Telephone Triage Algorithm For et calls assone **Emergency Contraception** for Emergency Сапиноврооп Have patient Ask: The you come in for a have unprotected No pregnancy test sex less than five 2-3 weeks after days ago?" unprotected sex Have patient come in for a ANN: "Was Your urine pregnancy test (2-3 weeks last monthly No bleeding within the and the last pant 30 days?" unprotected sexb and route call to clinician for decision on EC. Asia: "What is your Ulipristal Acesate height and weight? COLUMN TO SERVICE SERV Use this information IUO: Copper or No determine the patient's Levonorgestrel-52 BML is the patient's (Mineral Section) BMI less than 267 Ask: "Did your have unprotected sex more than 3 days ago?" . Levonorpestrel (Plan B. etc.) Ulipristal Acetate (Elfa) . Ulignistal Acetate (Elfa). IUO: Copper or . IUD: Copper or Levonorpestrel 52 Levonorgestrel-52 (Meenal, Jetta) (Minema/Literas)

- Emergency Contraception (EC) is most effective when taken as soon as possible. after unprotected sex.
- The effectiveness of EC decreases as time goes by.

Pills: Levonorgestrel (Plan B), Ulipristal Acetate (Ella)

- Fill the prescription immediately. If there are two tablets, take both tablets. together. (Even if the box might say to take them 12 hours apart and up to 3 days.
- it works better to take both pills together and is effective up to 5 days.)

Levenorgestref EC (Plan B)

- Is available over the courser and by prescription.
- Best if taken ASAP, and within 72 hours (3 days) of having unprotected sex.

Lilipristal Acetate (Ella).

- Requires a prescription.
- . Take within 120 hours (5 days) of having unprotected sex
- Patients with BMIs higher than 35 should be counseled that ulipristal acetate. may be less effective and an IUD may be more effective.
- If a patient currently has an ongoing method of contraception, such as pills, Ella. may have an interaction with them. The patient may need to wait a few days before starting oral contraception again.

IUD (Intrauterine Device): Copper, Levonorgestrel-52 (Mirena/Liletta).

- If planning to use an IUD as EC, either the Copper or Levonorgestrel-52. (Mirena/Liletta) should be placed by a clinician within 120 hours (5 days) of having unprotected sex.
- A patient's BMI will not affect the effectiveness of the IUD.
- In addition to being used as EC, the IUD can be continued as a method of contraception.
- A patient can have the IUD removed during their next monthly bleeding.

Follow Up.

- The patient should take a pregnancy test 2-3 weeks after unprotected sex.
- Schedule an appointment if the patient is interested in an ongoing method of contradeption.

Other Things to Note:

- The oral EC prescription should be sent to the pharmacy after the conversation with the patient, and after it has been ordered and documented in the patient's chart by a provider. Call in as soon as possible.
- If a patient calls asking for oral EC to have on hand in case of an emergency, you can send in the prescription (advance prescription). The same instructions for when how to use should be given to the patient.
- Document this telephone encounter as is required by your health center.



Telephone Triage

M Walker

Telephone Triage:

Telephone Triage Protocols for Nursing Julie Briggs, 2015-05-22 Performing telephone triage requires the ability to make quick and effective decisions based on limited information This rapid access resource delivers more than 200 triage protocols for evaluating patients symptoms over the telephone Each symptom entry lists guestions grouped by urgency level to determine whether the caller should seek emergency care immediately seek medical care the same day call back for appointment or follow home care instructions Detailed home care instructions are then provided Simple direct and useful this is the most comprehensive and user friendly telephone triage book available **Telephone Triage** Sheila O. Wheeler, Judith H. Windt, 1993 The first and only combined text workbook training program to provide comprehensive telephone triage as well as protocol development Written in direct how to style it sets forth guidelines for interview and documentation skills as well as medico legal aspects All of the essentail guidlines and instructions are here for telephone triage that is confident refined and precise ALSO AVAILABLE INSTRUCTOR SUPPLEMENTS CALL CUSTOMER SUPPORT TO ORDER Audiotape Telephone Triage: Protocols for Adult Populations Sheila. Wheeler, 2009-04-24 The Most ISBN 0 8273 5636 6 Comprehensive and User Friendly Adult Telephone Triage Protocols Available From a Pioneer in the Field This is a well thought out and organized tool for those involved in telephone advice and triage It has many unique features not normally found in triage protocols including research related to medical error decision support and critical thinking The references are extensive It is a necessary addition to the library of anyone involved in telephone triage and this update is an essential replacement for the previous protocols book 3 Stars Doody's Review Service Written by Sheila Wheeler one of the world's leading experts in telephone triage this functional reference provides the guidelines nurses need for the safe effective and fast disposition of 1 000 health related problems by telephone Organized by anatomical site and written in lay language Telephone Triage eliminates the extra step of translating home treatment first aid or self assessment instructions when performing telephone triage with the layperson The format incorporates a critical thinking process that mimics how nurses naturally solve problems in real world situations This 4 in 1 package contains everything you need to implement a telephone triage program Comprehensive training protocols standards and a CD with case studies for analysis and critique plus an optional telehealth continuing education website Features Users Guide complete with insightful FAQs Protocols wide range of common diseases including Women s Health Documentation Form ensures proper procedure documentation and risk management Standards Comprehensive practice standards for practitioners and programs CD ROM contains 10 case studies for discussion and analysis Continuing Education An accompanying website to earn CE credit online at www teletriage com Representing the latest research and standards in the field Telephone Triage is the ultimate resource for the triage nurse

Telephone Triage Protocols for Nurses Julie K. Briggs,2007 This quick reference manual presents over 200 triage protocols for evaluating patients symptoms over the telephone Each symptom entry lists questions grouped by urgency level

to determine whether the caller should seek emergency care now seek medical care the same day call back for appointment or follow home care instructions Detailed home care instructions are then provided This edition features fourteen new protocols avian influenza bird flu congestive heart failure electrical burns hand wrist problems hip pain injury influenza neurological symptoms newborn problems pertussis severe acute respiratory syndrome SARS sickle cell disease problems substance abuse use or exposure West Nile virus and wound care sutures or staples New appendices include quidelines for scenario practice difficult caller practice scenarios mystery caller practice session temperature conversion guide weight conversion chart acetaminophen dosage chart ibuprofen dosage chart infant feeding guide abdominal pain causes and characteristics chest pain causes and characteristics and headache causes and characteristics Pediatric Nurse Telephone Triage Andrew R. Hertz, 2011-01-07 This new book is a companion to Pediatric Telephone Protocols Office Version and it can also stand alone as an independent resource Pediatric Nurse Telephone Triage is a pediatric nurse triage tool that has 2 major objectives the first objective is to teach nurses how to perform nurse telephone triage using standard triage guidelines the second objective is to educate nurses to better understand the rationale behind the Barton D Schmitt telephone triage guidelines Tables figures and algorithms are used throughout the text to illustrate organize and explain how to do telephone Nurse's Legal Handbook, 2004 The newly revised Fifth Edition of this handbook is an up to the minute authoritative guide to the legal and ethical issues faced daily by nurses Replete with real life examples and information from hundreds of court cases the book covers the full range of contemporary concerns including computer documentation cloning stem cell research pain management euthanasia prescribing privacy and confidentiality as well as the nursing shortage New topics include workplace violence and harassment needlesticks telephone triage and quality assurance A new Legal Tip logo highlights proactive protective actions nurses can take and an entire chapter explains step by step what to expect in a malpractice lawsuit The Art and Science of Telephone Triage Carol Rutenberg, M. Elizabeth Greenberg, American Academy of Ambulatory Care Nursing, 2012-09-01 **Pediatric Telephone Triage Guidelines - Sheila** Wheeler, 2017-02-11 Pediatric Telephone Triage Guidelines School Age 6 to 18 Years The first and only 5 Tier Triage Age Specific Guidelines for School Age populations Updated Sections that have been revised or added to the 2005 edition include Telephone Triage 5 Tier Triage Flow Chart Wachter 2015 5 Tier Triage Dispositions insure patient informed consent and continuity directing patients to where when and why they should be seen Consistently apprises callers of the urgency of their symptoms to help insure timely compliance Five clearly defined standardized dispositions firm but flexible time frames access sites and urgency rationale promote reliable consistent outcomes and clear follow up patients directives The goal of these guidelines is to get patients to the right place at the right time for the right reason Users are spared frustrating confusing and time consuming decision making related to algorithm formats ENA ACEP 2010 All Hours All Access Sites dispositions apply 24 7 365 they are not limited to office or after hours Access sites are flexible for all hour options Standards Based

System to reduce common errors inadequate data collection miscommunications cognitive bias jumping to conclusions or stereotyping and inadequacies in informed consent and continuity IOM 2011 Donabedian 2003 Patel 1996 AAACN 2012 Master GuidelineA universal triage tool derived from ACEP and Manchester Triage Group standards Integrated standards in this guideline support clinicians in three ways 1 As contingency or fall back guide in cases where no specific guideline applies 2 as a preemptive guideline before selecting a more specific guideline 3 As a training tool for new hires as a review of commonly presented symptoms IOM Joint Commission 2011 Essential Features Authoritative collaboratively developed over a two year period by 20 member Expert Task Force Nurse developed physician reviewed Comprehensive Address the most common presenting symptoms and rare but predictable emergent symptoms 1 500 medical conditions Risk Management Used in 500 sites since 1995 without any report of errors omissions or malpractice User's Guide describes how to operate this reference 30 pages Cost effective Paper based guidelines are economical electronic algorithms can be extremely costly

Telephone Triage Protocols for Pediatrics Julie K. Briggs, Mikki Meadows-Oliver, 2017-09-13 Handle guestions about pediatric care with confident accuracy Telephone Triage Protocols for Pediatrics is the guick access guide to providing fast efficient phone assessments and accurate care recommendations This comprehensive on the spot resource lists a broad range of symptoms alphabetically A flow chart format provides the crucial Yes or No questions to ask with each answer moving guickly to optimal recommendations or instructions A vital resource for all nurses this is irreplaceable to those in pediatric or family practice Tap into top level guidance for fast efficient assessments Step by step guidance for making accurate assessments 170 proven protocols addressing a wide range of symptoms disorders and medical emergencies for newborn to age 18 Sorts life threatening problems from those not requiring physician or emergency care callers are directed to make an appointment seek emergency care or follow home care instructions Increases consistency of advice and documentation Supports nurses of all knowledge and experience levels Color tabs for each section enable quick access Symptoms alpha organized and grouped by level of urgency addressing injuries trauma pain swelling and other symptoms for Head eyes ears nose throat mouth back neck arm and leg Body system problems chest cardiovascular respiratory GI genital obstetrics and gynecological problems urination and skin problems Chronic and infectious diseases Behavioral problems Infant specific problems Sections under every symptom include Key Questions to ask the caller Other Protocols to Consider Reminders for proper documentation Assessment symptoms and conditions that determine urgency Action column Following Yes or No answers to assessment questions with emergency actions appearing first Immediate actions proven protocols and or referrals to emergency physician or at home care Home Care Instructions before emergency care before appointment or at home care Emergency Instructions in the moment first aid Report the Following Problems what caller should tell their physician or emergency department Seek Emergency Care Immediately if certain symptoms occur Must have resource for medical offices clinics schools emergency departments urgent care centers home health agencies and managed healthcare

providers About The Authors Julie Briggs RN BSN MHA is Director of the Emergency Department at Good Samaritan Community Healthcare in Puyallup Washington Mikki Meadows Oliver PhD RN PNP BC is an Associate Professor at the Yale University School of Nursing in Orange Connecticut **Primary Care Tools for Clinicians** Lorraine Loretz,2005-01-01 Designed to save time and assist busy practitioners this book guides standardized assessment and documentation of a patient s condition by providing ready to use forms that represent the gold standard of current practice

This book delves into Telephone Triage. Telephone Triage is an essential topic that must be grasped by everyone, ranging from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into Telephone Triage, encompassing both the fundamentals and more intricate discussions.

- 1. This book is structured into several chapters, namely:
 - Chapter 1: Introduction to Telephone Triage
 - Chapter 2: Essential Elements of Telephone Triage
 - Chapter 3: Telephone Triage in Everyday Life
 - Chapter 4: Telephone Triage in Specific Contexts
 - \circ Chapter 5: Conclusion
- 2. In chapter 1, this book will provide an overview of Telephone Triage. This chapter will explore what Telephone Triage is, why Telephone Triage is vital, and how to effectively learn about Telephone Triage.
- 3. In chapter 2, this book will delve into the foundational concepts of Telephone Triage. The second chapter will elucidate the essential principles that need to be understood to grasp Telephone Triage in its entirety.
- 4. In chapter 3, this book will examine the practical applications of Telephone Triage in daily life. The third chapter will showcase real-world examples of how Telephone Triage can be effectively utilized in everyday scenarios.
- 5. In chapter 4, this book will scrutinize the relevance of Telephone Triage in specific contexts. The fourth chapter will explore how Telephone Triage is applied in specialized fields, such as education, business, and technology.
- 6. In chapter 5, this book will draw a conclusion about Telephone Triage. This chapter will summarize the key points that have been discussed throughout the book.
 - The book is crafted in an easy-to-understand language and is complemented by engaging illustrations. This book is highly recommended for anyone seeking to gain a comprehensive understanding of Telephone Triage.

https://archive.kdd.org/data/publication/Documents/stacey%20mcgill%20matchmaker.pdf

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