?

- Constipation
- History of a nervous stomach and increased stress level
- Intermittent mild pain associated with an empty stomach, eating certain foods, or use of pain, antibiotic, or anti-inflammatory medications
- Mild infrequent diarrhea
- Other family members are ill
- Persistent sore throat >24 hours

YES "Call back or call PCP for appointment if no improvement"
and
Follow **Home Care Instructions**

NO Follow **Home Care Instructions**

Home Care Instructions
Abdominal Pain, Child

- Rest.
- Consume clear liquids (fruit juice diluted with ½ water, weak tea, broth, sports drinks, flavored ice, gelatin, clear soft drink) or bland diet (rice, potatoes, soda crackers, pretzels, dry toast, applesauce, bananas) for 12 to 24 hours. Recommend electrolyte/mineral supplement or other rehydrating fluid solution (such as Pedialyte) for small children or infants.
- If diarrhea is present, avoid fruit juice or full-strength sports drinks.
- Take medications as directed by the pharmacy. Some should be taken on an empty stomach and others with food. Avoid ibuprofen and other anti-inflammatory medications. Do not give aspirin to a child. Avoid aspirin-like products if age <20 years. Avoid acetaminophen if liver disease is present. Avoid ibuprofen if kidney disease or stomach problems exist or in the case of pregnancy. Follow the directions on the label. Use the dosing device that comes with the medication, a measuring device, or a medicine syringe from the pharmacy. Household teaspoons often do not give the correct amount of medication.
- Apply a moist, hot towel or heating pad to the abdomen for cramping. Do not sleep on a heating pad. Do not apply heating pad directly to the skin without a cloth barrier between heating pad and skin.

Additional Instructions

Severe pain >1 hour
Fever
Pain worsens with heat or activity

Unusually firm or hard abdomen
Persistent vomiting
Bloody or black stools or emesis
Weakness and inability to walk
Severe pain and swelling in testicle(s) or scrotum

If the caller agrees with the advice given, document the call and encourage the caller to call back or see PCP if the problem worsens. If the caller does not agree with the advice given, reevaluate and advise the caller to follow up with PCP, Clinic, or ED.

Abdominal Swelling

Key Questions Name, Age, Onset, Medications, Prior History, Pain Scale

Other Protocols to Consider Abdominal Pain, Adult (9), Child (13); Constipation (160); Diarrhea, Adult (192), Child (195); Gas/Belching (287); Gas/Flatulence (289); Rectal Bleeding (510); Swelling (597); Vomiting, Adult (642), Child (645).

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Is abdominal pain present?		
	YES	Go to Abdominal Pain protocols; Adult (9), Child (13)
	NO	Go to B
B. Are any of the following present?		
• History of recent trauma or abdominal surgery • Vomiting blood • New onset of black or bloody stools	YES	"Seek emergency care now"
	NO	Go to C
C. Are any of the following present?		
• Swelling developed suddenly within past 24 hours and is unrelieved by passing gas or vomiting • Fever • Painful or tender area does not disappear with pressure	YES	"Seek medical care within 2 to 4 hours"
	NO	Go to D

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D. Are any of the following present with no prior history?

- Swollen ankles
- Difficulty breathing, especially at night
- Decreased urine output
- Swelling decreases after passing urine
- New onset of yellow skin and eyes
- Painful or tender area disappears with pressures or enlarges with coughing

YES "Seek medical care within 24 hours"

NO Go to E

E. Are any of the following present?

- Persistent constipation
- Possibility of pregnancy and tender enlarged breasts, morning nausea, missed period >2 months
- Abdominal swelling in a female 1 to 5 days before or during menstruation
- Swelling associated with cramping, diarrhea, or constipation
- Swelling is slowly increasing throughout a 1-week period
- Rapid weight gain
- Increased flatus or gas

YES "Call back or call PCP for appointment if no improvement"
and
Follow **Home Care Instructions**

NO Follow **Home Care Instructions**

Home Care Instructions
Abdominal Swelling

- Drink an adequate amount of fluid each day as tolerated.
- Include fruits and high-fiber foods in daily diet.
- Establish a daily routine for bowel elimination.
- Avoid gas-producing foods such as onions, cabbage, and beans.
- Exercise regularly as tolerated.
- Eat more slowly.
- Take antacids for increased gas. Follow instructions on the label.
- Consider mild OTC laxatives, and follow the instructions on the label. Ask your local pharmacist for OTC laxative or stool softener product suggestions.

Additional Instructions

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Problem persists >1 week
Sharp or severe abdominal pain
Abdominal pain, diarrhea, constipation, vomiting, or urinary retention
Fever

Black or bloody stools or emesis

If the caller agrees with the advice given, document the call and encourage the caller to call back or see PCP if the problem worsens. If the caller does not agree with the advice given, reevaluate and advise the caller to follow up with PCP, Clinic, or ED.

Abrasions

A

Key Questions Name, Age, Onset, Cause, Other Injuries, Medications, Pain Scale, Prior History

Other Protocols to Consider Foreign Body, Skin (278); Laceration (395); Puncture Wound (496); Skin Lesions: Lumps, Bumps, and Sores (556); Wound Healing and Infection (664).

Wounds are defined as clean or dirty. A wound is considered dirty if it is contaminated with dirt, feces, saliva, or soil; puncture wounds; avulsions; caused by flying or crushing objects, animal bites, burns, or frostbite.

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Are any of the following present?		
• Difficulty controlling bleeding • History of hemophilia • Large area of the body is affected	YES	"Seek emergency care now"
	NO	Go to B
B. Are any of the following present?		
• Unable to remove dirt or other foreign material from the wound • Source is dirty, and last tetanus shot was >5 years ago	YES	"Seek medical care within 2 to 4 hours"
	NO	Go to C
C. Are any of the following present?		
• History of diabetes • Difficulty moving affected part • Wound is 24 to 48 hours old, and signs of infection are appearing: redness, swelling, pain, warm to touch, red streaks extending from site, drainage or pus, or fever	YES	"Seek medical care within 24 hours"
	NO	"Call back or call PCP for appointment if no improvement" Follow **Home Care Instructions**

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Home Care Instructions

Abrasions

- Apply direct pressure over the wound with a clean bandage or cloth to control the bleeding.
- Clean the wound daily with a soapy wash cloth and rinse thoroughly with water.
- Apply antibiotic ointment 2 to 3 times daily for several days. Follow instructions on the label.
- Cover wound with dry, clean dressing for 1 to 2 days.
- Check wound daily for signs of infection (redness, swelling, pain, warm to touch, red streaks extending from site, drainage or pus, or fever).
- If dressing sticks to the wound, soak with water.
- If wound is moist looking, allow wound to air dry for 5 to 10 minutes, then redress each day to promote healing.

Additional Instructions

Signs of infection
Delayed healing >1 week

If the caller agrees with the advice given, document the call and encourage the caller to call back or see PCP if the problem worsens. If the caller does not agree with the advice given, reevaluate and advise the caller to follow up with PCP, Clinic, or ED.

Alcohol Problems

Key Questions Name, Age, Onset, Drinking Habits (amount and frequency), Hours/Days Since Last Drink, Medications, Prior History, Other Ingested Substances, Street Drugs or Pills, History of Alcohol Withdrawal, Pain Scale (If injury occurred, see appropriate injury protocol.)

Other Protocols to Consider Anxiety (36); Confusion (150); Depression (184); Diarrhea, Adult (192), Child (195); Headache (308); Heart Rate Problems (320); Vomiting, Adult (642), Child (645); Seizure (531); Substance Abuse, Use, or Exposure (582).

Alcohol withdrawal can be life-threatening. Assess for signs of withdrawal, and refer for medical care urgently before symptoms worsen if there is a history of heavy drinking and a cessation of alcohol use >48 hours.

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Are any of the following present combined with a history of heavy drinking?		
• Seizures • New onset of auditory (voices, buzzing, clicks), sensory (bug crawling), or visual hallucinations or delusions • Vomiting blood or coffee-ground–like emesis • 24 to 48 hours after alcohol cessation and signs of withdrawal such as rapid or irregular heart rate, sweating, difficulty breathing, shakiness or tremors • Extreme anxiety, sense of terror, agitation, or paranoia • Altered mental status (AMS) • Apnea or difficulty breathing • Pale, diaphoretic, and light-headed or weak • Suicidal or homicidal ideation • Unresponsive • Face, lips, or tongue blue or gray	**YES**	"Call ambulance" or "Seek emergency care now"
	NO	Go to B

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B. Are any of the following present combined with a history of heavy drinking?

- History of seizures or DTs with withdrawal in the past
- Desire to hurt self or other
- New black or bloody stools
- Acute anxiety
- Distorted perceptions
- Persistent vomiting >24 hours and unresponsive to home measures

YES "Seek medical care within 2 to 4 hours"

NO Go to C

C. Are any of the following present combined with a history of heavy drinking?

- Upset stomach, diarrhea, heartburn, or difficulty sleeping
- Recent abrupt cessation of alcohol
- Request for help to stop drinking

YES "Seek medical care within 24 hours" and Follow **Home Care Instructions**

NO Go to D

D. After consuming a large quantity of alcohol, are any of the following present?

- Nausea, vomiting, or diarrhea
- Fatigue
- General ill feeling
- Headache
- 12 hours after alcohol cessation and mild tremors or anxiety, anorexia, nausea or vomiting, weakness, or body aches

YES "Call back or call PCP for appointment if no improvement" and Follow **Home Care Instructions**

NO Follow **Home Care Instructions**

Home Care Instructions
Alcohol Problems

- Keep the intoxicated person safe, do not allow to drive or prevent the person from engaging in risky behavior that could result in a fall or injury.
- Increase intake of fluids (nonalcoholic beverages) until urine is pale yellow, which is an indicator of proper hydration (may take as long as 2 days).
- Increase intake of fruit, vegetables, potatoes, rice, cereal, whole grains, eggs, meat, poultry, and dairy products.
- Take antacids as needed for indigestion. Follow instructions on the label.
- Take vitamin B complex supplements, and follow the directions on the label.
- Exercise daily.
- Get an adequate amount of sleep.
- Do not give aspirin to a child. Avoid aspirin-like products if age $<$20 years. Avoid acetaminophen if liver disease is present. Avoid ibuprofen if kidney disease or stomach problems exist or in the case of pregnancy. Follow the directions on the label. Do not take acetaminophen products with alcohol; doing so can lead to liver problems.
- If the caller requests a referral or help to stop drinking, provide telephone numbers of local resources for alcohol treatment programs, counseling, detoxification programs, inpatient and outpatient treatment programs, AA, and Al-Anon.

Referral Phone Numbers

Additional Instructions

No improvement or condition worsens
Increased anxiety, agitation, or depression
Persistent tremors

Seizures
Desire to harm self or other
Black or bloody stools
Vomiting blood or coffee-ground–like emesis
Signs of withdrawal: rapid or irregular heart rate, sweating, difficulty breathing, shakiness or tremors
Extreme anxiety, sense of terror, agitation, or paranoia
Auditory, sensory, or visual hallucinations or delusions

- AMS
- Apnea or difficulty breathing
- Pale, diaphoretic, and light-headed or weak
- Suicidal or homicidal ideation
- Unresponsive
- Face, lips, or tongue blue or gray

If the caller agrees with the advice given, document the call and encourage the caller to call back or see PCP if the problem worsens. If the caller does not agree with the advice given, reevaluate and advise the caller to follow up with PCP, Clinic, or ED.

Allergic Reaction

Key Questions Name, Age, Onset, Suspected Cause, Allergies, Prior History, Medications

Other Protocols to Consider Bee Stings (72); Bites, Insect (79); Breathing Problems (106); Food Allergy (260); Hay Fever Problems (305); Hives (337); Itching (382); Piercing Problems (445); Rash, Adult (500), Child (505); Swelling (596); Tattoo Problems (604); Wheezing (657).

Signs of anaphylaxis, a severe life-threatening allergic reaction, can occur within seconds to an hour after exposure to the offending substance such as food, medication, and a bee sting. An anaphylactic reaction involves the respiratory, cardiovascular, and central nervous systems. Sudden onset of symptoms may include difficulty breathing, feeling faint, swelling of the tongue, throat or lips, hives, wheezing or coughing, or a feeling of impending doom. The sooner symptoms occur after exposure to the antigen, the more severe the anaphylaxis.

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Are any of the following present?		
• Difficulty breathing • Difficulty swallowing • Swelling of tongue, back of mouth, or throat • Inability to speak • Chest pain • Used EpiPen or epinephrine injection as instructed by the provider and symptoms have not resolved	YES	"Call ambulance"
	NO	Go to B
B. Are any of the following present?		
• Faintness or dizziness • History of previous anaphylaxis to same allergen • Change in vision • Confusion • Rapid progression of symptoms • Speaking in short words • Sudden onset of hoarseness • Swelling of the lips • Fast heartbeat • Used EpiPen or epinephrine injection as instructed by the provider and symptoms have resolved	YES	"Seek emergency care now"
	NO	Go to C

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C. Are any of the following present?

- Swelling in face/extremities
- Persistent nausea, vomiting, diarrhea, or abdominal pain
- Persistent rash, fever, fatigue, or headache
- Speaking in partial sentences

YES "Seek medical care within 2 to 4 hours"

NO Go to D

D. Are any of the following present?

- Cause of reaction unknown
- Controlled nausea, vomiting, or diarrhea
- Mild rash/itching
- No respiratory problems
- Normal breathing
- Suspicion of medication reaction

YES "Call back or call PCP for appointment if no improvement" and Follow **Home Care Instructions**

NO Follow **Home Care Instructions**

Home Care Instructions
Allergic Reaction

- Use prescribed inhalers, medications, or EpiPen for known allergic reaction as directed by PCP. If EpiPen used, should seek emergency care now as symptoms may return after the medication wears off.
- If symptoms occurred shortly after taking an OTC medication, discontinue use.
- Rest. Try to sleep in a cool room. Limit exercise or overheating to prevent increased itching.
- If hives are widespread, try baking soda or oatmeal baths, or OTC preparations (such as Benadryl, Caladryl, Cortaid, Cortizone, and Claritin) for the itching. Follow instructions on the label. Ask your local pharmacist for OTC product suggestions.
- Avoid hot showers. Heat can increase itching.
- Apply cold cloth or ice to small area of itchy hives to help reduce swelling.

A

Additional Instructions

Symptoms occurred after taking a prescription medication
Symptoms persist after taking Benadryl and following **Home Care Instructions**
Rash worsens
Fever

Difficulty breathing or swallowing
Change in vision
Confusion
Chest pain
Sudden onset of hoarseness and unable to speak
Swelling of the lips, tongue, back of mouth, or throat
Fast heartbeat
Used EpiPen or epinephrine injection as instructed by the provider and symptoms have resolved

If the caller agrees with the advice given, document the call and encourage the caller to call back or see PCP if the problem worsens. If the caller does not agree with the advice given, reevaluate and advise the caller to follow up with PCP, Clinic, or ED.

Altered Mental Status (AMS)

Key Questions Name, Age, Onset, Cause If Known, Medications, Prior History

Other Protocols to Consider Alcohol Problems (21); Breathing Problems (106); Chest Pain (123); Confusion (150); Dehydration (180); Diabetes Problems (187); Dizziness (199); Fainting (237); Fever, Adult (250), Child (253); Headache (308); Heart Rate Problems (320); Seizure (531), Seizure Febrile (533); Stroke, Suspected (576); Substance Abuse, Use, or Exposure (582); Urination, Difficult (624).

Signs of AMS may include confusion; irritability; less responsive to voice or touch; drowsiness; combative; uncooperative; nonsensical verbalizing; sudden change in behavior, thinking process, or ability to communicate; auditory (voices, buzzing, clicks), sensory (bug crawling), or visual hallucinations.

AMS may be one of the first indicators of a UTI, dehydration, or a stroke in the elderly.

In a child, AMS may be one of the first indicators of rapidly progressing meningitis or a head injury after trauma.

Reminder: Document caller response to advice, home care instructions, and when to call back.

ASSESSMENT		ACTION
A. Is the following present?		
• Unconsciousness, not breathing	**YES**	"Call ambulance and begin CPR"
	NO	Go to B

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B. Are any of the following present?

- Loss of consciousness more than once during the day
- Unresponsive at the time of the call
- Drug/alcohol overdose
- Difficulty breathing
- AMS and any of the following:
  - severe headache
  - chest pain/discomfort
  - rapid heartbeat
  - diabetic and unresponsive to home care measures
  - pregnancy, vaginal bleeding, or abdominal pain
  - severe abdominal pain
  - pain worsens upon sitting or standing
  - child with fever and rigid or flaccid body
- Persistent AMS
- Drowsiness and difficulty in arousing

YES "Call ambulance" and "Give person with diabetes and AMS immediate source of sugar" and See **Home Care Instructions**

NO Go to C

C. If person arouses easily, are any of the following present?

- Headache, fever, or stiff and painful neck
- Recent head injury or trauma
- New seizure or prolonged postictal state
- Persistent high fever
- New onset of auditory (voices, buzzing, clicks), sensory (bug crawling), or visual hallucinations or delusions

YES "Seek emergency care now"

NO Go to D

D. Is the following present?

- Brief episode of loss of consciousness

YES Go to Fainting protocol (237)

NO "Seek medical care within 2 to 4 hours if no improvement" and Follow **Home Care Instructions**