Dr. Barton Schmitt’s Pediatric Telephone Protocols for Office Practices
Proven Quality and Standard of Care

- Reviewed and published by the American Academy of Pediatrics in printed format. The 15th edition will be released in October 2015.
- Evidence-based clinical content and decision-making. (See separate document.)
- American Academy of Ambulatory Care Nursing (AAACN) supports use of protocols for telephone triage and advice.
- The protocols support the Patient Centered Medical Home (PCMH). Patients are referred to an Emergency Department only if they meet strict medical criteria. Patients with possible urgent symptoms are first evaluated in the medical home. See the “Go to ED Now (or to Office with PCP Approval)” disposition for examples (such as severe pain or possible dehydration). These indicators (triage questions) can also be customized within the software by the practice.
- The After Hours version of these protocols is used in many call centers that have acquired Utilization Review Accreditation Commission (URAC) accreditation.
- Meets National Committee for Quality Assurance (NCQA) quality measures for optimal pediatric care. Schmitt’s protocols do the following:
  - Discourage prescribing antibiotics for viral URIs (see Cough, Colds, Influenza, Sinus Congestion and other protocols). The statement “antibiotics are not helpful” appears in the Care Advice of many protocols.
  - Reassure caller that sinus congestion is a normal part of a cold and not a sinus infection (see Sinus Pain and Congestion protocol).
  - Recommend rapid Strep tests for sore throats before prescribing any antibiotics (see Sore Throat protocol and Strep Exposure protocol).
  - Recommend standard treatment for asthma attacks based on NAEPP guidelines. Supports individualized asthma action plans, use of controller medicines, need for spacers (holding chamber) to achieve optimal drug delivery and close follow-up by the PCP. (See Asthma Attack protocol).
  - Encourage caller to catch up on immunizations in several protocols (see Whooping Cough Exposure, Chickenpox, Immunization Reaction, Puncture Wound, Skin Injury protocols and others). A Measles Exposure protocol will be added in 2015.
- Meets quality measures from other national organizations. Schmitt’s protocols do the following:
  - Recommend avoiding second hand tobacco smoke in all respiratory protocols. (See Asthma Attack and Croup protocols.)
  - Recommend avoiding OTC cough and cold medicines before age 4 years in all respiratory protocols. (FDA directive in 2008)
  - Recommend examination of tympanic membrane for signs of bacterial otitis media before prescribing an antibiotic for earaches. Clarifies that many mild earaches are a part of a cold or simply a viral otitis. (See Earache protocol.)
  - Educate callers that most fevers are beneficial for fighting infections. Attempts to counteract “fever phobia” which drives many unnecessary ED visits. (See Fever protocol and all other protocols where fever is one of the symptoms).
- Encourage annual “flu shot”. (See Influenza Exposure protocol.)
- Strongly encourage breastfeeding as optimal infant nutrition (See Breast-Feeding Questions protocol.)
- Recommend appropriate use of modified diet or glucose-electrolyte solutions to prevent dehydration in children with diarrhea and/or vomiting. Details were reviewed and approved by AAP Committee on Nutrition and AAP Section on Gastroenterology.
- Include “Reassurance and Education” statements in every protocol as the first piece of Care Advice.

Resource: Schmitt BD. Pediatric Telephone Protocols: Office Hours