



# Telephone Triage – - Step Four Make A Diagnosis & Agree Actions

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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

**Homeschooling is going well. Two students suspended for fighting and one teacher fired for drinking on the job.**

# Make a diagnosis

- Sometimes the diagnosis will be obvious
- BUT do you always make a diagnosis in EVERY consultation?
- Does it matter if you don't?

What is the value of summarising the story  
back to the patient?

# The value of a summary

- Reassures the caller you have listened and “got it” and not missed the point
- Clarifies what you have heard / gives opportunity for corrections
- Signals you are moving on to wrap things up
- Usually shortens rather than lengthens the consultation



# Make a diagnosis, agree actions

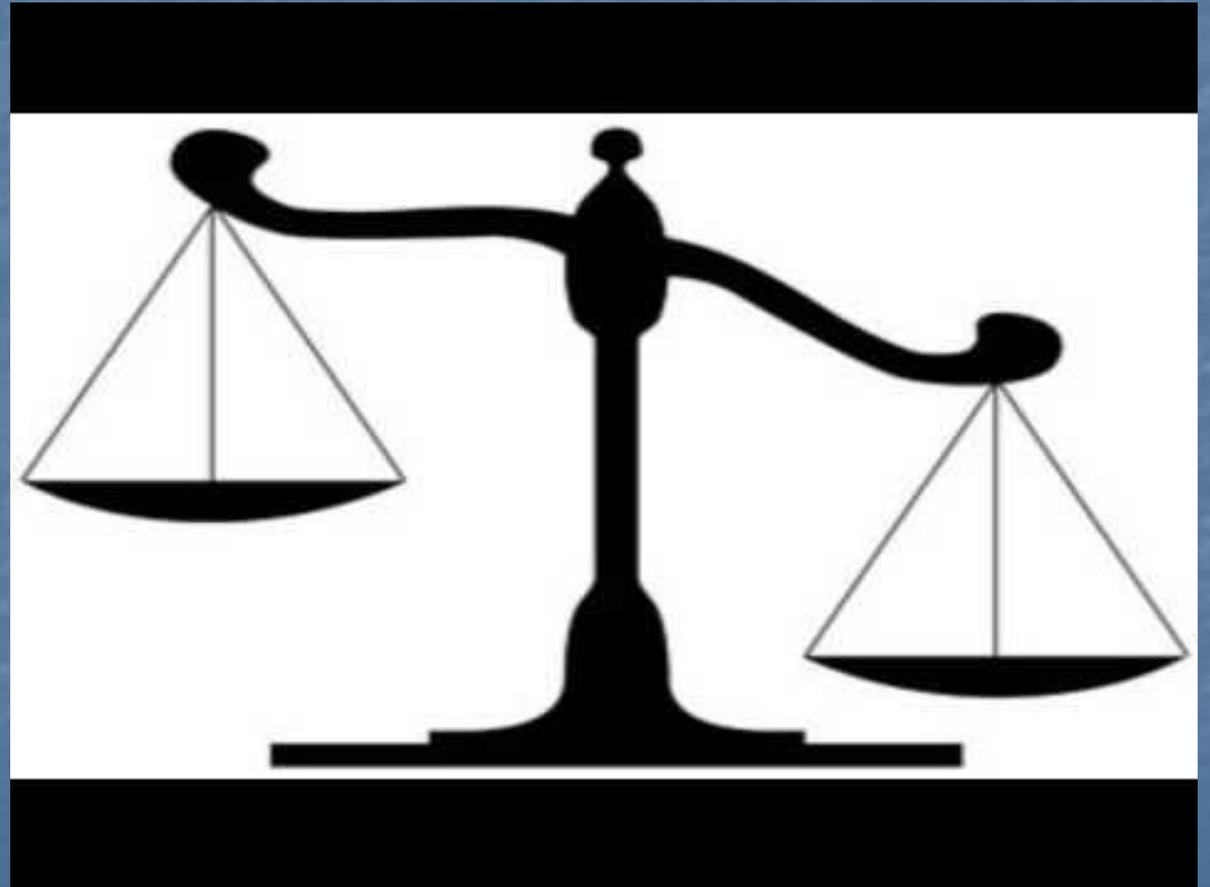
- Use the patient's own words if possible to confirm / refute a diagnosis (from their ideas / concerns) avoiding jargon
- Use patient expectations to inform your action plan
- Involve the patient in the plan (but don't offer false choices)
- Try not to create unrealistic expectations for the next clinician

# Think about a dilemma

- 85 year old phones you a week after being discharged from hospital, during which her DOAC was stopped because of a GI bleed
- Over the last 3-4 days she has developed a hot swollen painful left calf?
- How will you decide what action to take? What are the options?

# Does thinking in ethical terms help you to make decisions?

- 1. Autonomy
- 2. Beneficence
- 3. Non-maleficence
- 4. Justice
  
- “Say what you see / hear”



# What about ...

- 94 year old who lives alone who has been on antibiotics for 4 days and is getting more breathless
- What are the options?

# Options include ...

- Admit or stay at home? Is there a TEP form?
- Would a F2F help? Video?
- More antibiotics
  - To treat
  - Or palliate

NHS No:  
Surname:  
First Name(s): / / Gender: M / F  
D.O.B: / /  
Address:

## Somerset Treatment Escalation Plan & Resuscitation Decision

This form represents clinical decisions regarding appropriate medical treatments which have been made with patient/carer involvement as far as possible.

**"What is important to me?"**

If I am unable to speak for myself please contact name: \_\_\_\_\_  
who is my: \_\_\_\_\_ on phone number: \_\_\_\_\_

**Do not attempt CPR** For a natural and dignified death  **Do attempt cardiopulmonary resuscitation (CPR)**

If this person is not to have CPR attempted please document rationale:

If a treatment decision is unclear at the time the form is being completed, please tick unclear (see below)

For hospital transfer <input type="checkbox"/>	<b>Life prolonging treatment</b> Referral to critical care is appropriate <input type="checkbox"/>	<b>Non-invasive Ventilation</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
Consider hospital transfer Please state conditions overleaf <input type="checkbox"/>	<b>Life prolonging treatment</b> without referral to critical care <input type="checkbox"/>	<b>IV fluids</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
<b>Not for hospital transfer</b> unless unmanageable symptoms or emergency e.g. fall, fracture <input type="checkbox"/>	<b>May be for life prolonging treatment</b> <input type="checkbox"/>	<b>IV antibiotics</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
	<b>Not for life prolonging treatment</b> Focus on quality of life <input type="checkbox"/>	<b>Oral antibiotics for treatment</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>
	<b>Likely to be in the last days of life</b> <input type="checkbox"/>	<b>Symptom control</b> For all <input type="checkbox"/>

Names and roles/relationships of those involved in discussions.  
Please specify if any of these people hold lasting power of attorney

Doctor, practitioner or senior nurse endorsing form signature

Full name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20

# Options include ...

- Oramorph
- Salbutamol via spacer
- Steroids / antibiotics from JIC pack
  
- She then asks you “would having some oxygen help?”
- How do you answer her?

# Or how about ...?

- 26 year old who has noticed a new lump on her left breast, has had a week of flucloxacillin and it hasn't gone away
- "I think we need to see this patient"
- Then transpires she is not systemically unwell, redness is the size of a 50p piece
- You discuss the options – including admission ... and you agree to try a course of co-amoxiclav / mark the redness / cold compress / paracetamol
- Safety netting

If you haven't  
got a "yes"  
you've got a  
"no"



# Some Other Commonly Suggested Actions

- “Push fluids”
- What is your standard advice for treating fever / the distress associated with fever?
- What about cough?
- Antibiotics v delayed antibiotics v masterly non-intervention
- Which chemist (open or closed questions?)
- Signpost to resources
  - [Gov.uk Covid](https://www.gov.uk/covid-19)
  - [patient.co.uk](https://www.patient.co.uk)

# In Summary

1. A summary can help you and the caller make sense of the information gathered
2. Have you reached a conclusion about what's going on - and shared it
3. Offer some sensible options, then try to empower the caller to take action where possible
4. Clarify what action you will take
5. If in doubt what to do ... would framing it ethically help?



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# Thank you !

