



## Update Letter 2025 – Triage Nurses

April 7<sup>th</sup>, 2025

### Dear Telehealth Triage Nurse Colleague:

The 2025 update of the Adult After-Hours (AH) Telehealth Triage Guidelines consists of **446** active guidelines. There are **12** new guidelines and 434 updated prior active guidelines.

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 2025 Adult After-Hours (AH) Telehealth Triage Clinical Content.

### *New Guidelines*

There are 12 new adult guidelines since the last annual update in 2024.

We added 2 hospice telehealth triage guidelines. These, along with the updated existing hospice guidelines, results in a count of 24 for this specialty area.

1. Hospice - Equipment or Supply Request
2. Hospice - Insomnia

In addition, we have 10 other new adult AH telehealth triage guidelines.

1. Accidental Exposure to Recreational (Street) Drug
2. Bluish Skin or Body Part (Cyanosis)
3. Cancer - Mouth Symptoms
4. Hallucinations
5. Hallucinogenic Mushrooms - Use and Problems
6. Post-Op Wound Drains and Tubes - Symptoms and Questions
7. Post-Traumatic Stress Disorder (PTSD)
8. Toenail Fungal Infection - Diagnosed or Suspected
9. Tracheostomy Symptoms and Questions
10. Warts



We encourage you to read each of these new guidelines in their entirety.

## Inactivated Guidelines

No guidelines have been inactivated for 2025.

## Guideline Title Change

The title was changed in 2 existing guidelines.

AlgorithmID	2024	2025
158	Influenza (Flu) - Seasonal	Influenza (Flu) Suspected
279	Avian Influenza Exposure	Avian Influenza (Bird Flu) Exposure

## New References

Telehealth triage guidelines should be evidence-based and referenced.

Every year, new relevant references from the medical literature are reviewed and incorporated into the Schmitt-Thompson Clinical Content. For this update of the Adult Telehealth triage guidelines, there are 488 new references. Some outdated references were deleted.

See document titled **New Adult References Included in 2025 Update**.



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

## New Search Words

Search words are carefully selected for each guideline. These search words help the nurse triager find the most appropriate guideline for a specific symptom or concern.

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



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

## Disposition Title Change

The disposition title was changed for one After-Hours disposition.

LevelID	2024	2025
85	Go to ED Now (or PCP triage)	Go to ED/UCC Now (or PCP Triage)

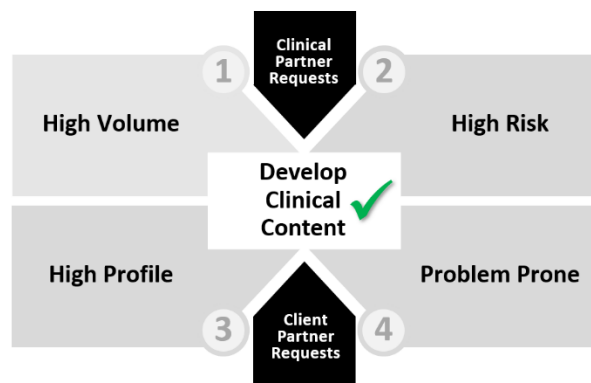
## Future Guideline Development

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

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 the STCC framework for prioritizing NEW clinical content development?



## Updated Guidelines

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

“Redline” documents showing changes are provided to call center clients.

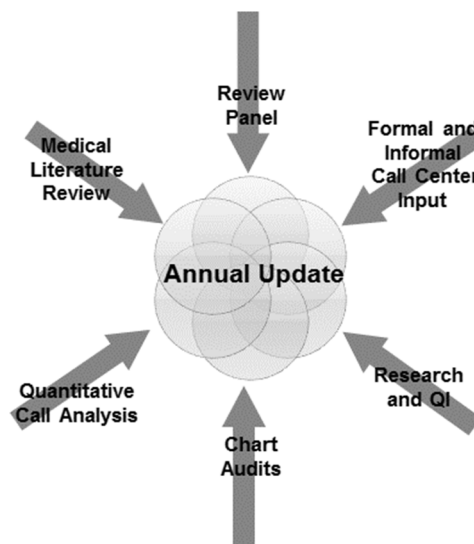
Included in this year’s update are redlined versions of each of the guidelines showing the changes from 2024.

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

- **2025\_Redlines\_MAJOR\_WORD** and
- **2025\_Redlines\_MINOR\_WORD**

To help prevent issues with file operations (e.g., saving files, moving files), we limited the redline file names to 100 characters.

*Major and minor changes are defined as follows.*



### Major Changes

- Significant or controversial Triage Assessment Question (TAQ) changes: edits, additions, or movement of a TAQ to a different disposition level
- Substantive Care Advice (CA) changes
- Substantive Background Information changes
- Substantive Definition changes

### Minor Changes

- Non-controversial changes in additions or deletions of a Triage Assessment Question (TAQ)
- Non-controversial changes in moving a TAQ to a different level
- Addition / deletion of references
- Re-ordering of TAQs
- Minor wording changes throughout
- Spelling, grammar, punctuation changes
- Any search word changes
- Any Initial Assessment Question (IAQ) changes

## Universal Changes

Universal Changes are substantive identical edits that have been made across multiple different guidelines. The following are some highlights of universal changes made in this guideline update release. Please review the redline documents for a comprehensive review of changes for 2025.

There are 14 Universal Changes for 2025. They are:

1. Added Automatic External Defibrillator (AED) First Aid Information
2. Added TAQ for Alpha-Gal Syndrome
3. Added TAQs for Minor GI Bleeding to Match Exceptions
4. Aspirin CA Updated for Those With Influenza
5. CA Update for *Go to ED/UCC Now (or PCP Triage)* Disposition Category
6. Call Back Instructions for Severe Pain After Trying Pain Medicines
7. Cough Guideline Updates – TB and Whooping Cough
8. DoxyPep Added to Background Information (BI) in *STI Exposure* and *STI Questions Guidelines*
9. Epinephrine Nasal Spray (Neffy) Added to First Aid Advice for Anaphylaxis
10. Initial Assessment Questions (IAQs) and Note to Triager to Help Identify Those With Neutropenia
11. Triager Tips for Rashes in People With Dark Skin
12. Updated CA for Topical NSAIDs to Only Appear in Appropriate Guidelines
13. Updated First Aid for Neck Injuries
14. Updated TAQs for Heavier Than Normal Menstrual Bleeding

### Universal Change - Added Automatic External Defibrillator (AED) First Aid Information

- Rapid defibrillation improves survival for those in ventricular fibrillation cardiac arrest. There is about a 6% decrease in survival for each minute of delay between arrest and the first shock.<sup>1</sup>
- Therefore, when it comes to the use of an AED, the difference of just a couple minutes can have an impact on survival.
- AEDs are intended for use by the general public (lay responders) and are now available in many public spaces.<sup>2</sup>
- Given the importance of rapid defibrillation, we have updated Care Advice and First Aid information in multiple guidelines throughout the content to include AEDs.

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/39462804/>

<sup>2</sup> <https://www.heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-is-an-AED.pdf>

1015. **First Aid - Breathing Stopped or Cardiac Arrest - All Rescuers:**

- **Call 911.**
- **Start Hands-Only CPR:** "Push hard and fast on the center of the chest."
- **Send for AED:** If there is an AED (Automatic External Defibrillator) nearby, send someone else to get it. When the AED arrives, turn it on and follow the automatic voice instructions.



Please review the **Breathing Difficulty** guideline. It provides an example of these universal changes.

### Universal Changes – Added TAQ for Alpha-Gal Syndrome

Alpha-gal syndrome is a type of allergic reaction to meat or dairy.

It can cause mild to severe allergic symptoms, including **anaphylaxis**. Symptoms can also include:

- Abdomen pain, diarrhea, nausea, vomiting
- Angioedema
- Hives (urticaria)
- Wheezing

Although most cases of anaphylaxis occur rapidly after exposure (minutes to hours), alpha-gal syndrome can cause a delayed reaction (e.g., up to 10 hours after exposure).<sup>3,4</sup>

We added a TAQ for those with a life-threatening history of meat or dairy allergy (alpha-gal syndrome) to multiple allergy related guidelines.

[1] Life-threatening reaction (anaphylaxis) in the past to meat or dairy (alpha-gal syndrome) AND [2] < 10 hours since exposure

R/O: *anaphylaxis, alpha-gal syndrome*

CA: 40, 3580, 1189, 3581, 1188, 1



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

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/39556646/>

<sup>4</sup> [https://www.annallergy.org/article/S1081-1206\(23\)01304-2/fulltext](https://www.annallergy.org/article/S1081-1206(23)01304-2/fulltext)

## Universal Change – Added TAQs for Minor GI Bleeding to Match Exceptions

Throughout the content, there are multiple GI bleeding related TAQs that include exceptions for minor bleeding. For example:

Blood in bowel movements (e.g., black, tarry or red blood) (Exception: Blood on surface of BM with constipation.)

*R/O: gastritis, peptic ulcer disease, esophageal varices, lower GI bleed*

[1] Vomiting AND [2] contains red blood or black ("coffee ground") material (Exception: Few red streaks in vomit that only happened once.)

*R/O: gastritis, esophageal varices, Mallory-Weiss tear (tear in esophagus from hard vomiting)*

These exceptions did not previously always have a corresponding TAQ at a lower disposition level. We have therefore updated multiple guidelines to include TAQs and targeted Care Advice for these more minor episodes of GI bleeding.

### See PCP Within 3 Days

[1] Few streaks of blood in vomit AND [2] occurred one time

*Reason: Probably lower esophageal or pharyngeal irritation from vomiting.*

*CA: 45, 2661, 2662, 1066, 1803, 14, 1*

### See PCP Within 2 Weeks

Blood on surface of bowel movement with constipation

*CA: 46, 1199, 1318, 1161, 13, 1*



Please review the **Abdominal Pain – Female** guideline. It provides an example of these universal changes.

## Universal Change – Aspirin CA Updated for Those With Influenza

We updated the CA instructing people not to take aspirin if they have the flu. This now includes an age range (those younger than 19).

Aspirin should be avoided because of the risk of Reye syndrome in children with influenza that take aspirin. The CDC notes that people younger than 19 on long-term aspirin are at increased risk of influenza complications.<sup>5</sup>

The updated CA now reads:

1007. **No Aspirin for People Younger Than 19 Years Old:**

- People younger than 19 years old should NOT use aspirin for fever or pain.
- *Reason:* There is a link between flu, aspirin use, and Reyes' Syndrome (a serious medical condition).



Please review the **Influenza (Flu) Follow-up Call** guideline. It provides an example of these universal changes.

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<sup>5</sup> <https://www.cdc.gov/flu/highrisk/index.htm>



## Universal Change – CA Update for *Go to ED/UCC Now (or PCP Triage)* Disposition Category

We updated the CA associated with the disposition *Go to ED/UCC Now (or PCP Triage)* throughout the guidelines.

- This now includes instructions to not send these patients to Retail Clinics for this disposition level.
- We also created a Note to Triager section for this CA that parallels the formatting of similar CA in the *See HCP (or PCP Triage) Within 4 Hours* disposition CA.

### 42. **Go to ED/UCC Now (or PCP Triage):**

• **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at \_\_\_\_\_ Hospital. Leave as soon as you can. **Caution:** See Sources of Care below when considering where to send the patient.

• **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at \_\_\_\_\_ Hospital.

#### **Note to Triager:**

- Use nurse judgment to select the most appropriate source of care.
- Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Do not send these patients to Retail Clinics. Retail Clinics have limited services and are not able to manage these patients.

#### **Sources of Care:**

- **ED:** Patients who may need surgery, need hospitalization, 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.
- **UCC Is Open:** Some Urgent Care Centers (UCCs) can manage patients who are stable and have less serious symptoms or minor injuries. The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
- **Office Is Open:** 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.



Please review the **Abdominal Injury** guideline. It provides an example of these universal changes.

## Universal Change – Call Back Instructions for Severe Pain After Trying Pain Medicines

There were multiple pain and injury guidelines that included a TAQ for those with severe pain that is not better 2 hours after pain medicines. These typically appear in both injury and pain related guidelines (e.g., Arm Injury, Back Injury, Leg Pain, Knee Pain). For example:

- [1] SEVERE pain (e.g., excruciating, unable to do any normal activities) AND [2] not improved after 2 hours of pain medicine

To help capture those patients that have not yet tried pain medicine, we have added CALL BACK IF instructions to multiple guidelines. This was added to appropriate Home Care TAQs.

8. **Call Back If:**

- Severe pain lasts more than 2 hours after pain medicine
- Moderate pain (interferes with normal activities, limping) lasts over 3 days
- Mild pain lasts over 7 days
- Signs of infection occur (spreading redness, warmth, fever)
- You become worse



Please review the **Knee Pain** guideline. It provides an example of these universal changes.

## Universal Change – Cough Guideline Updates – TB and Whooping Cough

To provide additional triage support and advice to patients, we added new TB related CA to several cough guidelines (e.g., Cough - Acute Non-Productive, Cough - Acute Productive, Coughing Up Blood). The new CA titles include:

- Note to Triager - TB Exposure With Symptoms
- TB Exposure - Isolation Will Be Needed
- TB Exposure - Tell Healthcare Personnel That You Might Have Tuberculosis
- TB Exposure - Phone Ahead (to Doctor's Office, Urgent Care Center, or ED)

**3361. Note to Triager - TB Exposure With Symptoms:**

- Every healthcare system has different resources for best evaluating patients with possible tuberculosis (TB).
- Ideally, the patient should be sent to a facility with a negative air flow room, if there is a high level of suspicion that the patient has TB.
- In some cases this will require referral to the emergency department.
- Consider **checking with your Infection Control department** and coordinating the best disposition for the patient.

**3362. TB Exposure - Isolation Will Be Needed:**

- Isolate yourself at home. Avoid close contact with others in the house. Cover your mouth when coughing.
- Do **Not** allow any visitors
- Do **Not** go to work or school
- Do **Not** go to church, child care centers, shopping, or other public places.

**3363. TB Exposure - Tell Healthcare Personnel That You Might Have Tuberculosis:**

- Tell the first healthcare worker you meet that you were exposed and might have tuberculosis (TB).
- Tell them you have symptoms and have been sent in for testing.

**3364. TB Exposure - Phone Ahead (to Doctor's Office, Urgent Care Center, or ED):**

- Call ahead to your doctor's office (or urgent care center or ED). Let the doctor (or NP/PA) know that you may have been exposed to TB and you are now having symptoms (such as cough).
- You **must** do this so that the healthcare workers can make arrangements to prevent spread of TB to others.

To help the RN consider whooping cough in those exposed, we added a new SMAG in both the *Cough - Acute Non-Productive* and *Cough - Acute Productive* guidelines

[1] Cough AND [2] within 21 days of whooping cough EXPOSURE

*Go to Guideline: Whooping Cough Exposure (Adult). Note: Triager may wish to return to this guideline for more in-depth cough triage and expanded cough care advice.*



Please review the **Cough – Acute Non-Productive** guideline. It provides an example of these universal changes.

### Universal Change – DoxyPep Added to Background Information (BI) in STI Exposure and STI Questions Guidelines

- DoxyPep (doxycycline) taken within 72 hours of possible STI exposure can reduce the risk of catching an STI.<sup>6</sup>
- Per the CDC, “Doxy PEP has proven to reduce the risk of getting some bacterial STIs for gay, bisexual, and other men who have sex with men and transgender women at increased risk for STIs (specifically, syphilis, chlamydia, and in some studies, gonorrhea).”<sup>7</sup>
- We added the following information in the BI of the *STI Exposure* guideline and the *STI Questions* guideline:

The antibiotic **doxycycline** (DoxyPep) can be prescribed for self-use (self-administered) within 72 hours after sex. This can reduce the risk of catching an STI in certain higher risk groups (men who have sex with men and transgender women). The CDC recommends doctors (or NP/PA) discuss DoxyPep with these groups of patients who have also had at least one bacterial STI (syphilis, chlamydia, gonorrhea) in the last 12 months.



Please review the **STI Exposure** guideline. It provides an example of these universal changes.

<sup>6</sup> <https://jamanetwork.com/journals/jama/fullarticle/2824940>

<sup>7</sup> <https://www.cdc.gov/sti/hcp/doxy-pep/index.html>

## Universal Change – Epinephrine Nasal Spray (Neffy) Added to First Aid Advice for Anaphylaxis

- Nasal epinephrine spray was approved by the FDA in 2024 for use in children and adults (for those weighing at least 66 lbs or 30 kg).<sup>8</sup>
- We created new first aid CA that can be provided to those that have been prescribed epinephrine nasal spray.
- This CA was added to multiple guidelines that include anaphylaxis first aid.
- We also updated the corresponding First Aid sections of these guidelines to include information on epinephrine nasal spray.

### Instructions for **Epinephrine Nasal Spray (Neffy)**:

- If the patient has an epinephrine nasal spray (Neffy), **give it now**. Do not delay. Give epinephrine first, then call 911.
- Put the nozzle fully into the nostril and spray it straight into the nose. Do NOT angle the spray.
- Avoid sniffing during or after getting the medication.
- You may give a second (repeat) dose of epinephrine 5 minutes later, IF the person with anaphylaxis does not respond to the first dose AND ambulance arrival takes longer than 5 minutes.
- Spray the repeat dose into the same nostril. Use a NEW bottle of Neffy for the second spray (do NOT reuse the old bottle).



Please review the **Anaphylaxis** guideline. It provides an example of these universal changes.

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<sup>8</sup> <https://www.fda.gov/news-events/press-announcements/fda-approves-first-nasal-spray-treatment-anaphylaxis>

## Universal Change – Initial Assessment Questions (IAQs) and Note to Triager to Help Identify Those With Neutropenia

We updated and expanded the IAQs in several cancer related guidelines to help identify those suspected to be neutropenic. These IAQs now include questions regarding cancer treatment, history of low WBC count, and information for the triager regarding neutropenia.

6. CANCER: "What type of cancer do you have?"  
7. CANCER - TREATMENT: "What cancer treatments have you received?" "When did you last receive them?" (e.g., chemo, immunotherapy, radiation, bone marrow transplant, or recent surgery). Note: Triager should review medical record if available.  
8. CANCER - NEUTROPENIA RISK: "Were you told that your white cell count is low?" "Have you received anti-cancer therapy (e.g., chemo, CAR-T) recently?" If Yes, triager with access to patient's medical record should review most recent labs. An ANC less than 1,500 means that the neutrophils are low and the immune system is weak.

In addition, in multiple cancer related guidelines we updated/expanded the note to triager for the TAQ related to neutropenia.

[1] Neutropenia known or suspected (e.g., recent cancer chemotherapy) AND [2] fever > 100.4° F (38.0° C)

*R/O: neutropenic fever. Reason: Increased risk of serious infection or sepsis, even in the absence of other symptoms. Note: Suspect neutropenia if the patient received anti-cancer treatment (e.g., chemo) in past 6 weeks, has leukemia, or is taking immunosuppressant medicines after a transplant. Some treatments can cause neutropenia beyond 6 weeks (e.g., CART-T). Triager should consult with medical provider if unsure of neutropenia status.*

CA: 41, 81, 1070, 1



Please review the **Cancer – Breathing Difficulty** guideline. It provides an example of these universal changes.

## Universal Change – Triager Tips for Rashes in People With Dark Skin

- Rashes can be more difficult to detect in dark-skinned people.
- For example, a rash may appear red in people with lighter color skin. However, in people with darker skin, the same rash may appear brown or even purple.
- To help triagers recognize the differences in the appearance of rashes in darker-skinned people, we have added background information for the triager.
- These triager tips will appear in the BI of multiple rash related guidelines:

### Triager Tips

Rashes can be more difficult to detect in dark-skinned patients, especially flat (macular) rashes.

- The appearance of rashes can vary based on skin color.
- For example, a rash can appear red on patients with lighter skin. In patients with darker skin, the same rash can appear darker brown or even purple. Light pink rashes may not be detectable in dark-skinned patients.
- Raised (papular) or scaly rashes are much easier to detect in dark-skinned patients. Examples are hives, eczema, chickenpox.

When triaging skin rashes, it is important to consider variations related to the patient's skin color. Trust what the patient (or caller) reports has changed on the skin.

Adults with fever and widespread rash require urgent evaluation. There are a number of serious infections which can present in this manner. Examples of serious infections include meningococcemia, gonococcemia, endocarditis, and Rocky Mountain spotted fever.



Please review the **Rash or Redness – Widespread** guideline. It provides an example of these universal changes.



## Universal Change – Updated CA for Topical NSAIDs to Only Appear in Appropriate Guidelines

- Some people benefit from the use of topical NSAIDs (such as topical diclofenac).
- Topical NSAIDs are for external use only and are meant to treat muscle or joint pain.
- We updated the *Pain Medicines – Extra Notes and Warnings* care advice so the section on topical NSAIDs now only appears in appropriate guidelines (e.g., Back Pain, Knee Pain)

### 3521. Pain Medicines - Extra Notes and Warnings:

- Follow these dosing instructions unless your doctor (or NP/PA) has told you to take a different dose.
- 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 maximum dosage instructions for Tylenol in Canada than in the United States. Bayer, the company that makes Aleve, has different dosage maximum instructions for Aleve in Canada and the United States.
- Some people with muscle and joint pain benefit from using OTC topical pain medicines (such as the topical NSAID diclofenac). Do NOT also take NSAIDs by mouth while using a topical NSAID.
- **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. If you take blood thinners, ibuprofen and naproxen can increase the risk of bleeding.
- *Before taking any medicine, read all the instructions on the package.*



Please review the **Back Injury** guideline. It provides an example of these universal changes.

## Universal Change – Updated First Aid for Neck Injuries

- The most recent American Heart Association (AHA) First Aid guidelines note a gradual de-emphasis and de-adoption of universal spinal immobilization by professional EMS.<sup>9</sup> They also note that in some cases rigid cervical collars and spine boards might even be detrimental.
- Professional EMS providers will decide if spinal immobilization devices should be used on an individual patient (based on the circumstances and their evaluation). The instructions for the patient should be to stay as still as possible until EMS arrives.

<sup>9</sup> <https://cpr.heart.org/en/resuscitation-science/2024-first-aid-guidelines>



- One exception would be if there is immediate danger to the patient in their current environment (e.g., fire, risk of drowning).
- We have therefore updated the first aid care advice for neck injury in multiple guidelines to read:

2034. **First Aid - Neck Injury:**

- Protect the neck from movement.
- Do not move the person and have them stay as still as possible until EMS arrives.
- *Exception:* If the person's current location is unsafe (e.g., fire, risk of drowning), carefully move the person to safety.
- *Extra notes:* Lay the patient down on their back. Roll up towels (or blanket or clothing) and place them on either side of the head to keep the head from moving.



Please review the **Motor Vehicle Accident** guideline. It provides an example of these universal changes.

### Universal Change – Updated TAQs for Heavier Than Normal Menstrual Bleeding

With input from our team of women's health expert physicians, we have updated TAQs in multiple guidelines related to heavier than normal menstrual bleeding.

These updated TAQs rely more on the patient's own perception of an abnormally heavy period. They also now include a more functional or activity-based set of examples (e.g., needing to double up on pads, needing to change pads overnight, unable to do normal activities).

**See PCP Within 3 Days**

[1] Heavier than normal periods (e.g., doubling up on pads to prevent leaking, needing to change pads overnight, unable to do normal activities) AND [2] last > 7 days

*R/O: menorrhagia (heavy menstrual bleeding). Reason: Heavy vaginal bleeding, check for anemia.*

*CA: 45, 163, 1239, 1240, 16, 1*

### See PCP Within 2 Weeks

Pregnant

*Reason: Prenatal counseling needed.*

*CA: 46, 163, 1223, 515, 13, 1*

Heavier than normal periods (e.g., doubling up on pads to prevent leaking, needing to change pads overnight, unable to do normal activities)

*R/O: menorrhagia (heavy menstrual bleeding). Reason: Heavy vaginal bleeding, check for anemia.*

*CA: 46, 163, 91, 1239, 1240, 1242, 1*

This replaces prior language that simply required > 6 pads per day.



Please review the **Vaginal Bleeding – Abnormal** guideline. It provides an example of these universal changes.

## Major Changes to Individual Guidelines

The following are some highlights of major changes made in individual guidelines for this update release. Please review the redline documents for a comprehensive review of changes for 2025.

There are **12** adult AH telehealth triage guidelines with major changes for 2025. They are:

1. Avian Influenza (Bird Flu) Exposure
2. Cancer - Skin Symptoms and Questions
3. Chest Pain
4. Carbon Monoxide Exposure
5. Influenza (Flu) Exposure
6. Influenza (Flu) Follow-up Call
7. Influenza (Flu) Suspected
8. Itching - Widespread
9. Lymph Nodes - Swollen
10. Nasal Allergies (Hay Fever)
11. Pregnancy - Vaginal Bleeding Less Than 20 Weeks EGA
12. Snakebite - North America

### Major Change – Avian Influenza (Bird Flu) Exposure

The incubation period for avian influenza is usually 3 to 5 days but can be as long as 10 days.<sup>10</sup> We updated several TAQs to include the 10-day incubation period for symptom development.<sup>11</sup>

#### See HCP (or PCP Triage) Within 4 Hours

[1] Fever > 100.0° F (37.8° C) occurs AND [2] within 10 days of avian influenza (bird flu) EXPOSURE

*R/O: avian influenza (bird flu). Note: Antiviral medicines should be started as soon as possible for people with confirmed or suspected avian flu.*

*CA: 43, 17, 18, 30, 19, 20, 1002, 1005, 1007, 21, 1*

We substantially expanded and updated the Definition and Background Information sections in this guideline. The BI includes expanded sections on avian influenza symptoms, how it is spread, and a new section on prevention.

<sup>10</sup> [https://www.uptodate.com/contents/avian-influenza-clinical-manifestations-and-diagnosis?search=Avian%20influenza%3A%20Clinical%20manifestations%20and%20diagnosis&source=search\\_result&selectedTitle=1%7E31&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/avian-influenza-clinical-manifestations-and-diagnosis?search=Avian%20influenza%3A%20Clinical%20manifestations%20and%20diagnosis&source=search_result&selectedTitle=1%7E31&usage_type=default&display_rank=1)

<sup>11</sup> <https://www.ama-assn.org/delivering-care/public-health/h5n1-bird-flu-questions-patients-may-have-and-how-answer#>

## Prevention

The best way to prevent avian flu is to **avoid exposure**.

- Avoid contact with infected poultry (such as chickens, ducks, geese, pigeons, turkeys, and quail) or any wild birds.
- Avoid settings where infected poultry may be present, such as poultry farms and live poultry markets.
- Avoid touching surfaces that may be contaminated with feces or body fluids from infected animals.
- Do not eat un-cooked or undercooked poultry, eggs, or beef. Cooking kills the virus. Also do not drink raw (unpasteurized) milk.
- Wash hands frequently with soap and water. Alcohol-based hand gels are effective if soap and water is not available.
- *High risk workers (such as cattle or poultry farm workers) and hunters need to take special precautions.* More info can be found at the CDC site: <https://www.cdc.gov/bird-flu/prevention/index.html>.

In addition, we made multiple Care Advice updates in this guideline to improve clarity and to promote early treatment with antivirals for those with avian influenza.



Please carefully read and review the redline for this updated **Avian Influenza (Bird Flu) Exposure** guideline.

## Major Change – Cancer - Skin Symptoms and Questions

This guideline now includes a SMAG to the new *Cancer – Mouth Symptoms* guideline.

We moved the TAQ for skin peeling off in sheets to a disposition of Go to ED Now.

[1] Bright red skin AND [2] peels off in sheets

*R/O: Toxic Shock Syndrome, Stevens-Johnson syndrome (SJS), Toxic Epidermal Necrolysis (TEN), Staph Scalded Skin Syndrome*

*CA: 41, 80, 81, 1*

We have also added a new TAQ for those with mild skin symptoms due to radiation therapy.

Mild localized rash or itching present < 7 days

*R/O: contact or irritant dermatitis*

*CA: 48, 2, 3, 4, 5, 1090, 1091, 6, 7, 8, 1*

This new TAQ includes multiple new CA statements, including the following CA titles:

- Reassurance and Education - Radiation Therapy Mild Skin Side Effects
- Clean the Skin
- Moisturize the Skin With Lotion
- Wear Soft, Loose Clothing
- Protect the Skin From Sun
- Prevent Exposure of Skin to Hot or Cold
- Other Things to Avoid During Radiation Therapy

For example:

31. **Reassurance and Education - Radiation Therapy Mild Skin Side Effects:**
- Radiation can make skin inflamed and irritated in the area of radiation.
  - The skin in the treatment area may become more pink, red, or dark in color. The skin may also look slightly puffy, dry or flaky. It may feel itchy or tight.
  - These symptoms are usually mild and can be treated at home.
  - It is important to take care of your skin during and after therapy to prevent skin problems.
  - *Here is some care advice that should help.*



Please carefully read and review the redline for this updated **Cancer - Skin Symptoms and Questions** guideline.

## Major Change – Chest Pain

We removed the TAQ for dizziness from the Chest Pain guideline. Some reasons behind this change include:

- A recent article in the British Medical Journal (BMJ) on the telephone triage of chest pain patients did not find asking about dizziness to be helpful. Besides ACS, the study also looked at other life-threatening presentations (e.g., pulmonary embolism, thoracic aortic dissection, acute heart failure, aortic aneurysm, etc.). “Dizziness/lightheadedness are common symptoms but are not positively related to an ACS diagnosis in both females and males with acute chest discomfort.”<sup>12</sup>
- Removing this TAQ will help speed the triage process.
- The Chest Pain guideline already takes a conservative approach. For example, those calling with a complaint of chest pain lasting > 5 minutes within the last 3 days are referred for evaluation (excluding people with associated acid refluxing into their mouth).

Nurses should always use their clinical judgment when deciding on the best guideline(s) to utilize (e.g., Chest Pain, Dizziness - Lightheadedness).



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

## Major Change – Carbon Monoxide Exposure

We added a new TAQ for those with suspected carbon monoxide (CO) exposure who had mild symptoms that have now resolved. In addition, we updated multiple TAQs to improve clarity between those with *suspected* vs *known* exposure.

### Call Poison Center Now

[1] SUSPECTED CO EXPOSURE (e.g., alarm from CO detector sounded) in past 24 hours AND [2] had mild symptoms BUT [3] NO symptoms now

*Note: Mild CO poisoning symptoms include: headache, nausea, vomiting, dizziness.*

CA: 60, 1141, 1142, 1

We added new CA and BI information on CO detectors.

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<sup>12</sup> <https://pubmed.ncbi.nlm.nih.gov/39909522/>

16. **CO (Carbon Monoxide) Detector:**

- A CO detector will give an alarm with **four beeps** if there is carbon monoxide in the air.
- A **single chirp** once a minute means that the battery is low or the detector should be replaced.
- Install **CO detectors** near every sleeping area in your home. Hard-wired detectors with a battery backup offer the most reliable protection.
- Check the **batteries** in your CO detector twice a year. For example, check them in the Spring and Fall when the time changes.
- Replace your CO detector every 5 years.



Please carefully read and review the redline for this updated **Carbon Monoxide Exposure** guideline.

## Major Change – Influenza (Flu) Exposure

Changes and improvements include:

- See More Appropriate Guideline (SMAG) statements for those recently prescribed antivirals – Go to Guideline: *Influenza (Flu) Follow-up Call*
- SMAG for those that tested positive by a home test – Go to Guideline: *Influenza (Flu) Suspected*
- New TAQ for those exposed to flu who also live with someone that is at high risk for flu complications
- New section in BI regarding home flu tests
- Minor additional edits to TAQs, Care Advice, and BI

[1] Influenza EXPOSURE within last 48 hours (2 days) AND [2] lives with someone that is HIGH RISK (e.g., child less than 2 years, 65 years and older, pregnant, HIV+, chronic medical condition)

*Note: The doctor (or NP/PA) will need to decide if antiviral medication might be helpful.*

CA: 51, 5, 3092, 3093, 3094, 3098, 90, 1

There are **home flu tests** (rapid self-test kits) that people can buy at the drugstore.

- These tests have fair sensitivity (30 to 60%), but high specificity (95 to 99%) for flu (influenza A or B).
- This means that if the test is negative and the person has typical flu symptoms, they may still have the flu. However, if the test is positive, there is a high likelihood that the person has the flu.
- They are more accurate during the first 3 days of flu symptoms.
- There are also combined home test kits that test for flu (influenza A or B) and COVID-19.



Please carefully read and review the redline for this updated **Influenza (Flu) Exposure** guideline.

### Major Change – Influenza (Flu) Follow-up Call

The Definition section of this guideline was updated to clarify that those with positive self-tests that have not been diagnosed by a doctor (nor prescribed antiviral medicines) are excluded. These patients should be triaged with the Influenza (Flu) Suspected guideline:

#### *Excluded:*

- Influenza suspected (i.e., cough, fever, other respiratory symptoms; positive flu self-test or probable influenza exposure) and has **not been diagnosed with influenza (flu) by a doctor** (or NP/PA) nor **prescribed antiviral for influenza** (e.g., oseltamivir / Tamiflu) by a doctor (or NP/PA). Use **Influenza (Flu) Suspected** Call guideline.

Additional updates and improvements to this guideline include:

- SMAG for those with suspected influenza – Go to Guideline: Influenza (Flu) Suspected
- SMAG for positive flu test at home but not diagnosed by a doctor (or NP/PA) – Go to Guideline: Influenza (Flu) Suspected
- New TAQs for mild and moderate difficulty breathing
- New TAQ for those at high risk for flu complications that have NOT been evaluated by a doctor
- New TAQ for those strongly requesting antiviral medicines
- New section in BI regarding home flu tests
- Minor additional edits to Definition, TAQs, CA, and BI

[1] Influenza suspected (i.e., cough, fever, other respiratory symptoms; probable influenza exposure) AND [2] NOT recently diagnosed with influenza (flu) by a doctor (or NP/PA)

*Go to Guideline: Influenza (Flu) Suspected (Adult). Note: Other evidence that patient was diagnosed with influenza include a positive LAB test for influenza or recently prescribed an antiviral for influenza by doctor.*

[1] Positive flu self-test at home AND [2] NOT recently diagnosed with influenza (flu) by a doctor (or NP/PA)

*Go to Guideline: Influenza (Flu) Suspected (Adult). Note: Other evidence that patient was diagnosed with influenza include a positive LAB test for influenza or recently prescribed an antiviral for influenza by doctor.*



[1] HIGH RISK (e.g., weak immune system, 65 years and older, obesity with BMI 40 or higher, pregnant, chronic lung disease) AND [2] has not been evaluated by doctor (or NP/PA) AND [3] LAB flu test is positive

*Reason: During an influenza outbreak, treatment with antiviral influenza medication should be considered for HIGH RISK patients, especially for symptoms present < 48 hours. Notes: The doctor (or NP/PA) may wish to phone in a prescription to the pharmacy. See the HIGH RISK list in Definition section.*

*CA: 50, 3097, 130, 1036, 1037, 1038, 135, 136, 141, 143, 150, 1003, 1006, 1007, 15, 1*

[1] Patient is NOT HIGH RISK AND [2] strongly requests antiviral medicine AND [3] flu symptoms present < 48 hours

*Note: Not a HIGH RISK patient. Patients who are not high risk may not require treatment with anti-viral medication. The doctor (or NP/PA) will need to decide if antiviral medication might be helpful.*

*CA: 50, 3097, 130, 1036, 1037, 1038, 135, 136, 141, 143, 150, 1003, 1006, 1007, 3601, 15, 1*



Please carefully read and review the redline for this updated **Influenza (Flu) Follow-up Call** guideline.

## Major Change – Influenza (Flu) Suspected

The Definition section of this guideline was updated to make clear that this guideline should be used for suspected flu in a person with:

1. Flu symptoms and close contact exposure, OR
2. Flu symptoms and widespread flu in the community, OR
3. Flu symptoms and positive home test

We also added a new Excluded section to the Definition for those diagnosed by a doctor (NP/PA) or prescribed antivirals for flu.

### *Excluded:*

- Recently **diagnosed with influenza** (flu) by a doctor (or NP/PA), including positive lab test for influenza. Use **Influenza (Flu) Follow-up Call** guideline.
- Recently **prescribed antiviral for influenza** (e.g., oseltamivir / Tamiflu) by a doctor (or NP/PA). Use **Influenza (Flu) Follow-up Call** guideline.

*Note:* A person with a negative self-test may still have influenza (false negative test result). The triager should use this guideline if influenza is suspected based on close contact or widespread flu activity in the community, regardless of a negative self-test result at home.

Additional updates and improvements to this guideline include:

- New IAQs for difficulty breathing, better-same-worse symptoms, influenza vaccine, and O2 saturation.

- SMAG for avian influenza exposure – Go to Guideline: Avian Influenza (Bird Flu) Exposure
- SMAG for recently diagnosed by a doctor (or NP/PA) with flu – Go to Guideline: Influenza (Flu) Follow-up Call
- SMAG for those prescribed an antiviral for flu – Go to Guideline: Influenza (Flu) Follow-up Call
- New TAQs for moderate and mild difficulty breathing
- New TAQ for those that live with someone that is high risk for flu complications
- New CA and BI information regarding self-testing at home

[1] Avian influenza (bird flu) EXPOSURE (close contact) within the last 10 days AND [2] fever, eye redness, or any respiratory symptoms (i.e., cough, runny or stuffy nose, sore throat)

*Go to Guideline: Avian Influenza (Bird Flu) Exposure (Adult)*

Recently diagnosed with influenza (flu) by a doctor (or NP/PA) (Note: Includes positive lab test for influenza.)

*Go to Guideline: Influenza (Flu) Follow-up Call (Adult)*

Recently prescribed antiviral for influenza (e.g., oseltamivir / Tamiflu) by a doctor (or NP/PA)

*Go to Guideline: Influenza (Flu) Follow-up Call (Adult)*

Patient lives with someone that is HIGH RISK (e.g., 65 years and older, pregnant, HIV+, chronic medical condition)

*Note: The doctor (or NP/PA) will need to decide if antiviral medication might be helpful.*

*CA: 50, 3095, 1003, 1006, 1007, 130, 1036, 1037, 1038, 150, 3099, 3090, 9, 1*

#### 3099. **Influenza - Self-Testing at Home:**

- If you have symptoms of influenza you can self-test at home.
- **Where Can You Get an Influenza Test?** Home flu tests (rapid self-test kits) are available in some drugstores (such as CVS, Walgreens). You can also buy them on the internet (such as Amazon, CVS, Walgreens).
- **How Accurate Is the Test?** If the test is positive, it is very likely you have the flu. But, the test can give false (wrong) negative results. This means that even if the test is negative, you could still have the flu. Testing within the first 3 days of symptoms is most accurate. You can repeat the test if the first test is negative.
- Your doctor (or NP/PA) can also order an influenza test for you to be done at the office or the lab.

Additional minor edits were made to TAQs, CA, and BI



Please carefully read and review the redline for this updated **Influenza (Flu) Suspected** guideline.

## Major Change – Itching - Widespread

In addition to the updates noted above in Universal Changes (e.g., alpha-gal syndrome, use of epinephrine nasal spray), we made the following updates and improvements to this guideline:

- New SMAG for those that are pregnant – Go to Guideline: *Pregnancy - Itching*
- To streamline the triage process, we removed pregnancy related TAQs from this guideline (now handled with the *Pregnancy - Itching* guideline).
- New and updated care advice (e.g., Keep Room Cool While Sleeping)
- Multiple minor updates to CA and BI

3. **Reassurance and Education - Itching From Soaps and Bubble Bath:**

- Soaps and bubble bath can dry out the skin and cause irritation.
- *Here is some more care advice that should help.*

5. **Keep Room Cool While Sleeping:**

- Keep your bedroom cool when you sleep.
- Being hot can make your itching worse.

10. **Reassurance and Education - Itching From Dry Air:**

- For itching due to dry air, run a humidifier. This is mainly needed during the winter season when you are using central heat.
- After you shower, use an unscented moisturizing lotion (such as Eucerin, Lubriderm, Vaseline Intensive Care). Eucerin cream is especially helpful for dry and chapped hands.
- *Here is some more care advice that should help.*



Please carefully read and review the redline for this updated **Itching - Widespread** guideline.

## Major Change – Lymph Nodes - Swollen

We removed the TAQ for severe difficulty breathing and added the broader TAQ for any symptoms that sound like a life-threatening emergency.

### Call EMS 911 Now

Sounds like a life-threatening emergency to the triager

CA: 40, 1

We changed the disposition of TAQ for those with Fever > 103° F (39.4° C) from *Go to ED/UCC Now (or PCP triage)* to *See HCP (or PCP Triage) Within 4 Hours*. This will help reduce over-triage (while still allowing for nursing judgment).

### See HCP (or PCP Triage) Within 4 Hours

Fever > 103° F (39.4° C)

R/O: *serious bacterial infection*

CA: 43, 80, 1003, 1006, 89, 1



Please carefully read and review the redline for this updated **Lymph Nodes - Swollen** guideline.

## Major Change – Nasal Allergies (Hay Fever)

Updates and improvements to this guideline include:

- Expanded Definition section to now include notes that define moderate-severe symptoms
- Added CA and TAQ logic for nasal steroids
- New TAQ for those not getting symptom relief despite > 7 days of treatment (using antihistamine or nasal steroids)
- New TAQs to help capture those with bacterial sinusitis
- New TAQs for questions regarding over-the-counter medicines, nasal washes, and eye allergies (with associated CA)
- Updated and expanded BI section (including diagnosis, treatment, and medications)

### See PCP Within 3 Days

[1] Taking antihistamines or using nasal steroids > 2 days AND [2] nasal allergy symptoms interfere with sleep, school, or work

*Reason: Allergic rhinitis with moderate to severe symptoms and no relief with current medicine treatment.*

CA: 45, 3341, 3344, 3348, 3343, 1130, 1126, 3345, 3346, 2, 1

[1] Taking antihistamines or using nasal steroids > 7 days AND [2] nasal allergy symptoms not getting better (not improving)

*Reason: Allergic rhinitis and no improvement with current medicine treatment.*

CA: 45, 3341, 3344, 3348, 3343, 1130, 1126, 3345, 3346, 2, 1

[1] Nasal discharge AND [2] present > 10 days

*R/O: allergic rhinitis, bacterial sinusitis, non-allergic rhinitis*

CA: 45, 3344, 3348, 3343, 1130, 1126, 3345, 3346, 2, 1

[1] Sinus congestion (pressure, fullness) AND [2] present > 10 days

*R/O: bacterial sinusitis, allergic rhinitis*

CA: 45, 1077, 1037, 1038, 3344, 3348, 1130, 1126, 2, 1

### Home Care

[1] Nasal allergies AND [2] only certain times of year (hay fever) AND [3] hay fever diagnosis has been confirmed by a doctor (or NP/PA)

*R/O: seasonal allergic rhinitis*

CA: 48, 3341, 3342, 3344, 3348, 3343, 1130, 1126, 3345, 3346, 3, 3347, 1

Over-The-Counter medicines for nasal allergies, questions about

CA: 48, 3343, 1130, 1126, 3345, 3346, 135, 136, 88, 1

Nasal washes and Neti Pot for nasal allergies, questions about

CA: 48, 1036, 1037, 1038, 137, 138, 139, 88, 1

Causes of nasal allergies (allergens), questions about

CA: 48, 6, 14, 3344, 88, 1

Allergic conjunctivitis (eye allergies), question about

CA: 48, 3350, 3352, 3353, 3354, 3355, 3344, 3356, 1

3345. **Steroid Nasal Sprays for Allergic Rhinitis (Nasal Allergies):**

- You can use a nasal steroid spray to reduce sneezing, itching and runny nose. They can help decrease or stop nasal allergy and hay fever symptoms.
- It is an over-the-counter (OTC) medicine. You can buy it at a drugstore.
- Steroid nasal spray often works better than antihistamine medicines for allergic rhinitis.
- Examples are **fluticasone** (Flonase) and **mometasone** (Nasonex).
- **Dosage:** 2 sprays in each nostril once daily. After one week, use 1 or 2 sprays in each nostril once daily, as needed to treat symptoms.
- **Side effects:** Nosebleeding can occur in about 1 in 10 people. Some other side effects are dry nose, headache, nasal stinging, sneezing, and sore throat.

3346. **Steroid Nasal Spray - Extra Notes and Warnings:**

- If you have crusting inside your nose, use a nasal wash to clean out your nose before using the steroid nasal spray.
- **Caution:** Talk with your doctor (or NP/PA) if you are not better after using steroid nasal spray for 1 week.
- **Caution:** Talk with your doctor before using if you have glaucoma, cataracts, an eye infection, or are taking steroid medicines for something else already. Talk with your doctor before use if you have HIV. Talk with your doctor before use if you are pregnant or breastfeeding. Stop using and talk with your doctor if you hear a whistling sound in your nose.
- **Caution:** Do not use if you have an injury to nose or recent surgery that is not fully healed.
- *Before using any medicine, read all the instructions on the package.*



Please carefully read and review the redline for this updated **Nasal Allergies (Hay Fever)** guideline.

### Major Change – Pregnancy - Vaginal Bleeding Less Than 20 Weeks EGA

For improved consistency, to reduce redundancy, and to take a conservative approach, we updated several TAQs in this guideline.

The following TAQ now dispositions all those with moderate vaginal bleeding at less than 20 weeks gestational age to *Go to ED Now*.

MODERATE vaginal bleeding (e.g., soaking 1 pad or tampon per hour and present > 6 hours; 1 menstrual cup every 6 hours)

*R/O: spontaneous abortion (miscarriage)*

*CA: 41, 1238, 1*

Those with mild vaginal bleeding over 12 weeks gestational age are dispositioned to *See HCP (or PCP Triage) Within 4 Hours* (assuming all preceding triage questions were negative). To allow for second level triage, others with mild vaginal bleeding are dispositioned to *Call PCP Within 24 Hours*.

#### See HCP (or PCP Triage) Within 4 Hours

[1] MILD vaginal bleeding (i.e., less than 1 pad / hour; less than patient's usual menstrual bleeding; not just spotting) AND [2] pregnant > 12 weeks

*Reason: Spontaneous abortion (miscarriage) is less common at this point in pregnancy; cervical incompetence is of concern, especially if history of recurrent miscarriage.*

#### Call PCP Within 24 Hours

MILD vaginal bleeding (i.e., less than 1 pad / hour; less than patient's usual menstrual bleeding; not just spotting)

*R/O: threatened abortion (threatened miscarriage)*

*CA: 50, 3175, 3, 1*



Please carefully read and review the redline for this updated **Pregnancy - Vaginal Bleeding Less Than 20 Weeks EGA** guideline.

### Major Change – Snakebite - North America

Updates and improvements include:

- Additional notes for the triager in the Definition section regarding types of venomous snakes in North America
- New TAQ to call the Poison Center if triager is unable to answer the caller's question about the snakebite (to seek expert triage guidance and help with snake identification)
- New section in the BI regarding pressure bandages
- Multiple minor updates to TAQs, CA and BI

#### Call Poison Center Now

[1] Bite from unknown type of snake AND [2] no local skin symptoms (e.g., bruising, pain, swelling)

*Reason: Unknown snakebite. Seek expert triage guidance in a poison center.*

*CA: 60, 11, 1141, 1142, 7, 3323, 13, 4, 1*

Triager unable to answer caller's question about snakebite

*Reason: Seek expert triage guidance and health information from a poison center, including help with snake identification.*

*CA: 60, 11, 1141, 1142, 7, 3323, 13, 4, 1*



• **Pressure Immobilization Bandage:** In this technique, the limb is wrapped loosely from the lower portion to the upper portion with an elastic bandage (e.g. Ace Wrap). If an elastic bandage is not available use cloth or clothing torn into strips, long socks, or panty hose. It should be snug but loose enough to easily slip a few fingers under the bandage. Research shows that a pressure immobilization bandage may be of benefit in the First Aid treatment of **coral snake bites of a limb**. However, given the uncertainty of the research and the fact that 95% of snakebites are from pit vipers (rattlesnakes, et.al.), pressure immobilization bandaging is not currently recommended for use in North America.



Please carefully read and review the redline for this updated **Snakebite - North America** guideline.



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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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