Telephone Triage: Is a Visit Needed? 
Symptom Management Until Help Arrives

May 2015
Janet Travers BSN, RN, CHPN 
Hospice of the South Shore

Definition

- **Telephone triage** is commonly defined as the safe, effective, and appropriate disposition of health-related problems via telephone by experienced, trained RNs using physician-approved guidelines or protocols (Wheeler, 2009).

- Telephone triage interactions may require assessment, patient education, and crisis intervention.

Focus

- The focus of telephone triage is on the assessment and disposition of symptom-based calls rather than message taking.

- Telephone triage does not involve making diagnoses—nursing or medical—by phone.
Focus

- Collect sufficient data related to the presenting problem and medical histories, recognize and match symptom patterns to standard protocols, and assign acuity.
- Determine follow-up, is a visit needed?

Benefits of Telephone Triage

- Improved quality of life for patient and family
- Caller Satisfaction–improved press ganey scores
- Financial benefits

Risks

- Wrong assessment, decision or advice
- Incomplete history
- Incomplete assessment
- Caller mistrust
- Caller misunderstanding
- Poor documentation
6 Steps in the Process

1. Introduce oneself and establish a rapport
2. Conduct the interview/assessment (access record/chart)
3. Make a triage decision using an established protocol or guideline (is a visit needed?)
4. Offer the predetermined advice/make HV if needed
5. Conclude the call and follow-up as needed
6. Document the call/communication to team

Symptom Specific Triage

- Respiratory
- Neurological
- Pain
- GU
- GI
- General Decline in Status

Respiratory

- Increased Congestion
  - Visited needed to assess if patient death is imminent/assist with positioning
  - On way to home: instruct regarding meds/position
- Change in Respiratory Rate or Pattern
  - Visit needed if initiating use of morphine or pattern sounds end stage
- Cough
  - Telephone advice ok: educate re: meds, antitussives on schedule, morphine, hyoscyamine
Neurological

- Agitation/Restless Behavior
  - Telephone advice ok: awake, not sleeping
  - Visit Needed: climbing out of bed, agitated
  - Assess cause: bladder distention or new meds

- Confusion
  - Telephone advice ok
  - Assess meds, advise regarding disease progression

- Increased Sedation/Unresponsive
  - Assess for how long
  - Is there a change in breathing pattern? If yes: visit is needed
  - If patient comfortable and no change in breathing, assess over time. Telephone advice ok (educate regarding alternate route meds, aspiration precautions)

- Seizures
  - New onset or status epilepticus: visit needed
  - On way to home: instruct regarding meds (lorazepam, alternate routes of meds)

Pain

- New area/source of pain
  - Visit is needed: especially if abdominal

- Escalating pain from a previous area/source
  - Telephone advice ok: educate re: medications
  - Return call to home in ½–1 hour to assess effect

- Call to MD needed for med changes
  - Visit is needed
  - On way to home: educate re: use of opiates, anti-anxiety agents, acetaminophen
GU

- Inability to void
  - If patient has pelvic pressure, dribbling with minimal output: **Visit is needed**
  - No urine output for 12-24h; if no pelvic pressure or adverse symptoms: **Telephone advice ok**

- Catheter Management:
  - Catheter leakage minimal with continued urine output via foley: **Telephone advice ok**
  - Leakage excessive (bed soaked), no urine in tubing: family to check for kinks and positioning, return call 1h if still no urine in tube: **Visit is needed**

GI

- Nausea/Vomiting
  - New onset: **Visit is needed** to assess cause (bowel obstruction, constipation, new meds)
  - Ongoing Symptom: **Telephone advice ok** (instruct re: antiemetics on schedule, diet)
  - Use of suppositories: **Visit may be needed initially** to educate re: administration
  - Large amount of vomit: **Visit may be needed**: (to assist with cleaning patient if family overwhelmed)

- Constipation
  - If patient trying to move bowels, feeling rectal pressure: **Visit is needed**
  - No adverse symptoms: **Telephone advice ok**

- Hiccoughs
  - If continuous: **Telephone advice ok** initially-- (prochlorperazine) if no relief after 1h **Visit is needed** (baclofen, chlorpromazine)
General Decline in Status

- Difficulty Swallowing
  - New Onset, Day Call: Visit is needed to assess disease progression, Night call: Telephone advice ok

- Increased Weakness/Decreased Appetite
  - New Onset, Day call: Visit is needed to assess disease progression, Night call: Telephone advice ok as long as patient is safe

- Falls
  - With injury: Visit is needed, no injury: visit in 24h

Happiness is when what you think, what you say, and what you do are in Harmony

Mahatma Gandhi

Please contact with any questions or concerns:
Janet Travers, Hospice of the South Shore
Janet_travers@sshosp.org
781-624-7080 or 781-927-5742

Resources

- American Academy of Ambulatory Care Nursing (ACNE), (1997). Telephone Nursing Practice Administration and Practice Standards.