Update Letter 2021 – Changes in the Adult Clinical Content:
A Self-Study Guide for Triage Nurses
July 7th, 2021

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 2021 Adult Office Hours telephone triage clinical content.

New Protocols

The 2021 update of the Adult Office-Hours Telehealth Triage Content consists of 212 active protocols. There are **10** new adult protocols since the last annual update in 2020.

1. COVID-19 - Persisting Symptoms Follow-up Call
2. COVID-19 - Vaccine Questions and Reactions (First published January 2021)
3. Cuts and Lacerations
4. Falls and Falling
5. Pelvic Pain - Female
6. Postpartum - Depression
7. Skin Lump or Localized Swelling
8. Swallowing Difficulty
9. Urinary Tract Infection on Antibiotic Follow-up Call - Female
10. Vaginal Symptoms

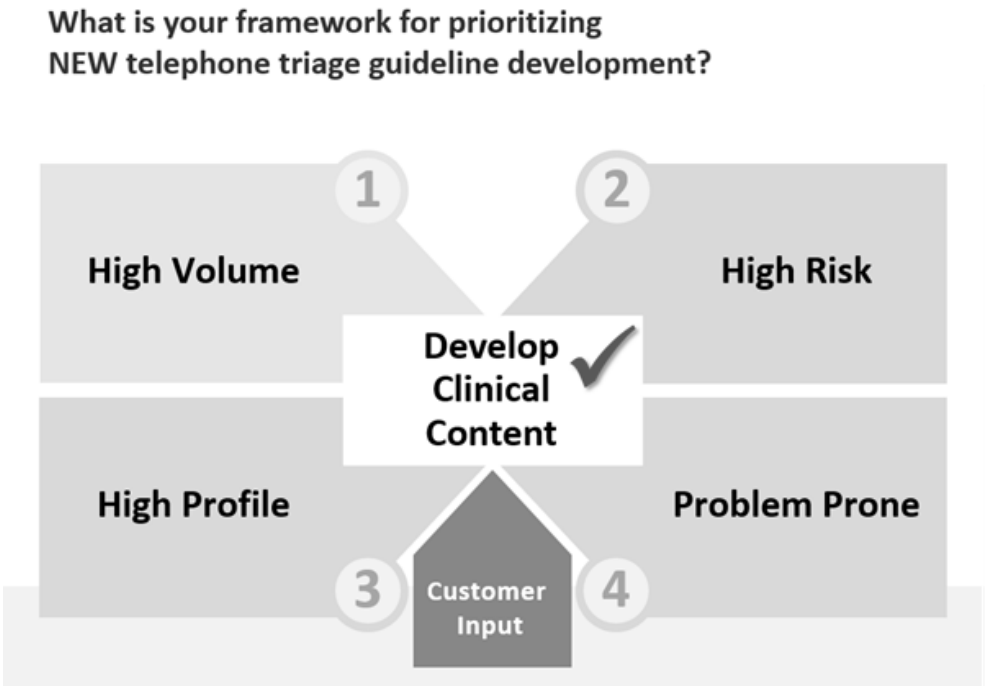
We encourage you to read through each of these new protocols in their entirety. It may be especially helpful to review the background sections.

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



From Telephone to Telehealth

Telehealth nurse triage is now delivered via telephone, video, and chat. In recognition of these new care delivery modalities, we have replaced the term “telephone triage” with the broader term “telehealth triage”.

Telemedicine Support

Telemedicine is increasingly being used as a source of medical care, and usage has dramatically accelerated in response to the COVID-19 pandemic. Referral for telemedicine evaluation and management is a possible outcome and disposition for nurse telehealth triage.

Telemedicine is used not only by acute care providers (e.g., urgent care), but is now also integrated into primary and specialty care. Patients and families have generally responded positively to this new source of care with high satisfaction rates. Expanded telemedicine usage will continue beyond the COVID-19 pandemic and is considered by many as the “New Normal.”

The 2021 update of the Adult (and Pediatric) Office-Hours Telehealth Triage Content includes additional decision logic to support the **hand-off from nurse telehealth triage to a telemedicine encounter**. We have marked the Triage Assessment Questions (TAQs) with our recommendation for being eligible or not for telemedicine care. We have stored this recommendation in the *TelemedicineEligible* field of the Question table in the database that we have provided to your software vendor.

In a nurse-facing user interface, the value for *Telemedicine Eligible* could be presented in a number of different ways. For example, an icon can show whether the patient could be considered eligible for a video visit.

Video Visit	Yes - No	See in Office Today	Rationale
		Injury interferes with work or school	**R/O:** fracture
		High-risk adult (e.g., age > 60 years, osteoporosis, chronic steroid use)	**Reason:** Greater risk of fracture in patients with osteoporosis.
		Last tetanus shot > 5 years ago and DIRTY cut or scrape	**Reason:** May need a tetanus booster shot (vaccine).

What does Telemedicine Eligible mean?

Telemedicine eligible means that a patient with a positive response to this TAQ usually can be evaluated and managed in a video telemedicine encounter without referral to another site of care. TAQs are marked as either eligible (Yes) or not eligible (No) for a video telemedicine visit. The table below provides a more detailed definition of **Telemedicine Eligible (Yes)** or **Not Eligible (No)**. It also lists examples of typically required resources for evaluation and management.

Value	Definition	Examples of Required Resources
Yes	A patient with a positive response to this triage assessment question (TAQ) **usually can** be evaluated and managed in a video telemedicine encounter without referral to another site of care. The provider (e.g., doctor, NP, PA) may order outpatient testing such as lab tests, simple imaging, or vaccinations. The provider may prescribe a medicine(s). In some cases, a follow-up communication via video or other telemedicine modality (e.g., chat, message in electronic health record) may be needed.	• **Video Exam** • Prescription medicines • Simple lab testing • Simple extremity imaging (e.g., ankle, finger, toe) • Vaccination (e.g., tetanus, influenza), which can often be obtained from a local pharmacy
No	A patient with a positive response to this triage question **usually cannot** be evaluated and managed solely with a video telemedicine visit. This includes patients who need an in-person physical exam, vital signs, or procedure.	• **In-person exam** or slit lamp exam • Exam requires visualization of breast or genitals • Exam requires full vital signs • Other exams: ear exam, pelvic exam, rectal exam • IV fluids or IV medications • Comprehensive laboratory testing • CT Scan • Other advanced imaging (duplex, V/Q, Echo, ultrasound) • Procedures (laceration repair, FB removal, I&D, reductions)

All healthcare is local. Your healthcare organization may have different telemedicine capabilities. Therefore, you may need to make changes to these telemedicine recommendations to best serve your patients and to work best within your healthcare system.

The decision to offer a telemedicine alternative to any particular caller should be based on

nurse judgment, patient safety, local resources, call center policy, and a customer-centric focus.

To further support you and your team with telemedicine hand-offs, we have shared with your software vendor additional clinical content for:

- Alternate **Dispositions Headings** for telemedicine hand-offs;
- Alternate disposition **Care Advice** scripts for use with telemedicine hand-offs.

Here is a partial listing of the Disposition table showing the standard and the new optional telemedicine disposition headings side-by-side.

Disposition Heading	Disposition Heading Telemedicine	Video
Call EMS 911 Now	Call EMS 911 Now	
See More Appropriate Protocol	See More Appropriate Protocol	
Go to ED Now	Go to ED Now	
Go to L&D Now	Go to L&D Now	
Go to L&D Now (or to Office with PCP Approval)	Go to L&D Now (or to Office with PCP Approval)	
Go to ED/UCC Now (or to Office with PCP Approval)	Go to ED/UCC Now (or to Office with PCP Approval)	
Call Poison Center Now	Call Poison Center Now	
Go to Office Now	Go to Office or Video Visit Now	Yes
Call Transferred to PCP Now	Call Transferred to PCP or Video Visit Now	Yes
Call Specialist Now	Call Specialist Now	
Callback by PCP within 1 Hour	Callback or Video Visit by PCP within 1 Hour	Yes
Discuss with PCP and Callback by Nurse within 1 Hour	Discuss with PCP and Callback by Nurse within 1 Hour	
See Today in Office	See in Office or Video Visit Today	Yes
See in Office Today or Tomorrow in Office	See in Office or Video Visit Today or Tomorrow	Yes
Callback by PCP Today	Callback or Video Visit by PCP Today	Yes
Discuss with PCP and Callback by Nurse Today	Discuss with PCP and Callback by Nurse Today	
Call PCP Within 24 Hours	Call or Video Visit by PCP Within 24 Hours	Yes
See in Office Within 3 Days	See in Office or Video Visit Within 3 Days	Yes
Call Specialist When Office Open	Call Specialist When Office Open	
Call Dentist When Office Open	Call Dentist When Office Open	
See in Office Within 2 Weeks	See in Office or Video Visit Within 2 Weeks	Yes
Home Care	Home Care	

Your telehealth triage software vendor may or may not choose to incorporate these new telemedicine hand-off features into their software for 2021. Ask your software vendor about this new capability.

Further, your healthcare organization may or may not choose to implement this new decision support capability. Talk with your call center leadership.

COVID-19 Protocols

In 2020 we previously published two COVID-19 Adult Office Hours protocols. There have been several updates of these protocols as circumstances have changed and recommendations from the CDC have evolved.

- COVID-19 - Diagnosed or Suspected
- COVID-19 - Exposure

In 2021 we are publishing two NEW COVID-19 protocols:

- COVID-19 - Persisting Symptoms Follow-Up Call
- COVID-19 - Vaccine Questions and Reactions (first published January 2021)

COVID-19 - Diagnosed or Suspected

This protocol should be used if a patient has a positive COVID-19 test, has been diagnosed with COVID-19, or is suspected to have COVID-19. Note that some COVID-19 patients may be asymptomatic, minimally symptomatic, or recovering.

Changes and Improvements

- Shortened title, removing un-needed word “Coronavirus”.
- Added information for COVID-19 vaccines from AstraZeneca and J&J.
- Added definition for *fully vaccinated*.
- Added See More Appropriate Protocol (SMAP) questions to guide triager to other protocols based on patient vaccination status.
- Added TAQ for patients with no symptoms but a positive test.
- TAQs added for those at high risk of having influenza.
- Added a TAQ and Care Advice for patients with mild GI symptoms (e.g., diarrhea).
- Expanded and updated Background information.
- Other minor edits and improvements.

COVID-19 - Exposure

This protocol should be used if a person has been exposed to someone with COVID-19, but the person is asymptomatic (feels well; no symptoms).

Changes and Improvements

- Shortened title, removing un-needed word “Coronavirus”.
- Added information for COVID-19 vaccines from AstraZeneca and J&J.
- Added definition for *fully vaccinated*.
- Edited SMAPs to guide triager to other protocols based on patient vaccination status.
- Added Care Advice on Repeating a COVID-19 Viral Test.
- Added Background Information on those with O negative blood type. Other minor edits.

COVID-19 - Persisting Symptoms Follow-Up Call

This new protocol should be used for those previously diagnosed with COVID-19, who have symptoms lasting 3 or more weeks.

Includes triage support and Care Advice for when:

- Patient is concerned that symptoms are not improving fast enough.
- Patient has additional questions or concerns.
- Patient may or may not have new symptoms.

COVID-19 - Vaccine Questions and Reactions

This protocol should be used if the patient believes they are having a reaction to a COVID-19 vaccine or if the caller has questions about the COVID-19 vaccine.

Changes and Improvements

- Shortened title, removing un-needed word “Coronavirus”.
- Added information for COVID-19 vaccines from AstraZeneca and J&J.
- Added definition for *fully vaccinated*.
- Added SMAPs to guide triager to other protocols based on patient vaccination status.
- Added TAQs and Care Advice for lymph node swelling and COVID arm.
- Added substantial new Care Advice to provide guidance and reassurance to patients on what they can do after they are fully vaccinated.

Updated Protocols

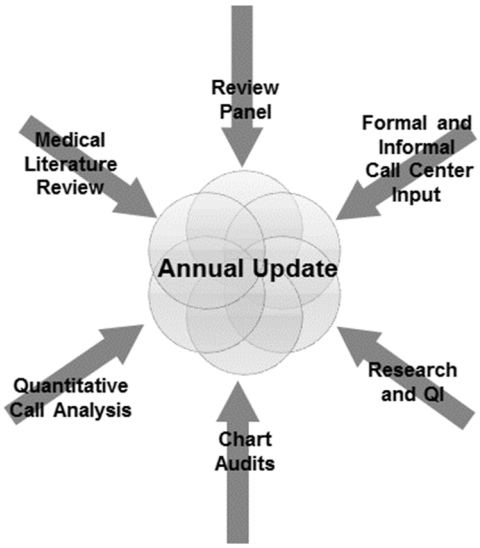
The Schmitt-Thompson Clinical Content is reviewed and updated annually.

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

Included in this year’s update are redlined versions of each of the protocols showing the changes from 2020.

Depending on the type and magnitude of the changes, the redlined protocols have been sorted into two different folders:

- **_redline_major_2021_WORD** and
- **_redline_minor_2021_WORD**



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

Title Changes

The title was changed in eleven existing protocols.

ALGORITHMID	2020	2021
151	High Blood Pressure	Blood Pressure - High
177	STD Exposure and Prevention	STI Exposure and Prevention
240	No Protocol Available - Sick Adult	No Protocol Available
270	Alcohol Abuse and Dependence	Alcohol Use and Problems
271	Substance Abuse and Dependence	Substance Use and Problems
309	Pregnancy - Decreased Fetal Movement	Pregnancy - Decreased or Abnormal Fetal Movement
477	Smoking - Tobacco Abuse and Dependence	Smoking - Tobacco Use and Problems
507	Elder Abuse	Elder or Vulnerable Adult Abuse
513	Low Blood Pressure	Blood Pressure - Low
645	Coronavirus (COVID-19) - Exposure	COVID-19 - Exposure
647	Coronavirus (COVID-19) - Diagnosed or Suspected	COVID-19 - Diagnosed or Suspected

New References

Telehealth 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 Office Hours Telehealth Triage Protocols, there are 208 new references. Some outdated references were deleted.

See document titled **New Adult References Included in 2021 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 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 “Information Only Call - No Triage” protocol without first trying at least two search words.

Important Note Regarding Redlines

The clinical content is stored originally in an Access database. The creation (export to RTF) of the protocol documents can sometimes lead to a 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 WORD-RTF reporting/exporting. *If you have any doubt, review and cross-check using the updated 2021 PDF version.*

The redline WORD 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 PDF file. *If you have any doubt, review and cross-check using the updated 2021 PDF version.*

Universal Changes

Universal changes are identical edits that have been made across multiple different protocols. The following are highlights of universal changes made in this protocol update release. Please review the redline documents for a comprehensive review of changes for 2021.

There are 11 Universal Changes for 2021. They are:

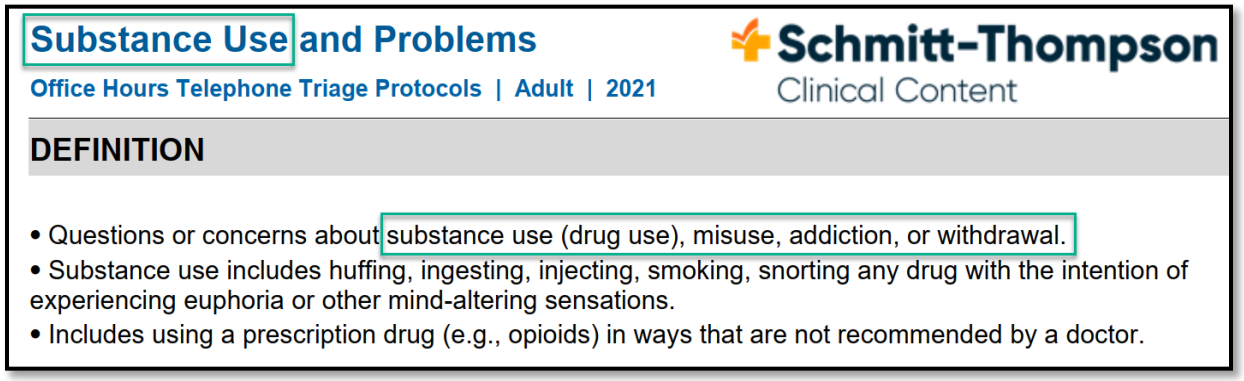
1. “Addict” and Drug “Abuser” Replaced With Preferred Terms
2. Antihistamine Care Advice and Warnings
3. Headache Triage Question Changes
4. Number of Weeks Pregnant
5. Pain/Fever Medication Care Advice
6. Poison Center Information
7. STD to STI
8. Vaginal Bleeding Severity
9. Vulnerable Adult

Universal Change – “Addict” and Drug “Abuser” Replaced With Preferred Terms

- The Partnership to End Addiction (https://drugfree.org/) notes: "Addiction is a disease. It’s important that we use language that frames it as a health issue and shows respect to people with addiction and their families who are impacted. Just like we would with any other disease." [1]
- NIH, SAMHSA and others recommend "People First" language be used when describing those with a substance use disorder. People are not defined by their illness. They are not an addict; they are a PERSON with substance use disorder or a PERSON with addiction. The word “Abuse” has high association with negative judgments and punishment (as well as being linked with violence).
- For example, in the DSM V the term alcohol abuse is no longer being used. Instead Alcohol Use Disorder and Substance Use Disorder are used.
- The **Executive Office of the President of the United States: Office of National Drug Control Policy** notes research that shows terms like “abuse” and “abuser” negatively affects perceptions and judgments about people with substance use disorders, including whether they should receive punishment rather than medical care for their disease. Terms such as “addict” and “alcoholic” can have similar effects. Terms such as “person with a substance use disorder” or “person with an alcohol use disorder” are preferred. [2]

[1] https://drugfree.org/article/shouldnt-use-word-addict/#
[2] https://www.whitehouse.gov/ondcp/

In keeping with current recommendations, we have replaced these older terms with preferred terms throughout the protocols.



Substance Use and Problems

Office Hours Telephone Triage Protocols | Adult | 2021

Schmitt-Thompson Clinical Content

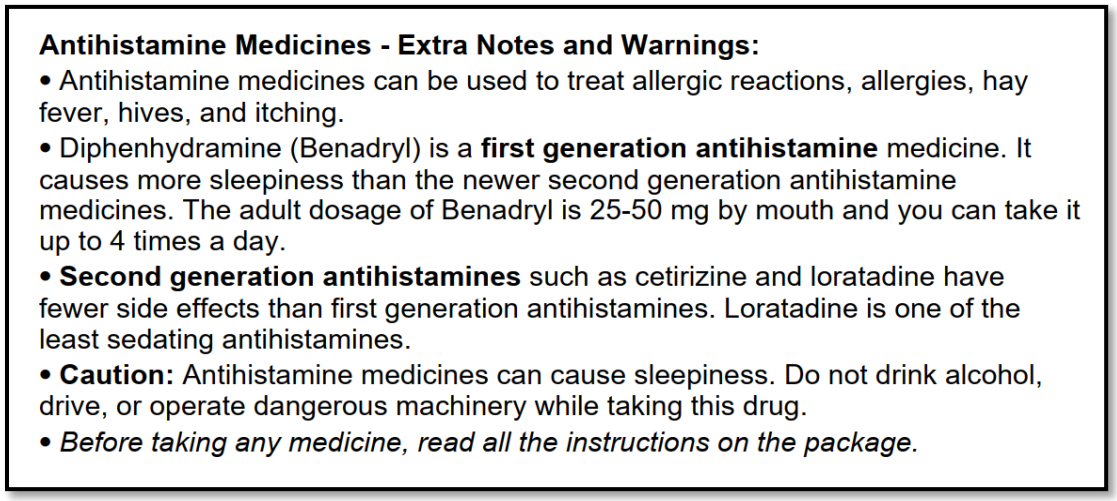
DEFINITION

- Questions or concerns about substance use (drug use), misuse, addiction, or withdrawal.
- Substance use includes huffing, ingesting, injecting, smoking, snorting any drug with the intention of experiencing euphoria or other mind-altering sensations.
- Includes using a prescription drug (e.g., opioids) in ways that are not recommended by a doctor.

Please review the **Substance Use and Problems** protocol. It provides you an example of these universal changes.

Universal Change – Antihistamine Care Advice and Warnings

We have made universal changes to the Caution - Antihistamines Care Advice. This change was made to provide expanded information on first vs. second generation antihistamines. The title was also standardized to Antihistamine Medicine – Extra Notes and Warnings.



Antihistamine Medicines - Extra Notes and Warnings:

- Antihistamine medicines can be used to treat allergic reactions, allergies, hay fever, hives, and itching.
- Diphenhydramine (Benadryl) is a **first generation antihistamine** medicine. It causes more sleepiness than the newer second generation antihistamine medicines. The adult dosage of Benadryl is 25-50 mg by mouth and you can take it up to 4 times a day.
- **Second generation antihistamines** such as cetirizine and loratadine have fewer side effects than first generation antihistamines. Loratadine is one of the least sedating antihistamines.
- **Caution:** Antihistamine medicines can cause sleepiness. Do not drink alcohol, drive, or operate dangerous machinery while taking this drug.
- *Before taking any medicine, read all the instructions on the package.*

Please review the **Insect Bite** protocol. It provides you an example of these universal changes.

Universal Change – Headache Triage Question Changes

We have updated the *sudden-onset headache* triage question used in the Headache and Pregnancy-Headache protocols. The timeframe in this question for reaching maximal headache intensity is now up to 1 hour. This timeframe is in alignment with the Ottawa Subarachnoid Hemorrhage Rule and the American College of Emergency Physicians (ACEP) Clinical Policy on the evaluation of acute headaches. [3]

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

> SEVERE headache, sudden-onset (i.e., reaching maximum intensity within seconds to 1 hour)
> *R/O: migraine, CNS bleed*

We have also updated the triage question on *new headache and weak immune system*. It now uses more inclusive wording for immune compromising conditions.

See Today in Office

> New headache and weak immune system (e.g., HIV positive, cancer chemo, splenectomy, organ transplant, chronic steroids)
> *R/O: CNS mass*

Please review the **Pregnancy - Headache** protocol. It provides you an example of these universal changes.

[3] https://www.acep.org/globalassets/sites/acep/media/clinical-policies/cp-headache.pdf

Universal Change – Gestational Age

To improve clarity, we have replaced "> 36 weeks pregnant" with "37 or more weeks pregnant" in triage questions throughout the protocols.

Pregnant 37 or more weeks (i.e., term) and having contractions or other symptoms of labor

Go to Protocol: Pregnancy - Labor (Adult)

We have also replaced "> 20 weeks pregnant" with "pregnant 20 or more weeks".

Pregnant 20 or more weeks and contractions

Reason: needs exam and fetal monitoring

Please review the **Pregnancy - Vaginal Discharge** and the **Pregnancy – Fall** protocols. These provide you examples of these universal changes.

Universal Change – Pain/Fever Medication Care Advice

We have updated the content of the **Pain/Fever Medication** Care Advice and the associated **Extra Notes and Warnings.** We have improved the readability of the content and made the Pain Medication Care Advice more concise. These Care Advice statements are now standardized across both the After Hours and Office Hours content sets.

Pain Medicines:

- For pain relief, you can take either acetaminophen, ibuprofen, or naproxen.
- They are over-the-counter (OTC) pain drugs. You can buy them at the drugstore.
- **Acetaminophen - Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4 to 6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 pills a day).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 pills a day).
- **Ibuprofen (e.g., Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take each day is 1,200 mg (six 200 mg pills), unless your doctor has told you to take more.
- **Naproxen (e.g., Aleve):** Take 220 mg (one 220 mg pill) by mouth every 8 to 12 hours as needed. You may take 440 mg (two 220 mg pills) for your first dose. The most you should take each day is 660 mg (three 220 mg pills a day), unless your doctor has told you to take more.

Pain Medicines - Extra Notes and Warnings:

- Use the lowest amount of medicine that makes your pain better.
- Acetaminophen is thought to be safer than ibuprofen or naproxen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve Regular-Strength (325 mg) pills. In the United States, the maximum dose per day is ten Regular-Strength (325 mg) pills.
- Bayer, the company that makes Aleve, has different dosage instructions for Aleve in Canada and the United States. In Canada, the maximum recommended dose per day is 440 mg (2 pills or caplets). In the United States, the maximum dose per day is 660 mg (3 pills or caplets).
- **Caution:** Do not take acetaminophen if you have liver disease.
- **Caution:** Do not take ibuprofen or naproxen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen or naproxen for more than 7 days without consulting your doctor.
- *Before taking any medicine, read all the instructions on the package.*

Please review the **Muscle Aches and Body Pain** protocol. It provides you an example of these universal changes.

Universal Change – Poison Center Information

We have updated First Aid Poison Center information in multiple protocols to increase clarity and ease of use. We have also created separate sections for US and Canadian Poison Center phone numbers.

United States Poison Center Number:

- *National Poison Center:* 800-222-1222
- This number will automatically connect you with your local poison center.

Canada Poison Centre Numbers:

- *Alberta:* 403-944-1414
- *Manitoba: 855-776-4766*
- *New Brunswick:* Call 911.
- *Newfoundland and Labrador:* Call 811.
- *Nova Scotia:* 800-565-8161 (within Nova Scotia) or 902-470-8161 (Halifax or outside Nova Scotia)
- *Ontario:* 800-268-9017
- *Saskatchewan:* 866-454-1212

Please review the **Poisoning** protocol. It provides you an example of these universal changes.

Universal Change – STD to STI

We have replaced the older term STD (Sexually Transmitted Disease) with the currently preferred and more inclusive term "STI" (Sexually Transmitted Infection). STI is now the term used by the CDC in their 2021 treatment protocol. [4]

- Exposure to someone with proven Sexually Transmitted Infection (STI).
- A sexually transmitted infection (STI) is an infection that is transmitted through sexual intercourse (vaginal, anal, oral). An older term, which means the same thing, is sexually transmitted disease (STD).
- Questions about preventing STIs.

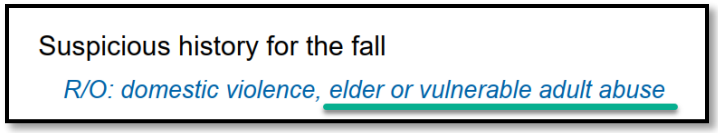
Please review the **STI Exposure and Prevention** protocol. It provides you an example of these universal changes.

[4] https://www.youtube.com/watch?v=azXn_Bv_R7Y

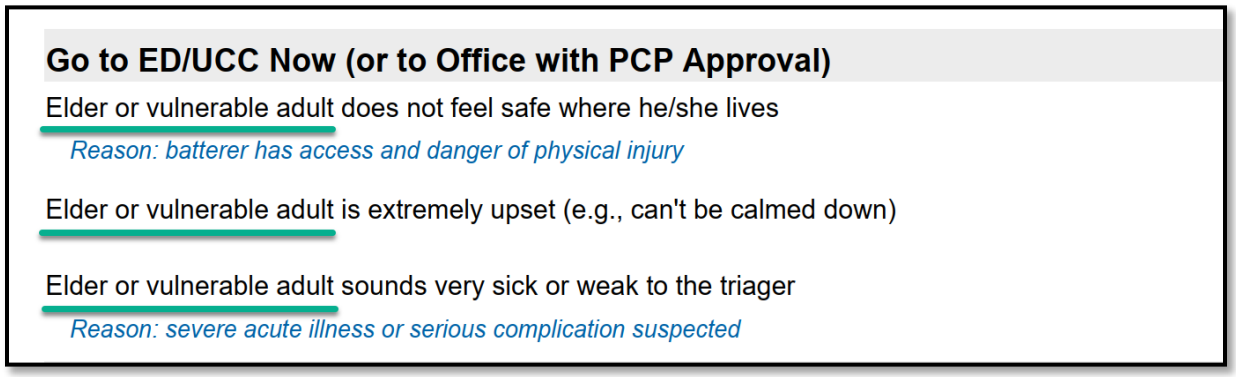
Universal Change – Vulnerable Adult

- A vulnerable adult can be anyone over **age 18 who** has developmental, intellectual or other disability making it difficult for the person to care for themselves.
- The National Center on Law and Elderly Rights notes: "All states require the reporting of elder abuse or abuse of vulnerable adults." [5]

We have added the term "vulnerable adult" to the rule out statement regarding abuse throughout the protocols.



We have also made many updates throughout the Elder Abuse protocol. This included a protocol title change to **Elder or Vulnerable Adult Abuse.** Updates were made to the Definition section, TAQs, Care Advice and Background Information.



Please review the **Hip Injury** and the **Elder or Vulnerable Adult Abuse** protocol. It provides you examples of these changes.

[5] https://ncler.acl.gov/getattachment/Legal-Training/Mandatory-Reporting-Ch-Summary.pdf.aspx

Major Changes to 19 Protocols

There are nineteen protocols with major changes for 2021. They are:

1. Alcohol Use and Problems
2. Burns
3. COVID-19 - Diagnosed or Suspected (see COVID-19 above)
4. COVID-19 – Exposure (see COVID-19 above)
5. COVID-19 - Vaccine Questions and Reactions (see COVID-19 above)
6. Dizziness
7. Eye Injury
8. Heart Rate and Heartbeat Questions
9. Medication Question Call
10. Mouth Symptoms
11. Neck Injury
12. Pregnancy – Decreased or Abnormal Fetal Movement
13. Pregnancy - Morning Sickness (Nausea and Vomiting of Pregnancy)
14. Pregnancy - Rupture of Membranes
15. Rash or Redness - Localized
16. Sexual Assault or Rape
17. Skin Injury
18. Splint Symptoms and Questions
19. Substance Use and Problems

Major Change – Alcohol Use and Dependence

As noted under Universal Changes above, this protocol has been renamed and older terms for unhealthy alcohol use have been updated.

In addition, there are substantial additions to the Background Information in the protocol including a section on *Unhealthy Alcohol Use*, and *Pregnancy and Alcohol Drinking*.

Unhealthy Alcohol Use

Unhealthy alcohol use (hazardous use, harmful use, misuse) is any alcohol use that increases the risk or likelihood of health problems or has already led to health problems. Unhealthy alcohol use includes **binge drinking**, **risky alcohol use**, and **alcohol use disorder** (AUD).

Excessive alcohol drinking, also called **risky alcohol use** or high-risk drinking, is drinking alcohol above the recommended daily, weekly, or per-occasion amounts, but not meeting criteria for alcohol use disorder.

Pregnancy and Alcohol Drinking

Women who are or who may be pregnant should not drink.

- No safe level of alcohol drinking during pregnancy has been established.
- Drinking during pregnancy, especially during the first few months of pregnancy, may cause negative behavioral or neurological problems in children.

Please carefully read and review the redline for this updated **Alcohol Use and Dependence** protocol.

Major Change – Burns

We have updated triage questions related to the body surface area (BSA) of a burn. These now include improved instructions on how to estimate the BSA burn size using the palm of the patient. One palm (not including the fingers) is approximately 0.5% body surface area (BSA).

Burn area larger than 20 palms of hand (> 10% BSA) with blisters

Reason: large second-degree burn; risk of shock. FIRST AID: Apply cold wet washcloths to the burn. Note: One palm (not including fingers) is 0.5% BSA.

Key Points

- The triager should first determine burn severity (i.e., first, second, third degree). Sometimes it may be a mixture.
- The triager should then estimate the size of the burn in terms of total body surface area (BSA). The victim's palm represents approximately 0.5% of the BSA. The Rule of Nines can also be used to estimate burn size.

There is also now a triage question and associated Care Advice to address self-injury in this burn protocol:

See in Office Within 3 Days

> Minor thermal burn from self-injury (e.g., burning, self-harm) and stable (i.e., not suicidal, not out of control)
>
> *Reason: minor thermal burn; referral for counseling for self-injury*

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

Major Change – Dizziness Protocol

We have made substantial updates to the background information in the Dizziness protocol. This includes an expanded section on Benign Paroxysmal Positional Vertigo. We have also added TAQs at the Go to ED/UCC Now (or to Office with PCP Approval) level to capture TIA and stoke symptoms associated with dizziness**.**

> Neurologic deficit that was brief (now gone), ANY of the following:
> • Weakness of the face, arm, or leg on one side of the body
> • Numbness of the face, arm, or leg on one side of the body
> • Loss of speech or garbled speech
>
> *R/O: TIA*
>
> Loss of vision or double vision (Exception: similar to previous migraines)
>
> *R/O: TIA or stroke*

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

Major Change – Eye Injury

We have added a TAQ for new-onset unequal pupils after eye injury (traumatic mydriasis or miosis). We also added a Home Care TAQ for normal (longstanding) unequal pupils with associated Care Advice. Additional Care Advice added regarding subconjunctival hemorrhages.

Small Flame-shaped Bruise on White of Eye

1. **Reassurance and Education:**
   - The fragile blood vessels in the white area of the eye can bleed as a result of minor injury. It looks like a small red bruise on one eye.
   - This is called a **subconjunctival hemorrhage**.
   - It is usually not serious.
   - No specific treatment is required.
   - It usually goes away in 2 to 3 weeks.
2. **Call Back If:**
   - Pain becomes severe
   - Pain does not improve after 3 days
   - Changes in vision
   - You become worse

Please carefully read and review the redlines for the updated **Eye Injury** protocol.

Major Change – Heart Rate and Heartbeat Questions

We have added CPR information to the First Aid section of this protocol. We have added a new TAQ and Care Advice for heart rhythm alerts from a personal wearable device (e.g., Apple Watch).

Callback by PCP Today

Heart rhythm alert (e.g., "you have irregular heartbeat") from personal wearable device (e.g., Apple Watch)

Reason: No concerning symptoms and rate was not reported as very slow (<50 / min) or very fast (> 140 / min).

Please carefully read and review the redline for this updated **Heart Rate and Heartbeat Questions** protocol.

Major Change – Medication Question Call

We made substantial updates to the Medication Questions Call protocol. These include:

- Several new See More Appropriate Protocol items
- Rewording of several TAQs
- TAQs regarding local reactions to medication patches
- TAQ for a new medication prescription (not a refill)
- Expanded Background Information that now includes sections on *How to Read a Prescription Drug Label* and *How to Get a Prescription Refill*.

How to Read a Prescription Drug Label?

The prescription label on the medication or pill bottle has important information.

- Patient name
- Drug name and dosage
- Specific patient instructions
- Quantity
- *Prescription number:* The label may say RX or RX#. The pharmacy can use this number to look up your medication on the computer.
- *Refills remaining:* The label on the medication or pill bottle will show how many refills are remaining.
- *Expiration date:* The label states when the prescription will expire, and thus can no longer be refilled.
- Name of doctor (or NP/PA) who prescribed the medication.
- Pharmacy phone number

Please carefully read and review the redline for this **Medication Question Call** updated protocol.

Major Change – Mouth Symptoms

Three new triage questions have been added at the See in Office Today level. These triage questions include signs of hyperglycemia and bleeding when on blood thinners.

See in Office Today

Gum bleeding and taking Coumadin (warfarin) or other strong blood thinner, or known bleeding disorder (e.g., thrombocytopenia)

Reason: higher risk of serious bleeding; may need testing of INR, ProTime, or platelet count. Notes: Besides Coumadin, other strong blood thinners include Arixtra (fondaparinux), Eliquis (apixaban), Pradaxa (dabigatran), and Xarelto (rivaroxaban).

Dry mouth and urinating more frequently than usual (i.e., frequency)

R/O: hyperglycemia

Dry mouth and drinking more liquids than usual (thirsty) and present more than 1 day (24 hours)

R/O: dehydration, hyperglycemia

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

Major Change – Neck Injury

We have added a new triage question for mild to moderate neck pain after a fall from at least 3 feet (1 meter) or 5 stairs. This triage question was added to capture those at risk for cervical spine injury per the Canadian C-spine Rule [6].

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

Severe neck pain (e.g., excruciating)

MILD or MODERATE neck pain and fall from 3 feet (1 meter) or 5 stairs, or higher

Reason: Imaging may be needed (Canadian C-spine rule).

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

[6] https://www.mdcalc.com/canadian-c-spine-rule

Major Change – Pregnancy – Decreased or Abnormal Fetal Movement

We significantly expanded the Care Advice section in this protocol. In addition, we made several changes and additions to the TAQs which now include:

- New TAQ for those that are 23 or more weeks and have not felt any fetal movement in > 2 hours
- New TAQ for those 23 or more weeks that have noted a decrease in baseline movement (even if kick count is normal or not performed)
- New TAQ for those with a high-risk pregnancy condition
- New TAQ to capture signs of Intrahepatic Cholestasis of Pregnancy

Go to L&D Now (or to Office with PCP Approval)

Pregnant 23 or more weeks and no movement of baby > 2 hours (Exception: Mother was distracted by other activities.)

Reason: needs exam and fetal monitoring

Pregnant 23 or more weeks and mother thinks baby is moving less today (e.g., even if kick count is normal or not performed) (Exception: Mother was distracted by other activities.)

Reason: needs exam and fetal monitoring

Being seen by a specialist for a high-risk pregnancy condition (e.g., cord or placenta abnormalities, gestation 41 or more weeks, oligohydramnios or polyhydramnios, preeclampsia, twins)

Callback by PCP within 1 Hour

Hand itching, foot itching, or widespread itching

R/O: Intrahepatic Cholestasis of Pregnancy (ICP)

Please carefully read and review the redline for this **Pregnancy - Decreased or Abnormal Fetal Movement** updated protocol.

Major Change – Pregnancy - Morning Sickness

New SMAP added to refer triager to the Vomiting (Adult) protocol if vomiting did not begin early in pregnancy (as would be expected in Morning Sickness).

Vomiting did NOT begin in early pregnancy (i.e., 4th-8th week of pregnancy) OR 20 or more weeks pregnant at time of call

Go to Protocol: Vomiting (Adult)

New TAQ added for mild vomiting that does not improve**:**

See in Office Within 3 Days

Mild vomiting (e.g., 1-2 times / day) and present 3 days and started afer the 9th week of pregnancy

R/O: Nausea and Vomiting of Pregnancy ("Morning Sickness)", gastritis, peptic ulcer

Mild vomiting and present > 1 week AND [3] no improvement after using Morning Sickness Care Advice

R/O: Nausea and Vomiting of Pregnancy ("Morning Sickness)", other possible causes such as peptic ulcer disease

Updates were made to the Background and Care Advice sections, including new Care Advice on how the caller can protect her teeth**.**

Protect Your Teeth:

- Repeated vomiting can hurt your teeth if the stomach acid is not rinsed away.
- Rinse your mouth after each episode of vomiting.
- You can rinse with plain water. Another option is to rinse with a mixture of 1 teaspoon (5 grams) baking soda in a cup (180 ml) of water.
- *This will also get rid of the bad taste and make your mouth feel better!*

Please carefully read and review the redline for this **Pregnancy - Morning Sickness** updated protocol.

Major Change – Pregnancy – Rupture of Membranes

Major update and expansion of Background Information that now includes sections on Key Points, Symptoms, and Diagnosis.

Symptoms

Typically women report:

- Sometimes there is a **gush of fluid** that comes out and it completely wets the clothing or bedding.
- At other times there is just a small leak and a woman may report **dampness** of her underwear.

How can a **triager** help the patient decide if rupture of membranes occurred? A patient will sometimes may call asking "did my bag o waters break?"

- A question: A question for the patient: "Does it feel like you are urinating on yourself but you can't stop the stream?" It is easy to confuse loss of urine from coughing or sneezing with amniotic fluid from membrane rupture.
- *Laying down then standing up:* Ask the patient to lay down for 15 minutes and then stand up. If fluid comes out of the vagina it is likely from amniotic fluid. *Reason:* Upon laying down, amniotic fluid pools inside the vagina, then comes out upon standing. The patient should wear a sanitary pad. *Reason:* To keep herself dry and prevent a mess.

When in doubt, the triager should assume that it is amniotic fluid and refer the woman for evaluation.

Please carefully read and review the redline for this **Pregnancy - Rupture of Membranes** updated protocol.

Major Change – Rash or Redness - Localized

We have added a triage question and Care Advice for rash from wearing a face mask.

Mild localized rash from wearing a face mask

General Care Advice for Rash From Wearing a Face Mask

1. **Reassurance and Education - Face Masks:**
   - Rashes are often from friction and pressure. Some people may develop a contact allergy to material in their mask.
   - *Here is some care advice that should help.*
2. **Face Mask Skin Care:**
   - *Don't over wash your face:* Do not over wash your face. This can irritate your face more. Use a gentle facial cleanser without alcohol. Do not scrub the skin. Rinse with water and pat the skin dry.
   - *Clean cloth masks regularly:* Wash cloth masks in hot water with a fragrance-free laundry soap.
   - *Consider changing masks:* Sometimes a cooler feeling mask or one made from different material may help. For those with facial hair, a smoother fabric may catch less in the hair. For ear pain, use a mask with a head strap or use a clip that ties ear loops behind your head.
   - *Skin protectant:* Apply a face lotion that does not clog the pores. Put petroleum jelly on raw, sore spots at bedtime.
   - *Healthcare workers:* Healthcare workers should wipe off any lotion or ointment before using a respirator mask (e.g., N95). Products left on the face may prevent a good seal. The maker of the mask may have specific recommendations for skin protectants.

Please carefully read and review the redline for this **Rash or Redness – Localized** updated protocol.

Major Change – Sexual Assault or Rape

Multiple substantial changes were made throughout this protocol including:

- Definition update that includes sexual touching in those unable to give consent.
- Multiple TAQ updates. One key change to TAQs in this protocol is removal of the 7 day requirement to refer patients to the ED for evidence collection (see Note to Triager screenshot below).
- Care Advice/Notes to Triager, including additional information on emergency contraception, timing of ED referrals, and benefits of a medical evaluation.
- Background Information expanded and updated.

Note to Triager - Referral to Emergency Department and Time Since Sexual Assault:

• Many jurisdictions have extended the standard cutoff time for **evidence collection** to within **7 days of the sexual assault**. The Canadian provinces of New Brunswick and Ontario use 12 days as the cutoff time for evidence collection from a sexual assault. Improving DNA testing technologies may extend this timeframe further.

• **Regardless of the time** since the sexual assault, the **emergency department (ED) is most often the best place** to send a victim of sexual assault. The ED has the resources (trained staff and equipment) to perform a medical forensic history and evidence collection (semen, DNA, documentation of injuries including possible photography). The ED can also provide sexually transmitted infection testing, treatment, and prophylaxis. The ED can arrange counseling and address important psychological needs (an advocate is typically contacted). Further, law enforcement can assist in providing a report and in other ways if requested.

• If a prolonged period of time (weeks, months) has passed since the sexual assault, a triager may use their judgment and knowledge of other local sources of care to best address a victim's needs and wishes. Alternate sources of care might include the PCP, a local agency like Planned Parenthood, or a Federally Qualified Health Center (FQHC).

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

Major Change – Skin Injury

Definition section now clarifies that this protocol should be used when more than one type of skin injury is present (e.g., cut, scrape, bruise). Triage questions have been updated to improve readability/clarity. New triage questions for knife wounds, deep skin loss, and minor skin injury from self-harm.

Call EMS 911 Now

Knife wound (or other possibly deep cut) to chest, abdomen, back, neck, or head

FIRST AID: If penetrating object still in place, don't remove it. Reason: removal could increase internal bleeding. FIRST AID: Apply direct pressure to the entire wound with a clean cloth.

Go to ED Now

Skin loss goes very deep (e.g., can see bones or tendons)

See in Office Within 3 Days

Minor cut, scratch, scrape, or scab from self-injury (e.g., cutting, picking; self-harm) and stable (i.e., not suicidal, not out of control)

Reason: Minor cut or scratch; referral for counseling for self-injury.

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

Major Change – Splint Symptoms and Questions

We have updated the Definition of this protocol to define Splinting Devices. We have added a triage question regarding symptoms from tight splinting devices. Care Advice has also been added for this new triage question.

DEFINITION

- Symptoms from injuries (sprains, fractures) that have been treated with a splint, elastic bandage, or sling
- Questions about splints (e.g., plaster, fiberglass, metal)
- Questions or elastic bandages (e.g., "ace wrap")

A **CAST** is made of a hard material (plaster or fiberglass) and it goes all the way around the injured part (e.g., hand, arm, foot, leg).

In contrast, a **SPLINT** is placed on only one side of the injured part. It is then held in place with a soft material like a cotton gauze wrapping or an elastic bandage. The caller can use their fingers to tell the difference. **SPLINTING DEVICES** are made of fabric, metal or plastic. They are most often secured with Velcro. Examples include ankle air cast, knee immobilizer, shoulder immobilizer and walking boot.

Home Care

Symptoms from tight splinting device (e.g., ankle air cast, knee immobilizer, shoulder immobilizer, walking boot)

Care Advice

Loosen Splinting Device:

- A tight splinting device can decrease circulation to the fingers or toes. The main symptoms are numbness, tingling or increased pain in the fingers or toes. Other symptoms are color changes (bluish or pale) or swelling of the fingers or toes.
- If any of these symptoms are present, loosen the splinting device. Open the Velcro and reapply less tightly. If there are multiple straps, loosen one at a time. Do not take off the device if your doctor told you to keep it on.

Please carefully read and review the redline for this **Splint Symptoms and Questions** updated protocol.

Major Change – Substance Use and Problems

Besides the many changes made to update older terms for substance use disorder (see Universal Changes above), we have also expanded the Background Section. This section now includes information on the definition of substance use, misuse and addiction.

Definition of Substance (Drug) Use, Misuse, and Addiction

- **Substance Use (Drug Use):** Drug use refers to any use of illegal drugs: heroin use, cocaine use, tobacco use, etc.
- **Substance Misuse (Drug Misuse):** Drug misuse is used to distinguish improper or unhealthy use from use of a medication as prescribed or alcohol in moderation. These include the repeated use of drugs to produce pleasure, alleviate stress, and/or alter or avoid reality. It also includes using prescription drugs in ways other than prescribed or using someone else's prescription.
- **Addiction:** Addiction refers to substance use disorders at the severe end of the spectrum and is characterized by a person's inability to control the impulse to use drugs even when there are negative consequences. These behavioral changes are also accompanied by changes in brain function, especially in the brain's natural inhibition and reward centers. NIDA's use of the term addiction corresponds roughly to the DSM definition of substance use disorder.

Source: NIH - National Institute on Drug Abuse (NIDA). The Science of Drug Use and Addiction: The Basics. Available at: https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics.

Please carefully read and review the redline for this **Substance Use and Problems** updated protocol.

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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