

Nurse Update Letter

Major Clinical Changes in Electronic Version

ADULT OFFICE 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 Office-Hours Telephone Triage Protocols



July 8th, 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 office hours telephone triage clinical content.

New Protocols

The 2019 update of the Adult Office-Hours Telephone Triage Content consists of 200 protocols.

There are 11 new protocols.

1. Infection on Antibiotic Follow-up Call
2. Measles - Diagnosed or Suspected
3. Measles Exposure
4. Medication Question Call
5. Post-Op Incision Symptoms and Questions
6. Post-Op Symptoms and Questions
7. Postpartum - Breastfeeding Guideline Selection
8. Recent Medical Visit for Illness Follow-up Call
9. Recent Medical Visit for Injury Follow-up Call
10. Shingles
11. Splint Symptoms and Questions



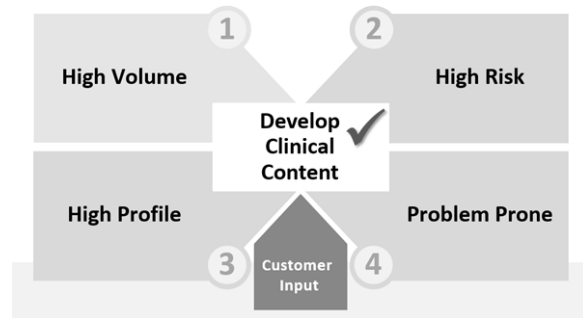
We encourage you to read through each of these new protocols in their entirety. It may be especially helpful to review the background sections.

We welcome your suggestions for future protocols. How is future triage content 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 Protocols

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

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

Title Name Changes

Four protocols had minor title changes.

From: Hearing Loss

To: Hearing Loss or Change

From: Hay Fever - Nasal Allergies

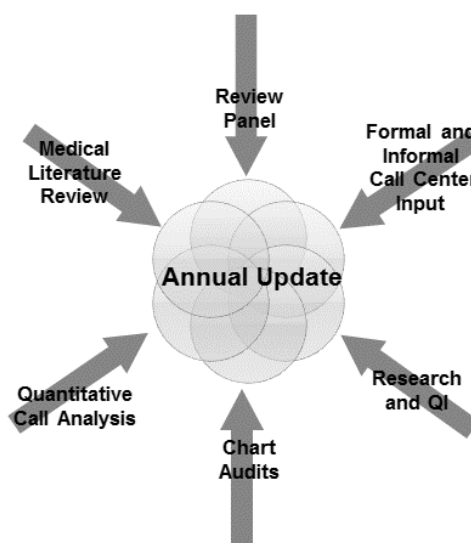
To: Nasal Allergies (Hay Fever)

From: Rash - Widespread on Drugs - Drug Reaction

To: Rash - Widespread While On Drugs

From: No Protocol Available - Information Only

To: Information Only Call - No Triage



Change – Triage Disposition Care Advice

We have made changes to the default disposition care advice *script for GO TO ED / UCC NOW (or TO OFFICE WITH PCP APPROVAL)*. We have made these changes based on input from call centers and doctors' offices.

#	2018 Version	2019 Version
80	<p>GO TO ED/UCC NOW (or TO OFFICE WITH PCP APPROVAL):</p> <p>Discuss with PCP, consult office policy OR use nursing judgment to select most appropriate site for patient's evaluation:</p> <p>* GO TO ED NOW: You need to be seen in the Emergency Department. Go to the ER at _____. Hospital. Leave now. Drive carefully.</p> <p>* GO TO UCC NOW: You need to be seen in the Urgent Care Center. Go to the one at _____. Leave now.</p> <p>* GO TO OFFICE NOW: I have spoken to the doctor. You should come to the office right now.</p>	<p>GO TO ED/UCC NOW (or TO OFFICE WITH PCP APPROVAL):</p> <p>* After using nurse judgment regarding the most appropriate site, tell the caller: Go to _____. Leave NOW.</p> <p>* TRIAGER CAUTION: In selecting the most appropriate care site, you must consider both the severity of the patient's symptoms AND what resources are available at that care site.</p> <p>* ED: Patients who may need surgery, sound seriously ill or may be unstable need to be sent to an ED. Likewise, so do most patients with complex medical problems and serious symptoms.</p> <p>* UCC: Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.</p> <p>* OFFICE: If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.</p>

New References

Telephone triage protocols 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 protocols, there are 38 new references. Some outdated references are deleted.

See document titled *New Adult Office Hours References*.

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

New Search Words

Search words are carefully selected for each protocol. These search words help the nurse triager find the most appropriate protocols 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 protocols are also deleted each year.




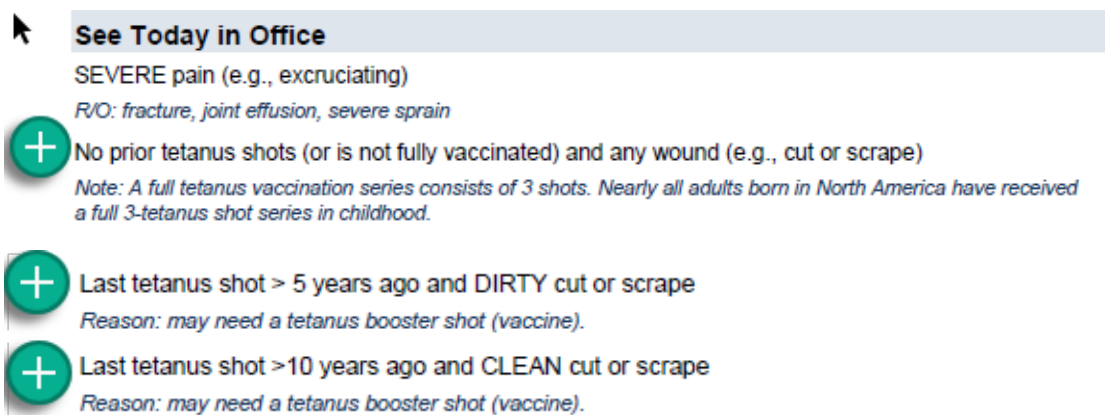
If you are uncertain which protocol is best for your patient, please enter a search word. The keyword search system has become very selective and should meet your needs. Do not use the “No Protocol Available – Sick Adult” protocol without first trying at least two search words.

Universal Changes

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


Universal Change – Tetanus


- We have made some changes to the tetanus-related triage questions throughout all the adult injury protocols.
- 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.
- 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.” Source: <http://www.cdc.gov/tetanus/about/index.html>)
- See changes  in screenshots below:




See Today in Office

SEVERE pain (e.g., excruciating)
R/O: fracture, joint effusion, severe sprain

 No prior tetanus shots (or is not fully vaccinated) and any wound (e.g., cut or 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.

 Last tetanus shot > 5 years ago and DIRTY cut or scrape
Reason: may need a tetanus booster shot (vaccine).

 Last tetanus shot >10 years ago and CLEAN cut or scrape
Reason: may need a tetanus booster shot (vaccine).



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

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 protocols (e.g., Cough, Common Cold, Influenza – Seasonal, Nasal Allergies (Hay Fever), Sinus Pain and Congestion, and Sinus Infection on Antibiotics 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. These changes were made in the following protocols: Post-Op Incision Symptoms and Suture or Staple 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.
- See changes  in screenshots below for the Post-Op Incision Symptoms protocol. Similar changes are made in the Suture or Staple Questions protocol.

Go to ED/UCC Now (or to Office with PCP Approval)

Severe pain in the incision

R/O: abscess, surgical wound infection, hematoma



Incision gaping open and < 2 days (48 hours) since wound re-opened

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



Incision gaping open and length of opening > 2 inches (5 cm)

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



Discuss with PCP and Callback by Nurse within 1 Hour



Incision gaping open and length of opening > 1/4 inch (6 mm) and on the face and over 2 days since wound re-opened

R/O: wound dehiscence, potential cosmetic problem. Source of Care: if possible, refer to surgeon who performed surgery.



Incision gaping open and length of opening > 1/2 inch (1 cm) and over 2 days since wound re-opened

Reason: wound dehiscence. Source of Care: if possible, refer to surgeon who performed surgery.



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



Major Changes to 10 Protocols

There are 10 protocols with major changes for 2019. They are:

1. 911 Symptoms
2. Animal Bite
3. Diabetes - High Blood Sugar
4. Diabetes - Low Blood Sugar
5. Eye – Chemical In
6. Eye – Foreign Body
7. Hoarseness
8. Influenza Exposure
9. Itching – Widespread
10. Pregnancy - Headache

Major Change – 911 Symptoms

- Many important changes were made to this protocol.
- **First Aid** care advice was added for the triage statement *Cardiac arrest suspected*.
- The detailed **First Aid** care advice statements were revised and updated. These patient care instructions are especially important to the triage nurse when patient access to 911 is delayed or unavailable. First Aid care advice was updated or added for these categories:
 - Breathing Stopped or Cardiac Arrest
 - Choking
 - Other Emergencies



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

Major Change – Animal Bite

Many edits made throughout this protocol.

- 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 Go to ED/UCC Now (or to Office with PCP Approval) Disposition level. Reason: Patient may need rabies prophylaxis. Some offices do not keep rabies prophylaxis in stock.
- 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 protocol.

Major Change – Diabetes High Blood Sugar

Extensive edits were made to this protocol to update 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 protocol.

Major Change – Diabetes Low Blood Sugar


Similar to the High Blood Sugar protocol, extensive edits were made to this protocol to update 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 protocol.


Major Change – Eye Chemical In


- Many important changes were made to this protocol.
- Patients should be seen if blurred vision, eye pain, or tearing persist > 1 hour, **regardless of duration of flushing.**
- 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.
- Additional statements added to Call Poison Control Now disposition level. See changes  in screenshots below:

**Call Poison Center Now**


 Household bleach or ammonia
FIRST AID: Irrigate eye immediately before calling Poison Center.

 Laundry detergent POD
FIRST AID: Irrigate eye immediately before calling Poison Center.

 Known chemical and not on the HARMLESS list
FIRST AID: Irrigate eye immediately before calling Poison Center.

 Unknown chemical and has NO eye symptoms (e.g., pain)
FIRST AID: Irrigate eye immediately before calling Poison Center.

- Also, the First AID Advice for Duration of Irrigation was updated as follows (see screenshot below):

 *How long should a person irrigate the eye(s)?*

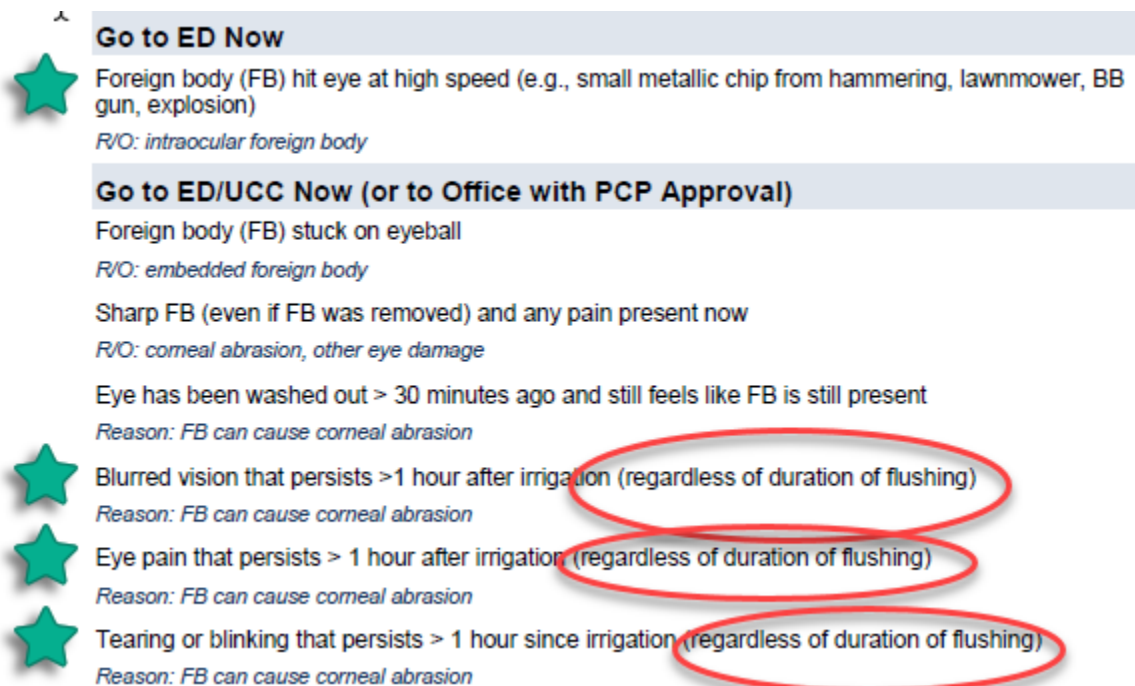
- For **harmless substances** (e.g., sunscreen or hair spray), irrigation only needs to be carried out for 2-3 minutes.
- For **stronger chemicals** that cause more irritation and stinging (e.g., alcohol, ammonia, vinegar, household bleach, laundry detergent), flush the eye for 15 minutes.
- For **acids**,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



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

Major Change – Eye Foreign Body

- Several important changes were made to this protocol.
- The following triage statement moved to ED NOW triage disposition level: Foreign body hit eye at high speed (e.g., small metallic chip from hammering, lawnmower, BB gun, explosion).
- Patients should be seen if blurred vision, eye pain, or tearing persist > 1 hour, **regardless of duration of flushing.**
- See changes in screenshot below:



Go to ED Now

Foreign body (FB) hit eye at high speed (e.g., small metallic chip from hammering, lawnmower, BB gun, explosion)
R/O: intraocular foreign body

Go to ED/UCC Now (or to Office with PCP Approval)

Foreign body (FB) stuck on eyeball
R/O: embedded foreign body

Sharp FB (even if FB was removed) and any pain present now
R/O: corneal abrasion, other eye damage

Eye has been washed out > 30 minutes ago and still feels like FB is still present
Reason: FB can cause corneal abrasion

Blurred vision that persists >1 hour after irrigation (regardless of duration of flushing)
Reason: FB can cause corneal abrasion


Eye pain that persists > 1 hour after irrigation (regardless of duration of flushing)
Reason: FB can cause corneal abrasion

Tearing or blinking that persists > 1 hour since irrigation (regardless of duration of flushing)
Reason: FB can cause corneal abrasion





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


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 triage statements to more accurately assign disposition levels for hoarseness that starts after taking ACE inhibitors (in the absence of other signs of breathing difficulty). Reason: Decrease the number of unnecessary over-referrals. Distinction made between hoarseness that starts > 24 hours (more urgent) and < 24 hours (less urgent).
- See  in screenshots below.

Call EMS 911 Now
Severe difficulty breathing (e.g., struggling for each breath, speaks in single words)
R/O: respiratory failure, hypoxia

 Bluish (or gray) lips or face now
R/O: cyanosis and need for oxygen

 Stridor with difficulty breathing
R/O: upper airway obstruction

Go to ED/UCC Now (or to Office with PCP Approval)
 Hoarseness starting in past 24 hours AND taking an ACE Inhibitor medication (e.g., benazepril/LOTENSIN, captopril/CAPOTEN, enalapril/VASOTEC, lisinopril/ZESTRIL)
R/O: angioedema or side effect from ACE inhibitor


Discuss with PCP and Callback by Nurse Today
 Hoarseness starting > 24 hours ago AND 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




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

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.” Source: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Information on new antiviral medicine baloxavir (Xofluza) also added. Note: This same info about was added to the Influenza – Seasonal guideline.






Discuss with PCP and Callback by Nurse within 1 Hour

Influenza EXPOSURE within last 48 hours (2 days) and 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.




Influenza EXPOSURE within last 48 hours (2 days) and 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.

See Today in Office

Fever present > 3 days (72 hours)



Callback by PCP Today


Influenza EXPOSURE (Close Contact) within last 48 hours (2 days) and NOT HIGH RISK and strongly requests antiviral medication

Note: Giving antiviral 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.



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

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 symptom is 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.



See Today in Office

MODERATE-SEVERE widespread itching (i.e., interferes with sleep, normal activities or school) and not improved after 24 hours of itching Care Advice



MODERATE-SEVERE widespread itching (i.e., interferes with sleep, normal activities or school) and pregnant

R/O: Intrahepatic Cholestasis of Pregnancy (ICP)

See Today or Tomorrow in Office

Patient wants to be seen



Discuss with PCP and Callback by Nurse Today

MILD widespread itching AND pregnant

R/O: normal pruritis of pregnancy, Intrahepatic Cholestasis of Pregnancy (ICP)




Hand or foot itching AND pregnant

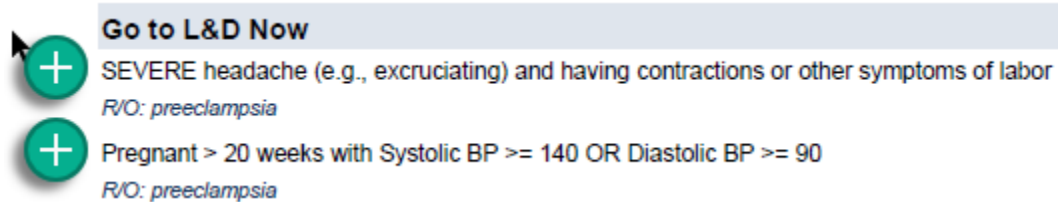
R/O: Intrahepatic Cholestasis of Pregnancy (ICP)




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


Major Change - Pregnancy Headache

- 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 L&D Now

 SEVERE headache (e.g., excruciating) and having contractions or other symptoms of labor
R/O: preeclampsia

 Pregnant > 20 weeks with Systolic BP >= 140 OR Diastolic BP >= 90
R/O: preeclampsia



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

Minor Redline Changes


We made numerous minor redline changes in the 2019 protocol 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 protocols.



Read and review the minor redline changes at your convenience.

We highlighted below some minor changes that we thought would be helpful for triage nurses to review/know.

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. Anecdotally, 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.
- See  in screenshot below:



Home Remedies

- Home remedies have been used for many years to relieve bee sting pain.
- Examples are use of meat tenderizer, honey, and apple cider vinegar on the sting.
- There are no scientific studies that show these home remedies are effective. None-the-less, many people report they work and relieve the pain.
- Rubbing anything on a sting will likely make a sting feel better.
- **Warning - Mud Home Remedy:** Caution patients NOT to use a mud mixture on a sting (mixing soil and water). This is an old remedy. Soil contains many germs, including tetanus spores.




Minor Change – Diarrhea

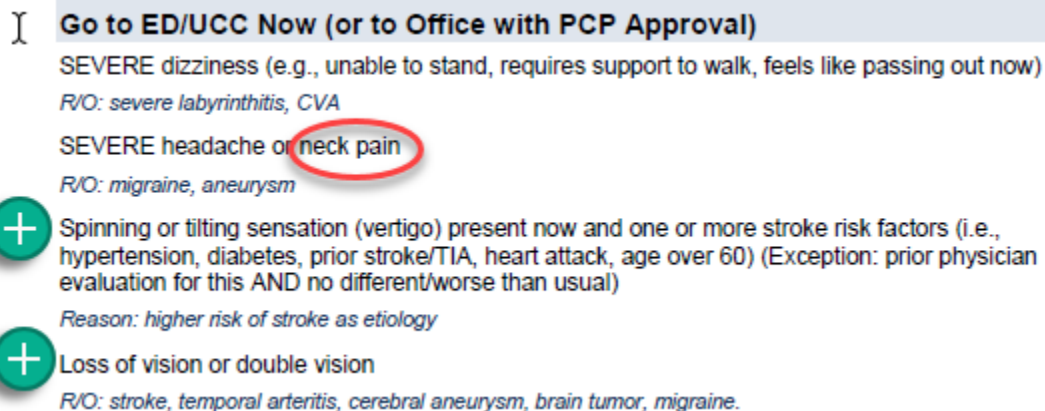
- Expanded definition of diarrhea to include increase in ostomy output and added numeric scale. See screen shot below.

Diarrhea **SEVERITY** is defined as:

- **No Diarrhea (Scale 0)**
- **Mild (Scale 1-3):** Few loose or mushy BMs; increase of 1-3 stools over normal daily number of stools; mild increase in ostomy output.
- **Moderate (Scale 4-7):** Increase of 4-6 stools daily over normal; moderate increase in ostomy output.
- **Severe (Scale 8-10; or "Worst Possible"):** Increase of 7 or more stools daily over normal; moderate increase in ostomy output; incontinence.

Minor Change – Dizziness


- Changes made in the triage statements to identify higher risk situations.
- Added to triage statement, severe headache or **neck pain**.
- Two additional triage statements added to the Go To ED/UCC (or to Office with PCP Approval) disposition level. See  in screenshots below.




Go to ED/UCC Now (or to Office with PCP Approval)


SEVERE dizziness (e.g., unable to stand, requires support to walk, feels like passing out now)
R/O: severe labyrinthitis, CVA

SEVERE headache or **neck pain**
R/O: migraine, aneurysm

 Spinning or tilting sensation (vertigo) present now and one or more stroke risk factors (i.e., hypertension, diabetes, prior stroke/TIA, heart attack, age over 60) (Exception: prior physician evaluation for this AND no different/worse than usual)
Reason: higher risk of stroke as etiology

 Loss of vision or double vision
R/O: stroke, temporal arteritis, cerebral aneurysm, brain tumor, migraine.

Minor Change – Face Pain

- Added triage statement to identify higher risk situation (risk factors for cardiac disease).
- See  in screenshots below.

Go to ED/UCC Now (or to Office with PCP Approval)




New onset jaw pain of unknown cause AND at least one cardiac risk factor (i.e., hypertension, diabetes, obesity, smoker or strong family history of heart disease)

R/O: acute coronary syndrome, myocardial infarction. Note: some people with cardiac ischemia may have jaw pain instead of chest pain.

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 – 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 Within 2 Weeks disposition level to address this common complaint.
- See  in screen shot below.



Localized area of skin darkening or thickening on lower legs or ankles and has NOT been evaluated by a doctor (or NP/PA)

R/O: Stasis dermatitis. Note: stasis dermatitis skin changes develop over months to years.

Minor Change – Traumatic Brain Injury Follow-Up Call

- Sports Related Concussion and Return to Sports section updated in Background section based on new recommendations.
- References updated.
- Minor changes also made to care advice section.
- Similar changes made in Background section of Head Injury Guideline.

Minor Change – Vomiting

- Exception added to Severe vomiting triage question. Reason: To avoid unnecessary ED visits for those patients with short-term vomiting who are now doing well and able to drink fluids.

Go to ED Now



SEVERE vomiting (e.g., 6 or more times/day)

Reason: greater risk for dehydration. Exception: patient sounds well, is drinking liquids, does not sound dehydrated, and vomiting has lasted less than 24 hours.

Redlines

Included in this year's update are redlined versions of each of the protocols showing the changes from 2018. Depending on the type and magnitude of the changes, the redlined protocols 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.*

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

Warm regards,

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