

Nurse Update Letter

Major Clinical Changes in Electronic Version

ADULT AFTER-HOURS 2019

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Shared by TriageLogic, LLC

2019 Changes in the Adult Clinical Content: A Self-Study Guide for Triage Nurses

Adult After-Hours Telephone Triage Guidelines

May 22nd, 2019

Dear Telephone Triage Nurse Colleague:

Yearly updates and new topics bring with them the responsibility to read and study significant or major changes. Trying to learn new material while managing an actual call can be difficult.

We hope this summary of changes will serve as a self-study guide, direct your reading, and help you transition to the 2019 adult telephone triage clinical content.

New Guidelines

The 2019 update of the Adult After-Hours Telephone Triage Guidelines consists of **356 guidelines**. There are 7 new guidelines.

1. Colonoscopy Symptoms and Questions
2. Dementia
3. Endoscopy (Upper GI) Symptoms and Questions
4. Measles – Diagnosed or Suspected
5. Measles Exposure
6. Postpartum - Breastfeeding Guideline Selection
7. Worms Other Than Pinworms



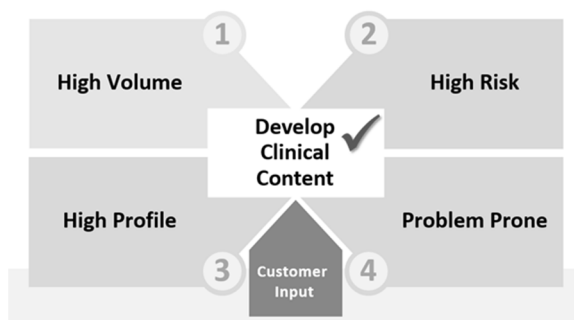
We would encourage you to read the background information in each of these new guidelines and to review each of these new guidelines in their entirety.

We welcome your suggestions for future guidelines. How is future guideline development prioritized? Input from our call center partner customers drives the development decisions.

There are four patient-focused **reason-for-call** (RFC) factors that are considered.

1. High Volume
2. High Risk
3. High Profile
4. Problem Prone

What is your framework for prioritizing
NEW telephone triage guideline development?

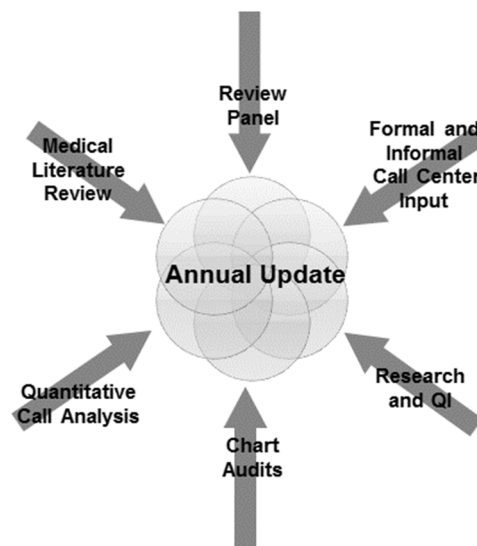


Updated Guidelines

The Schmitt-Thompson Clinical Content is reviewed and updated annually.

“Red-line” documents showing changes are provided to call center clients.

- Included in this year’s update are redlined versions of each of the guidelines showing the changes from 2018. Depending on the type and magnitude of the changes, the redlined guidelines have been sorted into two different folders:
2019_Update_Redline_Minor_RTF and
2019_Update_Redline_Major_RTF.



Major and minor changes are defined as follows:

Major Changes

- Significant or controversial triage assessment question changes: edits, additions, or movement of a triage question to a different disposition level
- Substantive care advice changes
- Substantive background information changes
- Substantive definition changes

Minor Changes

- Non-controversial changes in additions or deletions of a triage question
- Non-controversial changes in moving a triage question to a different level
- Addition / deletion of references
- Re-ordering of triage assessment questions
- Minor wording changes throughout
- Spelling, grammar, punctuation
- Any search word changes
- Any Initial Assessment Question changes

Important Note Regarding Redlines

The clinical content is stored originally in an Access database. The creation (export to RTF) of the RTF documents can rarely lead to some mix-up of the text elements or failure to print a sentence or part of the text. This is a known bug / problem with Microsoft Access database RTF reporting/exporting. *If you have any doubt, review and cross-check using the PDF version.*

The redline RTF documents were created using *Workshare Compare*. Redline files can be challenging to read, especially if substantial changes have been made. Be careful to cross-reference and refer to the un-redlined updated RTF file. *If you have any doubt, review and cross-check using the PDF version.*

Title Changes to Existing Guidelines

The title was changed in 2 existing guidelines.

From: Blood and Body Fluid Exposure - Occupational
To: Blood and Body Fluid Exposure

From: Drowning and Near-Drowning
To: Drowning and Submersion Event

Postpartum Breastfeeding Questions Guideline – Permanently deleted

The adult *Postpartum - Breastfeeding Questions* guideline was permanently inactivated and will no longer be available to clients. The 3 pediatric telephone triage guidelines for this area are comprehensive and authoritative:

- Breastfeeding – Baby Questions (Pediatric)
 - Breastfeeding – Mother's Breast Symptoms or Illness (Pediatric)
 - Breastfeeding – Mother's Medicines and Diet (Pediatric)



The new Postpartum – Breastfeeding Selection guide will direct you to the correct guideline to use. You will still use the Postpartum – Breast Pain and Engorgement guideline for women who are unable to breastfeed, choose not to breastfeed, or have stopped breastfeeding.

New References

Telephone triage guidelines should be evidence-based and referenced.

Every year, new references from the medical literature are reviewed and incorporated into the Schmitt-Thompson Clinical Content. For this update of the adult telephone triage guidelines, there are 64 new references. Some outdated references are deleted.

See document titled **New Adult References Included in 2019 Update**.

How should you use these references? As a front-line triage nurse, generally you will not have a need to read these references. We provide this reference document to allow you or your clinical leadership to read further if a specific topic is of higher interest to you.



New Search Words

Search words are carefully selected for each guideline. These search words help the nurse triager find the most appropriate guidelines available to use for that specific symptom or concern.

- Based on the results of search word testing, new search words are added each year.
- Search words that bring up unrelated guidelines are also deleted each year.

If you are uncertain which guideline is best for your patient, please enter a search word. The keyword search system has become very selective and should meet your needs. Do not use the “No Guideline Available” guideline without first trying at least two search words.

Universal Changes

Universal changes are identical edits that have been made across multiple different guidelines.

Universal Change – Triage Disposition Care Advice

We have made changes to many of the default disposition care advice *scripts*.

These edits reflect corresponding changes in how healthcare is being delivered and the expanding role of nurse practitioners (NPs) and physician assistants (PAs) in serving as providers of care. Further, we recognize that there are other sources of care (such as retail clinic, telemedicine, urgent care) that are increasingly available to patients. The following are examples of how these changes appear in the top 6 after-hours dispositions:


#	2018 Version	2019 Version
41	Go To ED Now: You need to be seen in the Emergency Department. Go to the ER at _____ Hospital. Leave now. Drive carefully.	Go to ED Now: <ul style="list-style-type: none"> You need to be seen in the Emergency Department. Go to the ED at _____ Hospital. Leave now. Drive carefully.
42	Go to ED Now (or PCP triage): <ul style="list-style-type: none"> If No PCP Triage: You need to be seen. Go to the ER/UCC at _____ Hospital within the next hour. Leave as soon as you can. If PCP Triage Required: You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, go directly to the ER/UCC at _____ Hospital 	Go to ED Now (or PCP triage): <ul style="list-style-type: none"> If No PCP (Primary Care Provider) Second-Level Triage: You need to be seen within the next hour. Go to the ER/UCC at _____ Hospital. Leave as soon as you can. If PCP Second-Level Triage Required: You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page your provider now. If you haven't heard from the on-call provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.
43	See Physician Within 4 Hours (or PCP triage): <ul style="list-style-type: none"> If Office Will Be Open: You need to be seen within the next 3 or 4 hours. Call your doctor's office now or as soon as it opens. If Office Will Be Closed and No PCP Triage: You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center is often a good source of care. Another choice is to go to the ER. Go sooner if you become worse. If Office Will Be Closed and PCP Triage Required: You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. If you haven't heard from the on-call doctor within 30 minutes, call again. NOTE: If PCP can't be reached, send to UCC or ER. 	See HCP Within 4 Hours (or PCP triage): <ul style="list-style-type: none"> If Office Will Be Open: You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens. If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage: You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse. If Office Will Be Closed and PCP Second-Level Triage Required: You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page on-call provider now. If you haven't heard from the on-call provider (or me) within 30 minutes, call again. NOTE: If on-call provider can't be reached, send to UCC or ED.

#	2018 Version	2019 Version
44	<p>See Physician Within 24 Hours:</p> <ul style="list-style-type: none"> • If Office Will Be Open: You need to be seen within the next 24 hours. Call your doctor when the office opens, and make an appointment. • If Office Will Be Closed and No PCP Triage: You need to be seen within the next 24 hours. An urgent care center is often a good source of care if your doctor's office is closed. • If Office Will Be Closed and PCP Triage Required: You may need to be seen within the next 24 hours. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. NOTE: Since this isn't serious, hold the page between 10 pm and 7 am. Page the doctor in the morning. • If Patient Has No PCP: Refer patient to an Urgent Care Center or Retail Clinic. Also try to help caller find a PCP (medical home) for their future care. 	<p>See PCP Within 24 Hours:</p> <ul style="list-style-type: none"> • If Office Will Be Open: You need to be seen within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment. • If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage: You need to be seen within the next 24 hours. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. • If Office Will Be Closed and PCP Second-Level Triage Required: You may need to be seen within the next 24 hours. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. NOTE: Since this isn't serious, hold the page between 10 pm and 7 am. Page the on-call provider in the morning. • If Patient Has No PCP: Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.
45	<p>See PCP Within 3 Days:</p> <ul style="list-style-type: none"> • You need to be seen within 2 or 3 days. Call your doctor during regular office hours and make an appointment. An urgent care center is often the best source of care if your doctor's office is closed or you can't get an appointment. NOTE: If office will be open tomorrow, tell caller to call then, not in 3 days. • If Patient Has No PCP: An urgent care center is often the best source of care if you do not have a regular doctor you can see in the next couple days. NOTE: Try to help caller find a doctor. Is there a physician referral line or other resource? Having a PCP or "medical home" means better long-term care. 	<p>See PCP Within 3 Days:</p> <ul style="list-style-type: none"> • You need to be seen within 2 or 3 days. Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. NOTE: If office will be open tomorrow, tell caller to call then, not in 3 days. • If Patient Has No PCP (Primary Care Provider): A clinic or urgent care center are good places to go for care if you do not have a primary care provider. NOTE: Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
46	<p>See PCP Within 2 Weeks:</p> <ul style="list-style-type: none"> • You need an evaluation for this ongoing problem within the next 2 weeks. Call your doctor during regular office hours and make an appointment. • If Patient Has No PCP: An urgent care center is often the best source of care if you do not have a regular doctor you can see in the next two weeks. NOTE: Try to help caller find a doctor. Is there a physician referral line or other resource? Having a PCP or "medical home" means better long-term care. 	<p>See PCP Within 2 Weeks:</p> <ul style="list-style-type: none"> • You need to be seen for this ongoing problem within the next 2 weeks. Call your doctor (or NP/PA) during regular office hours and make an appointment. • If Patient Has No PCP (Primary Care Provider): A primary care clinic or an urgent care center are good places to go for care if you do not have a primary care provider. NOTE: Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.



We strongly support each patient having a primary care provider (doctor, NP, PA) and the concept of the medical home ¹. Still, other factors such as accessibility, convenience, cost, and insurance coverage drive consumer choice.

Universal Change – Tetanus

- We have made some changes to the tetanus-related triage questions throughout all the adult injury guidelines.
- The main change was adding (if not present) a “*No prior tetanus shot...*” question to all injury guidelines. While tetanus is a very rare infection, it is so high risk that it seems appropriate to address lack of tetanus vaccination in a conservative and standardized manner. We also re-worked / standardized the approach to the other tetanus shot questions and care advice.
- See changes  in screenshots below:

See PCP within 24 Hours

[1] High-risk adult (e.g., age > 60, osteoporosis, chronic steroid use) AND [2] limping

Reason: there is greater risk of fracture in patients with osteoporosis (bone thinning)

CA: 44, 16, 2, 74, 73, 12, 1

A “snap” or “pop” was heard at the time of injury

R/O: tear of anterior or posterior cruciate ligament

CA: 44, 16, 119, 74, 73, 12, 1

Large swelling or bruise (> 2 inches or 5 cm)

R/O: minor fracture, muscle hematoma

CA: 44, 2, 74, 73, 12, 1



[1] No prior tetanus shots (or is not fully vaccinated) AND [2] any wound (e.g., cut, scrape)

Note: A full tetanus vaccination series consists of 3 shots. Nearly all adults born in North America have received a full 3-tetanus shot series in childhood.

CA: 44, 113, 109, 118, 74, 73, 107, 1

See PCP within 3 Days

[1] Last tetanus shot > 5 years ago AND [2] DIRTY cut or scrape

Reason: may need a tetanus booster shot (vaccine).

CA: 45, 108, 109, 118, 74, 73, 107, 1



[1] Last tetanus shot > 10 years ago AND [2] CLEAN cut or scrape (e.g., object AND skin were clean)

Reason: may need a tetanus booster shot (vaccine).

CA: 45, 108, 109, 118, 74, 73, 107, 1

- According to the CDC: “Tetanus can lead to serious health problems, including being unable to open the mouth and having trouble swallowing and breathing, possibly leading to death (10% to 20% of cases). Tetanus is uncommon in the United States, with an average of 30 reported cases each year. Nearly all cases of tetanus in the U.S. are among people who have never received a tetanus vaccine, or adults who don’t stay up to date on their 10-year booster shots.” ²
(<http://www.cdc.gov/tetanus/about/indet.html>)

¹ Joint Principles of the Patient-Centered Medical Home March 2007. Available at:
https://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf



Please carefully read and review the redlines for the Knee Injury updated guideline. The same changes were made in the other injury guidelines.

Universal Change – New Recipe for Nasal Rinses

- We revised the directions on how to make saline nasal rinse at home. The new care advice (see below) appears in multiple guidelines (e.g., Cough - Acute Productive Common Cold, Influenza – Seasonal, Nasal Allergies (Hay Fever), Sinus Pain and Congestion, and Sinus Infection Follow-Up).
- Directions for making saline nasal rinse vary in the healthcare literature. Specific directions are often based on provider preference and experience. After a review of the research literature, the best evidence points towards the recipe suggested by the American Academy of Allergy Asthma & Immunology: <https://www.aaaai.org/conditions-and-treatments/library/allergy-library/saline-sinus-rinse-recipe>


How to Make Saline (Salt Water) Nasal Wash:

- You can make your own saline nasal wash.
- Put 1 cup (8 oz; 240 ml) of water in a clean container.
- Add 3/4 teaspoon of non-iodized salt (such as canning or pickling salt) to the water.
- Add 1/4 teaspoon baking soda to the water. Stir well.
- Use bottled or boiled tap water that has cooled.



Please carefully read and review the change in this frequently used care advice.

Universal Change – Sutured or Stapled Wounds

- Several changes were made to triage questions related to wounds closed with sutures, staples, or skin glue. Similar changes occur in the following guidelines: Post-Op Incision Symptoms, Postpartum – C-section Incision Symptoms, Suture or Staple Questions, and Skin Glue Questions.
- Reason for change: Provide more clear direction on how soon a patient needs to be seen if wound re-opens.
- Wounds that re-open within 48 hours of wound closure should be evaluated right away to rule out infection. The provider may re-suture or close with staples, skin glue or steri-strips. The patient should be evaluated to rule out infection. Wounds with open areas of > 2 inches should also be evaluated right away.
- Triage questions in the See PCP within 24 Hours disposition level were also revised.
- See changes  in screenshots below:

Go to ED Now (or PCP triage)

Severe pain in the incision

R/O: abscess, wound infection, hematoma

CA: 42, 22, 80, 1



[1] Incision gaping open AND [2] < 48 hours since wound re-opened

R/O: dehiscence. Reason: suture or staple may have come out; evaluate for infection; may re-suture, staple, glue, or steri-strip.

CA: 42, 18, 1



[1] Incision gaping open AND [2] length of opening > 2 inches (5 cm)

Reason: significant wound dehiscence. R/O: surgical wound infection

CA: 42, 18, 1

See PCP within 24 Hours



[1] Wound gaping open after sutures (or staples) AND [2] > 48 hours since wound re-opened AND [3] length of opening > 1/2 inch (12 mm)

R/O: dehiscence. Reason: may re-suture, staple, glue, or steri-strip.

CA: 44, 5, 7, 1



[1] Face wound gaping open after sutures (or staples) AND [2] > 48 hours since wound re-opened AND [3] length of opening > 1/4 inch (6 mm)

R/O: dehiscence. Reason: cosmetic concerns; R/O: dehiscence; may re-suture, staple, glue, or steri-strip.

CA: 44, 5, 7, 1

Similar changes made in Skin Glue Questions guideline:



Go to ED Now (or PCP triage)

[1] Wound gaping open after skin glue AND [2] < 48 hours since wound re-opened

Reason: may suture or re-glue

CA: 42, 5, 1



See PCP within 24 Hours

[1] Wound gaping open after skin glue AND [2] > 48 hours since wound re-opened AND [3] length of opening > 1/2 inch (12 mm)

Reason: may suture or re-glue

CA: 44, 5, 6, 1



[1] Face wound gaping open after skin glue AND [2] > 48 hours since wound re-opened AND [3] length of opening > 1/4 inch (6 mm)

R/O: cosmetic problem, may suture or re-glue

CA: 44, 5, 6, 1



Please carefully read and review the redline changes in these guidelines.

Major Changes to 7 Guidelines

There are 7 guidelines with major changes for 2019. They are:

1. Animal Bite
2. Diabetes - High Blood Sugar
3. Diabetes - Low Blood Sugar
4. Hoarseness
5. Influenza Exposure
6. Itching – Widespread
7. Pregnancy - Headache

Major Change – Animal Bite

Many edits made throughout guideline.

- Information added in homecare disposition level regarding turtle bites (triage question and info added in background section).
- Triage question - Exposure of non-intact skin with animal body fluid AND animal high-risk for rabies – moved to ED Now Disposition level.
- Added, triage question: Puncture wound or small cut AND weak immune system. These patients have a higher risk of infection.
- Minor changes in wound care instructions made.



Please carefully read and review the redlines for this updated guideline.

Major Change – Diabetes High Blood Sugar

Extensive edits were made to this guideline for the purpose of updating the health information content and to improve readability and use of plain language. Edits were made to:

- Triage assessment questions
- Background information
- First aid information
- Care advice
- References



Please carefully read and review the redline for this updated guideline.

Major Change – Diabetes Low Blood Sugar


Similar to the High Blood Sugar guideline, extensive edits were made to this guideline for the purpose of updating the health information content and to improve readability and use of plain language. Edits were made to:

- Triage assessment questions
- Background information
- First aid information
- Care advice
- References



Please carefully read and review the redline for this updated guideline.

Major Change – Hoarseness

- We added triage questions under 911 Disposition level to better address other signs of severe breathing difficulty (e.g., stridor and bluish gray face or lips)
- We made changes to the triage statements to more accurately assign disposition levels for hoarseness that starts after taking ACE inhibitor medications (in the absence of other signs of breathing difficulty). Reason: Decrease the number of unnecessary over-referrals. Distinction made between hoarseness that starts within 24 hours (more urgent) and hoarseness that started > 24 hours ago (less urgent). See  in screenshots below.

CA: 42, 80, 1



[1] Hoarseness starting in past 24 hours AND [2] taking an ACE Inhibitor medication (e.g., benazepril/LOTENSIN, captopril/CAPOTEN, enalapril/VASOTEC, lisinopril/ZESTRIL)

R/O: angioedema or side effect from ACE inhibitor

CA: 42, 1

Call PCP within 24 Hours



[1] Hoarseness starting > 24 hours ago AND [2] taking an ACE Inhibitor medication (e.g., benazepril/LOTENSIN, captopril/CAPOTEN, enalapril/VASOTEC, lisinopril/ZESTRIL)

R/O: mild angioedema or side effect from ACE inhibitor

CA: 50, 3, 9, 8, 1



Please carefully read and review the redlines for this updated guideline.

Major Change – Influenza Exposure

- Changes made to 3 triage statements as circled in red below. Timeframe for exposure changed from 72 hours to 48 hours, consistent with CDC recommendations: “Antiviral chemoprophylaxis generally is not recommended if more than 48 hours have elapsed since the first exposure to a person with influenza.”
- Reference: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Information on new antiviral medicine baloxovair (Xofluza) also added. Note: This same info about was added to the Influenza – Seasonal guideline.

Call PCP within 24 Hours

[1] Influenza EXPOSURE (Close Contact) within last 48 hours (2 days) AND [2] exposed person is HIGH RISK (e.g., age > 64 years, pregnant, HIV+, chronic medical condition)

Reason: Prophylaxis or early treatment with antiviral medication can be considered (CDC); PCP may wish to phone in a prescription to the pharmacy. High Risk is defined in Definition area of protocol.

CA: 50, 4, 5, 6, 7, 10, 9, 20, 90, 1

[1] Influenza EXPOSURE within last 48 hours (2 days) AND [2] exposed person is a health care worker, public health worker, or first responder (EMS)

Reason: Prophylaxis or early treatment with antiviral medication can be considered (CDC); PCP may wish to phone in a prescription to the pharmacy.

CA: 50, 4, 5, 6, 7, 10, 9, 20, 90, 1

[1] Influenza EXPOSURE within last 48 hours (2 days) AND [2] NOT HIGH RISK AND [3] strongly requests antiviral medication


Note: Giving anti-viral medication to people who are not high risk is considered optional and clinical judgment is recommended. PCP will need to decide if antiviral medication might be helpful.


CA: 50, 4, 5, 6, 7, 10, 9, 20, 90, 1



Please carefully read and review the redlines for this updated guideline.

Major Change – Itching Widespread


- Severe itching later in pregnancy may be a sign of intrahepatic cholestasis of pregnancy (ICP). ICP is the most common pregnancy-related liver disease.
- The main symptoms are intense itching. The itching and burning often starting on the hands (palms) and feet (soles) and becomes widespread.
- ICP is associated with risks to the fetus such as preterm labor, fetal distress, and stillbirth late in pregnancy.
- The incidence can vary by region. In the United States, the overall incidence is less than 1% of pregnant women. However, it can be as high as 5% in Latina women. The incidence is much higher in other areas of the world such as South America and Scandinavia.
- Triage nurses who triage women late in pregnancy should consider ICP when there is a sudden onset (within a day or so) of intense severe itching and burning, especially if it involves the palms and hands. Three new triage questions added to address itching during pregnancy. Information about ICP also added to Background section.
- See  in screenshots below.

 [1] MODERATE-SEVERE widespread itching (i.e., interferes with sleep, normal activities or school) AND [2] pregnant
R/O: Intrahepatic Cholestasis of Pregnancy (ICP)
CA: 44, 3, 6, 4, 13, 89, 1


Call PCP within 24 Hours

Taking prescription medication that could cause itching (e.g., codeine/morphine/other opiates, aspirin)

CA: 50, 5, 6, 4, 7, 8, 149, 3, 89, 1

 [1] Hand or foot itching AND [2] pregnant
R/O: Intrahepatic Cholestasis of Pregnancy (ICP)
CA: 50, 3, 4, 6, 13, 89, 1


Call PCP when Office is Open

 [1] MILD widespread itching AND [2] pregnant
R/O: normal pruritis of pregnancy
CA: 51, 3, 6, 4, 13, 89, 1



Please carefully read and review the redlines for this updated guideline.

Major Change - Pregnancy Headache

- Three new triage questions added to address possible signs/symptoms of preeclampsia (e.g. Systolic BP > 140; Diastolic BP > 90, contractions or signs of labor). Other minor changes made throughout.
- See  in screenshots below.

Go to ED Now (or PCP triage)



[1] SEVERE headache (e.g., excruciating) AND [2] "worst headache" of life

R/O: subarachnoid hemorrhage, migraine

CA: 42, 74, 73, 80, 1



[1] SEVERE headache AND [2] sudden-onset (i.e., reaching maximum intensity within seconds)

R/O: subarachnoid hemorrhage, thunderclap headache

CA: 42, 73, 74, 80, 1

See HCP within 4 Hours (or PCP triage)



[1] SEVERE headache (e.g., excruciating) AND [2] not improved after 2 hours of pain medicine
(Exception: similar to previous migraines)

R/O: first migraine, preeclampsia

CA: 43, 80, 74, 73, 89, 1



Please carefully read and review the redlines for this updated guideline.



Minor Redline Changes

We made numerous minor redline changes in the 2019 guideline updates. Most are improvements or clarifications of existing care advice, triage statements, or background information. We also added a few new triage statements to address more common symptoms not currently addressed in the guidelines. We highlighted here some minor changes that we thought would be helpful for triage nurses to review/know.



Read and review these minor redline changes at your convenience.

Minor Change – Bee Stings or Yellow Jacket Sting

- We removed the recommendation to use meat tenderizer from both the background and care advice sections. Reason: This is an old home remedy used for years. Meat tenderizer was thought to neutralize venom and decrease pain and swelling.
- We conducted a search of the medical literature. We found no research evidence available at this time that shows this care advice is effective. In fact, it is very unlikely that any of the meat tenderizer applied to the top of the skin ever reaches the venom. The venom is injected beneath the skin through a tiny puncture wound which likely closes quickly after the sting.
- In addition, many people no longer have meat tenderizer readily available at home. Antidotally, some people feel it works. Applying anything cold or merely rubbing a sting likely will make it feel better. Massaging the sting with ice is probably most helpful.

Minor Change – Choking – Inhaled Foreign Body -FIRST AID

- Choking situations are very stressful for the triage nurse.
- The Choking FIRST AID care advice was revised and made more accessible for the triager when 911 is not readily available. In these situations, the triager may need to give additional life-saving FIRST AID instructions.
- Source: AHA and American Red Cross Guidelines for FIRST AID Updates (2015).

Minor Change – Eye Chemical In

- Laundry detergent usually causes minor eye irritation. However, laundry detergent pods can cause more serious damage to the cornea.
- Additional triage statement added and updated background information to address this potential toxic exposure.
- Also updated the First AID Advice for Duration of Irrigation as follows (see screenshot below):


Duration of Irrigation:

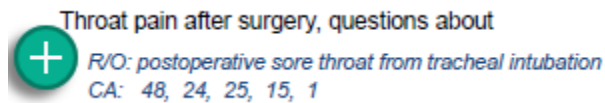
- For harmless substances (e.g., sunscreen or hair spray), irrigation only needs to be carried out for 2-3 minutes.
- For stronger chemicals that cause more irritation and stinging (e.g., alcohol, ammonia, vinegar, household bleach, laundry detergent), flush the eye for 15 minutes.
- For acids, irrigate the eye continuously for 15 minutes.
- For alkalis, irrigate the eye continuously for 20-30 minutes.
- For any chemical particles that can't be flushed away, wipe them away with a moist cotton swab.

Minor Change – Needlestick


- Two additional triage questions added to address higher acuity of needlesticks when SOURCE person is known to be HIGHER RISK (e.g. prison inmate, IV drug user).
- Needlesticks from HIGH RISK SOURCE patient with past 72 hours = Go To ED Now (or PCP Triage)
- If exposure to HIGH RISK SOURCE patient occurred 4 - 7 days ago, person should be seen within 24 hours.

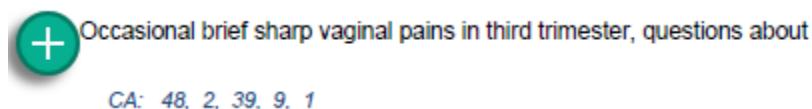
Minor Change – Post-Op Symptoms and Questions

- A sore or scratchy throat is a common postop complaint following tracheal intubation during general anesthesia.
- We added a triage statement in the homecare section of this guideline to address mild throat pain after surgery, along with associated care advice.
- See  in screenshot below.




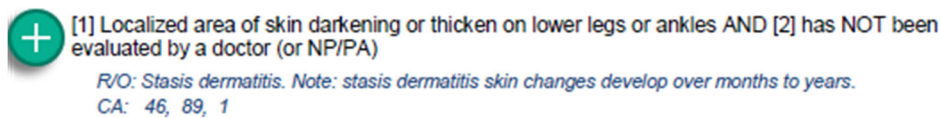
Minor Change – Pregnancy -Abdominal Pain Greater Than 20 Weeks Gestation

- Late in pregnancy, many women report occasional brief sharp pains and twinges high in vaginal area. These pains are likely from the baby's head pushing down on nerves or from the cervix or from the cervix dilating in preparation for birth. We added a triage question with associated care advice to address this symptom under the Homecare Disposition level.
- See  in screenshot below.



Minor Change – Rash Localized – Cause Unknown

- Stasis dermatitis is a common skin condition that presents as a rash or skin discoloration over the lower legs and ankles in older people.
- We added a triage statement in the See PCP in 2 Weeks disposition level to address this common complaint.
- See  in screen shot below.



Minor Change – Shingles

- We updated the vaccine information and the current recommendations (Shingrix).
- We added some additional care advice to manage itching and burning.

Minor Change – Traumatic Brain Injury More than 14 Days Ago

- Sports Related Concussion and Return to Sports section updated in Background section based on new recommendations.
- References updated.

Thank you for your hard work, dedication, commitment to excellence, and ongoing efforts to deliver the best care to telehealth patients.

Warm regards,

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