Telephone Triage – Step Three
Assessing The Clinical Problem and Risks

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Five Steps to Successful Telephone Triage & Consulting

- 1. Prepare and Plan
- 2. Build and maintain rapport
- **3. Assess clinical problem and risks**
- 4. Make diagnosis, agree actions
- 5. Safety net, document, self care

What is the purpose of telephone triage?

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- It's a way of safely managing increasing demand
- Aims to **improve** access (right patient → right place → right time) …
- Reduce infection risk to clinicians
- And identify red flags that would prompt a face to face assessment

In the last 2 weeks, who have you seen F2F?

- Ask yourself – what information did you want from the F2F assessment that you couldn't get over the phone?
- Is it appropriate to see them?
- What are the risks?
- Did seeing them **actually** change your management?
- In retrospect, what else could you have asked over the phone to give you that information?

In the last 2 weeks, who have you seen?

F2F

- Testicular lumps x2 (2 different owners)
- A new hard groin lump

And on video

- An enlarging tongue lesion
- 2 x skin lesions to determine if they needed a 2ww

And admitted directly

- Worsening SOB and exacerbation COPD ?? Corona
- Unable to weight bear following a fall


Northwest Territory
Greenland
5
EUROPE
7 Territories
Ontario
Western United States
Atlantic Ocean
Afghanistan
Mongolia
China
Kamchatka
Western Europe
Middle East
7
ASIA
12 Territories
Brazil
East Africa
3
AFRICA
Argentina
2
SOUTH AMERICA
4 Territories
Indian Ocean
2
AUSTRALIA
4 Territories
Southern Ocean

Assessing Risk – what does it mean to you?

- To be comfortable if it is "something" or "nothing"?
- To be confident it won't come back to bite you if closed at the triage stage – "have I missed something?"
- To allay fears that if you don't see the patient and something goes wrong, your organisation will not defend you
- From your assessment and documentation – will you be able to sleep tonight?

Case Example – 3 year old with fever and lethargy for 4 days

- What are they doing right now?
- Ideas, concerns and expectations …
  - … of the patient, caller or attending HCP?
- What was it that worried mum enough to call today?
- What is the disease trajectory
  - "Is it getting better, worse or about the same?"

Assess Clinical Problem and Risks

- *"The empathic listener v the efficient worker"*

- Aim to strike a different balance for each patient depending on:
  - your initial impression of diagnosis and risk
  - patient's ideas, concerns and expectations
  - likely outcome
  - demands of other patients and tasks

Diagnoses not to miss ...

Diagnoses not to miss

- Myocardial infarction
- Pulmonary embolus
- Subarachnoid haemorrhage
- Appendicitis, intestinal obstruction or perforation, pancreatitis
- Limb ischaemia
- Testicular torsion
- Aneurysms
- Ectopic pregnancy
- Visual problems that could lead to blindness including retinal detachment/haemorrhage as well as systemic conditions such as temporal arteritis
- “Sepsis” / Meningitis
- Cauda equina

Thinking worse case scenarios …

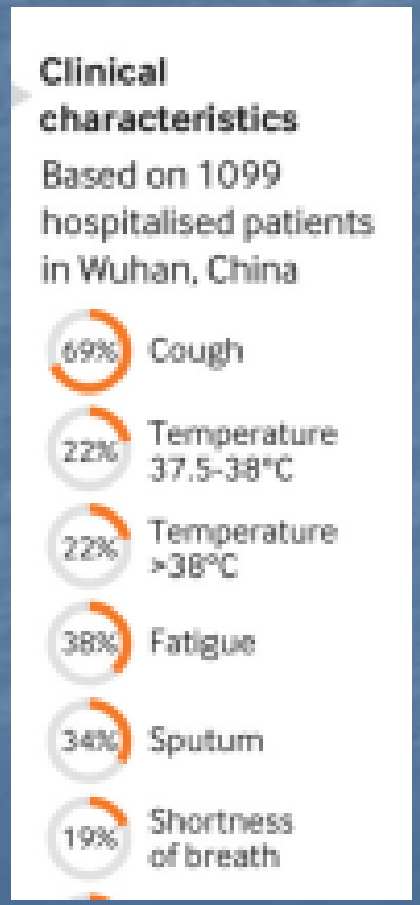
- Abdominal pain
  - does it radiate anywhere, through to their back for example?
  - what have they been able to do today?
  - do they feel hungry? what have they eaten / drunk today?
  - have you vomited?
- Back pain
  - Any change to their bowels? or their waterworks?
- Chest pain
  - what were they doing when it came on?
  - what happens when they take a deep breath in?
  - any haemoptysis?

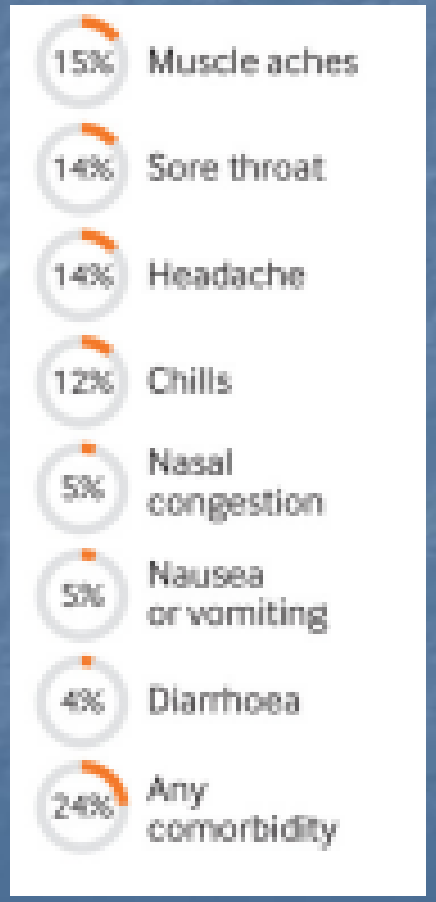
S	**Site**	Where exactly is the pain?
O	**Onset**	What were they doing when the pain started?
C	**Character**	What does the pain feel like?
R	**Radiates**	Does the pain go anywhere else?
A	**Associated symptoms**	e.g. nausea/vomiting
T	**Time/duration**	How long have they had the pain?
E	**Exacerbating/ relieving factors**	Does anything make the pain better or worse?
S	**Severity**	Obtain an initial pain score

Thinking worse case scenarios …

- Breathlessness
  - How is your breathing today compared to yesterday?
  - Has their exercise tolerance changed?
  - What about O2 sats and the Roth score?
- Headaches
  - Rash / neck stiffness?
  - Any associated symptoms or aggravating / relieving factors?

Covid-1: Remote Consultations Greenhalgh et al, BMJ, 368





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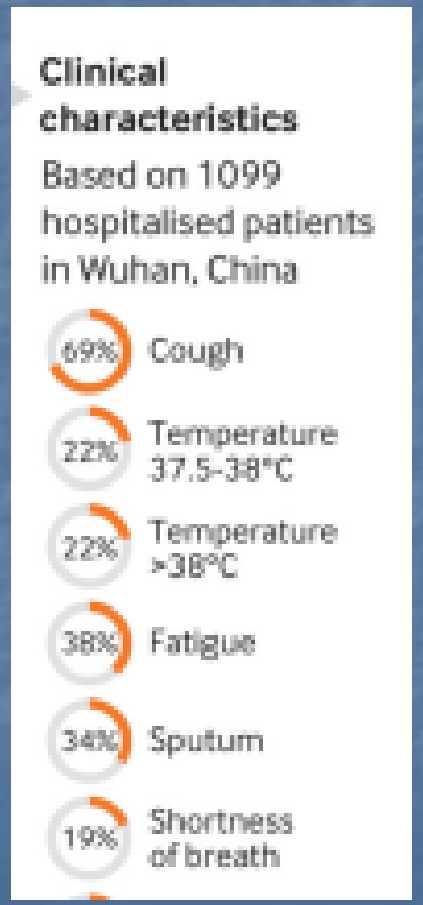

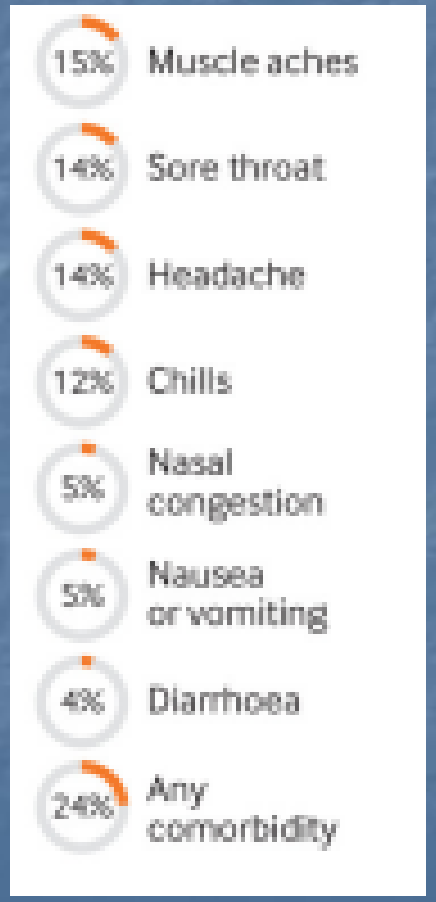

But be wary that:

- The elderly / immuno-compromised may present differently
- 30% may have no cough / 50% may be apyrexial
- "I'm bringing up phlegm so it's not Covid doc"
- SOB indicates more serious disease
- Loss of taste and smell

Prioritisation of High Risk Patients To Determine Those Requiring Urgent Action

- Utilize "red flags" to rapidly identify high-risk situations
- Often takes as little as 60 seconds e.g. chest pain
- Other problems require more time spent on gathering detailed information, e.g. vague abdominal pain, elderly
- Stay aware of emergent situations and a deteriorating patient when you may need to abandon detailed gathering of information

Prioritisation of High Risk Patients To Determine Those Requiring Urgent Action

- Experienced clinicians quickly assimilate a picture using
  - patient's age
  - chief complaint
  - symptom trajectory
  - emotional state and
  - previous medical history / important co-morbidities and medications

A recent case

- 35 yo Nicky
- Abdo pain for 8 days

- What information do you want to seek out?
- What will you need to hear to discriminate between closing at the triage stage or arranging a F2F?

- Triaged during Covid-19 pandemic
- Abdo pain for 8 days, central, comes and goes but no clear precipitants, feels bloated, has h/o IBS
- Some relief with paracetamol, and eases a bit when has bowels open (perhaps bit more constipated this week)
- Doesn’t wake her, no fever, felt a bit nauseous, pu’ing ok
- LMP 3 weeks ago (has implant)

- How would you ask about ICE?

ICE

- “What were your thoughts on what might be causing the pain?”
- “This sounds a bit like your irritable bowel to me – were you worried it was anything else?”
- “Or were you worried it was anything more serious potentially?”
- “What was it that prompted you to call now?”
- “So what worried you particularly to call now?”
- “Was there anything in particular you hoped we might suggest for this pain?”
- “Or anything else you thought we might need to do about it?”

In Summary

1. Develop ways of eliciting ICE that work for you
2. Are there clues that the patient might be seriously ill?
3. Is there one or more Red Flags present? Can a 999 response be justified?
4. If no red flags - will seeing them influence your management plan?
5. Has your line of enquiry excluded the worse case scenarios?
6. A summary can help you and the caller make sense of the information gathered

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The End