



Update Letter 2023 – Call Center Triage Nurses

April 3rd, 2023

Dear Telehealth 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 2023 Adult After-Hours (AH) Telehealth Triage Clinical Content.

New Guidelines

There are 20 new adult guidelines since the last annual update in 2022.

We are adding 7 hospice telehealth triage guidelines. These along with the updated existing hospice guidelines gives us a count of 20 in this specialty area.

1. Hospice - Caregiver Need for Support or Respite
2. Hospice - Medication Question or Refill Call
3. Hospice - Oral Intake Decreased
4. Hospice - Seizure
5. Hospice - Skin Breakdown and Pressure Sores
6. Hospice - Swallowing Difficulty
7. Hospice - Urinary Symptoms

In addition to these we have 13 other new adult AH telehealth triage guidelines.

1. Abdomen Bloating and Swelling
2. Acne
3. Boil (Skin Abscess) on Treatment Follow-up Call
4. Cancer - Breathing Difficulty
5. Cracked or Dry Skin
6. Menopause Symptoms and Questions
7. *Mpox - Diagnosed or Suspected (Initial release in July 2022)*
8. *Mpox - Exposure (Initial release in July 2022)*
9. Postpartum - High Blood Pressure
10. Pregnancy - High Blood Pressure
11. Pregnancy - Itching
12. Weight Loss - Unintended
13. Wound Infection on Antibiotic Follow-up Call



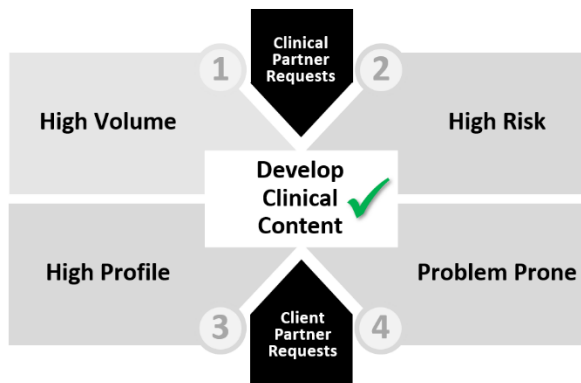
We encourage you to read each of these new guidelines in their entirety.

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?





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.”

In the **2021** update of the adult (and pediatric) After-Hours Telehealth Triage Content we added additional decision logic to support the **hand-off from nurse telehealth triage to a telemedicine encounter**. We marked the Triage Assessment Questions (TAQs) with our recommendation for being eligible or not for telemedicine care. We stored this recommendation in the *TelemedicineEligible* field of the Question table in the database that we 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 Today in Office	Rationale
	<input type="radio"/> Yes <input checked="" type="radio"/> No	[1] SEVERE pain (e.g., excruciating) AND [2] not improved 2 hours after pain medicine/ice packs,	R/O: fracture
	<input checked="" type="radio"/> Yes <input type="radio"/> No	Suspicious history for the injury	R/O: domestic violence or elder abuse

For 2023 we have continued this work effort and included this decision-support information in all new 2023 guidelines.

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	<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • Video Exam • Prescription medicines • Simple lab testing • Simple extremity imaging (ankle, finger, toe) • Vaccination (e.g., tetanus, influenza), which can often be obtained from a local pharmacy
No	<p>A patient with a positive response to this triage question usually cannot be evaluated and managed solely with a video telemedicine visit.</p> <p>This includes patients who need an in-person physical exam, vital signs, or procedure.</p>	<ul style="list-style-type: none"> • In-person exam or slit lamp exam • Exam requires visualization of breast or genitals • Exam requires full vital signs • Other exams: ear exam, pelvic or 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.

COVID-19 Guidelines

In 2020 and 2021 we published four COVID-19 Adult After-Hours guidelines. There have been 19 updates to these guidelines as circumstances have changed and recommendations from the CDC have evolved.

- COVID-19 - Diagnosed or Suspected
- COVID-19 - Exposure
- COVID-19 - Persisting Symptoms Follow-up Call
- COVID-19 - Vaccine Questions and Reactions

COVID-19 - Diagnosed or Suspected

This guideline 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.

COVID-19 - Exposure

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

COVID-19 - Persisting Symptoms Follow-Up Call

This guideline 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 guideline 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.

Hospice Guidelines in 2023 Adult After-Hours Content Set

With this 2023 annual update of the Adult After-Hours Telehealth Triage Guidelines, there are now 20 adult hospice guidelines. We added 7 new adult hospice guidelines.

Please see the [separate document](#) that provides important information regarding this hospice specific patient population content set.

Updated Guidelines

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 guidelines showing the changes from 2022.

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

- **2023_Redline_MAJOR_WORD** and
- **2023_Redline_MINOR_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 Change

The title was changed in 5 existing guidelines.

	2022	2023
	Influenza - Seasonal	Influenza (Flu) - Seasonal
	Influenza Exposure	Influenza (Flu) Exposure
	Influenza Follow-up Call	Influenza (Flu) Follow-up Call
	Scrotal Pain	Scrotum Pain
	Wound Infection	Wound Infection Suspected

The World Health Organization (WHO) has renamed Monkeypox to Mpox. The disease was originally named when the virus was discovered in a group of captured monkeys (1958). The CDC is also switching to the term Mpox. ¹

We are changing the titles of the two adult Mpox telehealth triage guidelines (initially released in July 2022) to read Mpox instead of Monkeypox.

- Monkeypox - Diagnosed or Suspected, now: *Mpox - Diagnosed or Suspected*
- Monkeypox - Exposure, now: *Mpox - Exposure*

New References

Telehealth triage guidelines 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 Telehealth triage guidelines, there are 361 new references. Some outdated references were deleted.

See document titled **New Adult References Included in 2023 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.

¹ U.S. Centers for Disease Control and Prevention (CDC): CDC Changes Monkeypox Terminology to Mpox Available at https://www.cdc.gov/nchstp/dear_colleague/2022/dcl-changes-monkeypox-terminology.html.

New Search Words

Search words are carefully selected for each guideline. These search words help the nurse triager find the most appropriate guidelines 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 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 “Information Only Call - No Triage” guideline without first trying at least two search words.

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 2023.

There are 12 Universal Changes for 2023. They are:

1. Added Dosing Information for Fexofenadine (Allegra)
2. Added TAQ for Elevated Blood Pressure in the Preeclampsia Range to Related Postpartum Guidelines
3. Caution Statement on the Use of NSAIDS and Blood Thinners
4. First Aid Advice for Narcan Now Includes Expanded Instructions and Information on Different Routes of Administration
5. Home Health Dispositions in Post Hospitalization Follow-up & Post-op Follow-up Guidelines
6. Severity Scale for Lower Extremity Joint Swelling
7. Standardized Choking First Aid Instructions
8. Updated Definition of Hypoglycemia to 70 mg/dl (3.9 mmol/L) or Below
9. Updated Pain and Fever Medicine Care Advice for Improved Readability of Canadian Dosing
10. Updated the Injury Triage Assessment Question (TAQ) for High-Risk Adults Throughout the Guidelines
11. Vaginal Lubricants – Silicone or Water-Based
12. Vomiting Bile in Those with Abdominal Pain or Constipation – Improved Disposition Consistency

Universal Change – Added Dosing Information for Fexofenadine (Allegra)

We updated multiple Antihistamine Care Advice (CA) statements to now include fexofenadine (Allegra). This also now includes dosing information.

1130. **Antihistamine Medicines for Hay Fever:**

- You can take cetirizine, fexofenadine, or loratadine by mouth to reduce sneezing, itching and runny nose. They can help decrease or stop hay fever and allergy symptoms.
- They are over-the-counter (OTC) antihistamine medicines. You can buy them at a drugstore or grocery store.
- **Cetirizine (Reactine, Zyrtec):** The adult dose is 10 mg. You take it once a day. Cetirizine is available in the United States as Zyrtec and in Canada as Reactine.
- **Fexofenadine (Allegra):** In the United States, the adult dose is one 24-hour tablet (180 mg) once a day. In Canada, the adult dose is one 24-hour tablet (120 mg) once a day. Or, you can take one 12-hour (60 mg) tablet 2 times a day.
- **Loratadine (Alavert, Claritin):** The adult dose is 10 mg. You take it once a day. Loratadine is available in the United States as Alavert and Claritin; it is available in Canada as Claritin.



Please review the **Nasal Allergies (Hay Fever)** guideline. It provides you an example of these universal changes.

Universal Change – Added TAQ for Elevated Blood Pressure in the Preeclampsia Range to Related Postpartum Guidelines

We have added a TAQ to capture those in the postpartum period with blood pressure in the preeclampsia range (140/90 or higher) in several guidelines that focus on complaints that may be seen with preeclampsia. These include the Postpartum - Leg Swelling and Edema, Postpartum – Vision Loss, and Postpartum Abdominal Pain guidelines.

See HCP (or PCP Triage) Within 4 Hours

Systolic BP \geq 140 OR Diastolic BP \geq 90

R/O: preeclampsia

CA: 43, 89, 1



Please review the **Postpartum - Leg Swelling and Edema** guideline. It provides you an example of these universal changes.

Universal Change – Caution Statement on the Use of NSAIDs and Blood Thinners

We have added a caution statement to the Extra Notes and Warnings CA for both pain and fever medicines. This warns that ibuprofen and naproxen can increase the risk of bleeding in those on blood thinners.

1004. 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.
- **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 **Ankle Pain** guideline. It provides you an example of these universal changes.

Universal Change – First Aid Advice for Narcan Now Includes Expanded Instructions and Information on Different Routes of Administration

We have expanded the first aid advice regarding the use of Narcan. This now also includes instructions on how to give a Narcan injection (both from a vial and a pre-filled syringe).

FIRST AID ADVICE - Narcan (Naloxone) for Opioid Overdose

Give Narcan if a narcotic overdose is known or suspected.

- Give Narcan (naloxone) **nasal spray OR injection** now if available.
- Turn the person on their side.
- Call 911.
- If the person stops breathing, begin CPR. *Note:* Trained (confident) rescuers should add rescue breathing to chest compressions while waiting for paramedics to arrive

Instructions for Narcan Nasal Spray:

- Peel back package and take out the nasal spray.
- **Put the nozzle in one of the patient's nostrils.**
- Press firmly down on the plunger to give the dose of Narcan.
- Turn the person on their side.
- Call 911. Emergency care is needed even if patient improves after Narcan is given.

Instructions for Narcan Injection From a Vial:

- Take cap off vial. Hold bottle upside down. Insert needle into the rubber stopper in vial.
- Keep the tip of the needle in the liquid (in neck of the vial). Pull back on plunger to suck all the liquid into the syringe (about 1 ml).
- **Inject deep into the muscle of the thigh or outer shoulder.** It can be injected through clothing. Push plunger slowly and inject all the liquid.
- Turn the person on their side.
- Call 911. Emergency care is needed even if patient improves after Narcan is given.

Instructions for Narcan Injection Using ZIMHI Pre-filled Syringe:

- **Press** needle into outer thigh after twisting off needle cap.
- **Push** plunger to inject until it clicks and hold for 2 seconds before removing needle.
- **Pull** the safety guard over the needle using one hand, with fingers behind the needle.
- **Place** the used syringe back into it's blue case and close it.



Please review the **911** guideline. It provides you an example of these universal changes.

Universal Change – Home Health Dispositions in Post-Hospitalization Follow-up & Post-Op Follow-up Guidelines

We sent the STCC Content Survey to many of our call center partners in the summer of 2022. In the survey results we received the request to expand options for dispositions to Home Health Agency/Nurse in the Post-Hospitalization and Post-Op Follow-up guidelines. In response, we have expanded the availability of an alternate disposition of Home Health Nurse for certain Triage Assessment Questions (TAQ) and disposition levels in these guidelines.

1182. **Alternate Disposition - Home Health Nurse Within 4 Hours:**

- If patient is being followed by a home health nurse (visiting nurse), an **urgent (within 4 hours)** home visit may be an option instead of calling or seeing the doctor (or NP/PA).
- The triager should use nursing judgment (e.g., availability of home health nurse to make visit within specified timeframe, complexity of patient, severity of symptoms).
- The home health nurse can assess the patient, check medical equipment and supplies, consult with provider if needed, and provide education.

1186. **Alternate Disposition - Home Health Nurse Within 24 Hours:**

- If patient is being followed by a home health nurse, a home visit **within 24 hours** may be an option instead of calling the doctor (or NP/PA) or going into the office. The triager should use nursing judgment (e.g., availability of home health nurse to make visit within specified timeframe, complexity of patient, severity of symptoms).
- The home health nurse can assess the patient, check medical equipment and supplies, consult with provider if needed, and provide education.



Please review the **Post-Hospitalization Follow-up Call** guideline. It provides you an example of these universal changes.

Universal Change – Severity Scale for Lower Extremity Joint Swelling

We now include a severity scale for lower extremity swelling in related guidelines. This will help improve consistency when rating swelling severity. This scale appears both in the Definition and the Initial Assessment Questions (IAQ) sections of related guidelines.

SWELLING SEVERITY is defined as:

- **None:** No joint swelling.
- **Localized:** Localized; small area of puffy or swollen skin (e.g., insect bite, skin irritation).
- **Mild:** Joint looks or feels mildly swollen or puffy.
- **Moderate:** Swollen; interferes with normal activities (e.g., work or school); can't move joint normally (bend and straighten completely); may be limping.
- **Severe:** Very swollen; can't move swollen joint at all; limping a lot or unable to walk.



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

Universal Change – Standardized Choking First Aid Instructions

We standardized the first aid instructions for choking in multiple guidelines. This includes separate Care Advice (CA) instructions for patients that are still conscious and for those that become unconscious.

1885. **First Aid - IF BREATHING STOPS AND STILL CONSCIOUS (RESPONSIVE), Perform Abdominal Thrust:**
- If the adult can't breathe, cough, or make a sound, give high abdominal thrusts, also called the Heimlich maneuver. Here is how to do this.
 - **Step 1:** Grasp the adult from behind, just below the lower ribs but above the navel, in bear-hug fashion. Make a fist with one hand and fold the other hand over it.
 - **Step 2:** Give a sudden upward and backward jerk (at a 45-degree angle) to try to squeeze all the air out of the chest and pop the lodged object out of the windpipe.
 - Repeat the abdominal thrust until the object comes out or the victim becomes unconscious.
1886. **Special Notes - Abdominal Thrust (Heimlich Maneuver):**
- The chest thrust is preferred over the abdominal thrust in individuals who are obviously pregnant or too big for you to reach around.
 - You are strongly encouraged to get training in this skill from the American Red Cross or the American Heart Association.

1887. **First Aid - IF CHOKING VICTIM BECOMES UNCONSCIOUS (Unresponsive), Begin Hands-Only CPR:**
- Call 911.
 - Push hard and fast on the center of the chest.



Please review the **911** guideline. It provides you an example of these universal changes.

Universal Change – Updated Definition of Hypoglycemia to 70 mg/dl (3.9 mmol/L) or Below

We updated the definition of hypoglycemia universally throughout the guidelines to 70 mg/dl (3.9 mmol/L) or below. This replaces the previous definition of less than 70mg/dL (3.9 mmol/L). This change aligns well with the American Diabetes Association ² and the Canadian Diabetes Guideline ³.

DEFINITION

- Patient with known diabetes mellitus.
- Has a low blood sugar (hypoglycemia), defined as a blood glucose of 70 mg/dl (3.9 mmol/l) or below.
- Has symptoms of low blood sugar.
- Has questions regarding low blood sugar.



Please review the **911** guideline. It provides you an example of these universal changes.

Universal Change – Updated Pain and Fever Medicine Care Advice for Improved Readability of Canadian Dosing

We have updated the Pain Medicines and Fever Medicines CA statements so that the Canadian dose limits are now included in the dosing sections for improved readability and consistency. This change has been made throughout the guidelines.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5448700/>

³ <https://guidelines.diabetes.ca/cpg/chapter14>

1001. **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 is 10 pills a day (3,250 mg total). Note: In Canada, the maximum is 12 pills a day (3,900 mg total).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 6 to 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take is 6 pills a day (3,000 mg total). Note: In Canada, the maximum is 8 pills a day (4,000 mg total).
- **Ibuprofen (e.g., Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take is 6 pills a day (1,200 mg total).
- **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 is 3 pills a day (660 mg total). Note: In Canada, the maximum is 2 pills a day (one every 12 hours; 440 mg total).
- Use the lowest amount of medicine that makes your pain better.



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

Universal Change – Updated the Injury Triage Assessment Question (TAQ) for High-Risk Adults Throughout the Guidelines

We have updated the TAQ regarding on-going pain after an injury in high-risk adults (e.g., age > 60, osteoporosis, etc.). This has been updated to call out moderate level pain more specifically (while severe pain is still captured in a higher disposition TAQ).

See PCP Within 24 Hours

[1] MODERATE pain (e.g., interferes with normal activities) AND [2] high-risk adult (e.g., age > 60 years, osteoporosis, chronic steroid use)

Reason: There is greater risk of fracture in patients with osteoporosis (bone thinning).

CA: 44, 1001, 1004, 89, 1



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

Universal Change – Vaginal Lubricants – Silicone or Water-Based

Previously the CA statements in related guidelines only recommended water-based vaginal lubricants. We have updated these CA statements to include the option to use a silicone-based lubricant. Some people may have less irritation and respond better to one type of vaginal lubricant versus the other. Examples of both water-based and silicone-based lubricants are included.

2020. **Over-The-Counter Medicines for Lubrication During Sexual Intercourse:**
- Some people need or like to use a **lubricant** during sexual intercourse.
 - Make sure the lubricant is **water-based** (such as Astroglide, KY Liquid, KY Silk-E) or **silicone-based** (such as Good Clean Love, Uberlube).
 - **Do not use** common household products such as Vaseline, butter, baby oil, cooking oil, hand lotion, or Crisco. These can weaken a condom and it may break.
 - *Read the package instructions on all products that you use.*



Please review the **Vaginal Symptoms** guideline. It provides you an example of these universal changes.

Universal Change – Universal Dose Change - Loperamide

The FDA⁴ has lowered the maximum over-the-counter dose of Loperamide in the US from 16mg to 8mg. We have universally updated the recommended dose in the guidelines.

1615. **Diarrhea Medicine - Loperamide (Imodium AD):**
- This medicine helps decrease diarrhea. It is available over-the-counter (OTC) in a drugstore.
 - *Adult dosage:* 4 mg (2 capsules) is the recommended first dose. You may take an additional 2 mg (1 capsule) after each loose stool.
 - *Maximum dosage: 8 mg per day (4 capsules).*
 - Do not use for more than 2 days.



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

⁴ <https://www.fda.gov/drugs/drug-safety-and-availability/fda-limits-packaging-anti-diarrhea-medicine-loperamide-imodium-encourage-safe-use>

Universal Change – Vomiting Bile in Those with Abdominal Pain or Constipation – Improved Disposition Consistency

We improved the consistency of the disposition level across the guidelines for vomiting bile in those with abdominal pain or constipation. These patients are now universally dispositioned to the ED or PCP Triage level.

Go to ED Now (or PCP triage)

[1] Vomiting AND [2] contains bile (green color)

R/O: intestinal obstruction

CA: 42, 84, 1491, 1



Please review the **Abdominal Pain - Male** guideline. It provides you 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 2023.

There are 19 guidelines with major changes for 2023. They are:

1. Abdominal Pain - Upper
2. Altitude Sickness
3. Ankle Swelling
4. Anxiety and Panic Attack
5. Chickenpox Diagnosed or Suspected
6. Chickenpox Exposure
7. COVID-19 - Diagnosed or Suspected
8. COVID-19 - Exposure
9. COVID-19 - Vaccine Questions and Reactions
10. Diabetes - High Blood Sugar
11. Frostbite
12. Hepatitis A Exposure
13. Immunization Reactions
14. Poisoning
15. Postpartum - Breast Pain and Engorgement
16. Pregnancy - Fever
17. Sores
18. Whooping Cough Exposure
19. Wound Infection Suspected

Major Change – Abdominal Pain - Upper

We added 4 additional See More Appropriate Guideline (SMAG) statements to this guideline:

[1] Abdominal pain AND [2] pregnant < 20 weeks

Go to Guideline: Pregnancy - Abdominal Pain Less Than 20 Weeks EGA (Adult)

[1] Abdominal pain AND [2] pregnant 20 or more weeks

Go to Guideline: Pregnancy - Abdominal Pain Greater Than 20 Weeks EGA (Adult)

[1] Abdominal pain AND [2] postpartum (from 0 to 6 weeks after delivery)

Go to Guideline: Postpartum - Abdominal Pain (Adult)

Abdomen bloating or swelling are main symptoms

Go to Guideline: Abdomen Bloating and Swelling (Adult)

We added new Care Advice (CA) and updated several CA statements including:

- General CA for gastric reflux
- CA related to Antacid use
- Reassurance and education regarding pain lasting more than 4 weeks

1155. **General Care Advice for Gastric Reflux:**

- Avoid chocolate, mints, tomatoes, and citrus (e.g., oranges)
- Avoid lying down for 3 or more hours after eating
- Avoid or reduce caffeine (coffee, tea, colas)
- Eat a low-fat diet (less than 45 grams of fat per day)
- Elevate head of bed
- Stop smoking

1435. **Antacid Medicine:**

- Antacids are medicines that help decrease (neutralize) acid in your stomach.
- They may help if you have **acid reflux** (reflux esophagitis) or **gastritis** (stomach inflammation).
- You can take them **when you are having symptoms** or if you think you are going to have them soon (such as at bedtime).
- *Dose:* Take 2 tablespoons (30 ml) of liquid antacid (e.g., Maalox, Mylanta)
- *Before taking any medicine, read all the instructions on the package.*

1436. **Take an Antacid Medicine:**

- If having pain now, try taking an antacid (e.g., Mylanta, Maalox).
- They may help if you have **acid reflux** (reflux esophagitis) or **gastritis** (stomach inflammation).
- *Dose:* Take 2 tablespoons (30 ml) of liquid by mouth.
- *Before taking any medicine, read all the instructions on the package.*

1567. **Reassurance and Education - Upper Abdomen Pains Lasting More Than 4 Weeks:**

- Mild stomach discomfort in the upper abdomen can be acid reflux (heartburn), gastritis (stomach irritation), and overeating. Sometimes people with gallbladder problems can get upper abdominal pain after eating.
- There are many other causes of stomach pain.
- You should see your doctor (or NP/PA) if you are having long-term problems with stomach pains.
- Make an appointment to get a medical checkup.
- *Here is some care advice that should help.*



Please carefully read and review the redline for this updated **Abdominal Pain - Upper** guideline.

Major Change – Altitude Sickness

We made multiple updates to this guideline based on the review by our Editorial Team and subject matter expert. Some of the highlights include:

- Update to the Definition section, including expanded typical presentations for High Altitude Cerebral Edema, High Altitude Pulmonary Edema, and typical height of ascent required to develop symptoms
- Multiple expanded and updated CA statements including those related to Acute Mountain Sickness treatment
- Expanded Background Information (BI) that now includes separate Key Points, Causes, Risk Factors, Symptoms and Treatment sections

DEFINITION

- Onset of headache and other symptoms at 6,500 feet (2,000 meters) above sea level or higher
- *Use this guideline only if the patient has symptoms that match Altitude Sickness.*

SYMPTOMS of altitude sickness due to **Acute Mountain Sickness** are:

- Fatigue
- **Headache**
- Lightheadedness
- Loss of appetite
- Malaise
- Nausea

5. **Acute Mountain Sickness - Treatment:**
- People with **mild symptoms of acute mountain sickness** will usually improve within 2 to 3 days with simple self-care measures.
 - ... Rest or limit activity. Postpone skiing, hiking, or any other type of strenuous exercise until symptoms get better. Resume activity gradually.
 - ... Drink enough liquids. Avoid dehydration.
 - ... Do not go to a higher altitude until symptoms get better.
 - ... Do not drink alcohol or take sleeping pills.
 - ... Do not smoke.
 - ... Take over-the-counter pain medicine for headache. You can use acetaminophen (Tylenol) or ibuprofen (Advil, Motrin).
 - Of course, going to a lower altitude (down 2,000 ft or 610 m) will make a person feel much better. Symptoms should go away completely if a person returns to normal altitude.

BACKGROUND INFORMATION

Key Points

- Acute Mountain Sickness (AMS) is the most common type of altitude sickness.
- Headache is the main symptom of AMS. Other symptoms are fatigue, lightheadedness, and nausea.
- Two types of more **serious altitude sickness** are High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). These are uncommon below 8,000 feet (2,500 m). Immediate medical attention is needed for people who develop HACE or HAPE.

Causes

Altitude illnesses are caused by the decrease in barometric pressure and **decrease in oxygen levels** (PO₂) in the blood and body tissues that occur during travel to higher altitudes.

Some useful definitions of altitude are:

- Sea level (0 feet; 0 m)
- *High Altitude (6,500 to 11,500 feet; 2,000 - 3,500 m)*: Most ski resorts are at this level.
- *Very High Altitude (11,500 to 18,000 feet; 3,500 - 5,500 m)*: The summits of some ski resorts are at 11,500 to 13,000 feet (3,500 - 4,000 m). The highest habitation for humans is at 16,000 feet (4,900 m).
- *Extreme Altitude (18,000 to 29,000 feet; 5,500 - 8,800 m)*: Mount Everest is 29,028 feet (8,850 m) high.



Please carefully read and review the redline for this updated **Altitude Sickness** guideline.

Major Change – Ankle Swelling

We made several updates and additions to the TAQs in this guideline, including:

- There are 2 new TAQs for signs of cellulitis or septic joint.
- Those with mild or moderate swelling are now dispositioned to be seen within 3 days.
- Those with chronic swelling are dispositioned to see their PCP within 2 weeks.

We also expanded the BI section on causes of ankle swelling and made multiple other updates to improve readability.

Go to ED Now (or PCP triage)

[1] Ankle pain AND [2] fever

R/O: cellulitis, septic arthritis

CA: 42, 1003, 1006, 1

[1] Ankle redness AND [2] fever

R/O: cellulitis, septic arthritis

CA: 42, 1002, 1005, 1

See PCP Within 3 Days

MILD or MODERATE ankle swelling (e.g., can't move joint normally, can't do usual activities)
(Exceptions: Itchy, localized swelling; swelling is chronic.)

R/O: degenerative arthritis, gout, inflammatory arthritis, forgotten trauma

CA: 45, 10, 6, 9, 1001, 1004, 2, 1

See PCP Within 2 Weeks

Ankle swelling is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

R/O: degenerative arthritis, inflammatory arthritis

CA: 46, 10, 1001, 1268, 1004, 2, 1

Causes

Swelling can occur inside or outside the ankle joint cavity.

Swelling **inside a joint** is usually caused by joint inflammation. Arthritis ("Arthr" = joint & "itis"= inflammation) is a medical term that means inflammation of a joint. Common causes of arthritis include:

- Gout
- Degenerative ("wear and tear" arthritis or osteoarthritis)
- Infectious (e.g., septic)
- Inflammatory (e.g., psoriatic arthritis, rheumatoid, spondyloarthritis, undifferentiated)
- *Trauma (e.g., cartilage or ligament injury, contusion, fracture, sprain)*: Injuries to the ankle can cause fluid accumulation in and around the joint. Sometimes a person may not recognize or remember that an injury occurred.

Swelling can also occur **outside the joint** in the overlying skin and tissues:

- Cellulitis
- Insect bite (e.g., bee sting, mosquito bite)
- *Pedal edema*: This is swelling caused by fluid in the body's tissues. It is usually in both ankles and feet. It can be caused by heart failure, venous insufficiency, or lymphatic blockage. It can also happen from a leg blood clot (deep vein thrombosis).



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

Major Change – Anxiety and Panic Attack

Major updates to this guideline include:

- Several updates to the triage logic, including adding new TAQs that address severe anxiety and panic attacks
- New triager note on how to help a patient during a panic attack
- Added an alternative disposition for calling a mental health professional within 3 days

Go to ED Now (or PCP triage)

[1] SEVERE anxiety (e.g., extremely anxious with intense emotional symptoms such as feeling of unreality, urge to flee, unable to calm down; unable to cope or function) AND [2] not better after 10 minutes of reassurance and Care Advice

Reason: Needs symptom management and support now.

CA: 42, 4, 81, 80, 1

[1] Panic attack symptoms (e.g., sudden onset of intense fear and symptoms such as dizziness, feeling of impending doom or fear of dying, hyperventilation, numbness or tingling, sweating, trembling) AND [2] has not been evaluated for this by doctor (or NP/PA)

R/O: medical cause. Reason: There is a need for intervention and support.

CA: 42, 4, 81, 80, 1

[1] Panic attack symptoms (diagnosed in the past) AND [2] not better with usual treatment, reassurance, or Care Advice

R/O: medical cause. Reason: There is a need for intervention and support.

CA: 42, 4, 81, 80, 1

4. Note to Triager - How to Help a Patient During a Panic Attack:

- Acknowledge how scary this must feel. Reassure them they will be ok. "We are here to help you."
- Speak calmly. Ask them what they have done in the past that has helped.
- Encourage the patient to take slow deep breaths in using their abdomen (stomach) muscles.
- Breathe in slowly and deeply. Count to 3, then breathe out slowly counting to 3. Coach the patient and count with them. Repeat this for several minutes.
- By focusing the patient on controlling their breathing, the patient is taking control of the panic attack.
- Suggest a calming activity (e.g., going for a walk, listening to music, taking a warm bath or shower).

167. Alternate Disposition - Call Mental Health Professional Within 3 Days:

- If patient has a private psychiatrist, psychologist or counselor, recommend the caller speak with this mental health professional within the next 3 days.



Please carefully read and review the redline for this updated **Anxiety and Panic Attack** guideline.

Major Change – Chickenpox Diagnosed or Suspected & Chickenpox Exposure

We made multiple updates throughout these two chickenpox guidelines including:

- Expanded the Definition section related to symptoms
- New CA statements on symptoms, using a mask, and warning healthcare workers that they may have chickenpox
- Substantially expanded updated the BI section with improved formatting and consistency
- Updated TAQs and BI information on timeframe to receive Varicella Immune Globulin (VZIG) from 5 days to the current recommendation of 10 days

DEFINITION

- *Recently examined by HCP and diagnosed with chickenpox OR chickenpox is suspected but has not yet seen HCP for confirmation*
- Distinctive, widespread viral rash made up of small red bumps that quickly become blisters or pustules, then open sores and then crust over.
- Known exposure to chickenpox.
- *Use this guideline only if the patient has symptoms that match Chickenpox.*

Symptoms of Chickenpox include:

- The **most common symptom** is a widespread **rash**. It usually starts on the head and back.
- ... Each chickenpox sore progresses within 24 hours through the following stages: [1] Small red bumps, [2] Thin-walled water blisters on top, [3] Cloudy blisters, [4] Open sores, [5] Dry brown crusts.
- ... Repeated crops of new chickenpox keep appearing for 4 to 5 days. Therefore, all 5 stages (types of lesions) can be present at same time.
- Other **common symptoms** are:
 - ... **Fever** is usually present (the more extensive the rash, the higher the fever).
 - ... **Itching**. The chickenpox rash is usually very itchy.
 - ... Loss of appetite
 - ... Sore throat
 - ... **Sores** (ulcers) often occur in the mouth, eyelids, and genital area.

3. **Tell Healthcare Personnel That You Might Have Chickenpox:**

- Tell the first healthcare worker you meet that you may have chickenpox.
- Tell them you have symptoms and have been sent in for testing.

1330. **Wear a Mask - Cover Your Mouth and Nose:**

- Wear a mask that fits snugly over your mouth and nose.
- If you do not have a mask, then cover your mouth and nose with a disposable tissue (e.g., Kleenex, toilet paper, paper towel) or washcloth.

1444. **Chickenpox - Symptoms:**

- The **most common symptom** is a widespread **rash**. It usually starts on the head and back.
- ... Each chickenpox sore progresses within 24 hours through the following stages: [1] Small red bumps, [2] Thin-walled water blisters on top, [3] Cloudy blisters, [4] Open sores, [5] Dry brown crusts.
- ... Repeated crops of new chickenpox keep appearing for 4 to 5 days. Therefore, all 5 stages (types of lesions) can be present at same time.
- **Other symptoms** are:
 - ... **Fever** is usually present (the more extensive the rash, the higher the fever).
 - ... **Itching**. The chickenpox rash is usually very itchy.
 - ... Loss of appetite
 - ... Sore throat
 - ... **Sores** (ulcers) often occur in the mouth, eyelids, and genital area.

See PCP Within 24 Hours

[1] Pregnant AND [2] exposed to chickenpox within last 10 days AND [3] never received chickenpox vaccine or had chickenpox

Reason: Provide counseling about exposure; Varicella Immune Globulin (VZIG) may be indicated.

CA: 44, 15, 1445, 8, 5, 1



Please carefully read and review the redline for the updated **Chickenpox Diagnosed or Suspected** and **Chickenpox Exposure** guidelines.

Major Change – COVID -19 - Diagnosed or Suspected

As we move into the next phase of the COVID-19 pandemic (the “New Normal”), we are working to simplify guidance and care advice in these COVID-19 guidelines.

Some of the important updates to the COVID -19 - Diagnosed or Suspected guideline includes:

- New TAQ and associated CA for those with signs of dehydration
- CA support for those with possible influenza and for those with high-risk conditions
- Updated information on testing recommendations and exposure risks
- Consolidated and updated BI including sections on what to do after exposure, improved clarity on isolation recommendations and testing.

[1] Drinking very little AND [2] dehydration suspected (e.g., no urine > 12 hours, very dry mouth, very lightheaded)

Reason: May need IV hydration.

CA: 42, 80, 1

9. **Note to Triager - Influenza and Patients With High Risk Conditions:**
- **Triager Judgment:** Use your judgment regarding timing for follow-up. Patients with more severe symptoms or more severe chronic health problems may need to be evaluated by a doctor (or NP/PA) sooner.
 - People at high risk of complications should start treatment as soon as possible. This includes those with symptoms of over 48 hours duration.
 - Consider calling PCP NOW if options for treatment are currently available in the community (e.g., pharmacies are open).

10. **Note to Triager - COVID-19 and Patients With High Risk Conditions:**
- **Triager Judgment:** Use your judgment regarding timing for follow-up. Patients with more severe symptoms or more severe chronic health problems may need to be evaluated by a doctor (or NP/PA) sooner. People at high risk of complications should start treatment as soon as possible. Consider calling PCP NOW if options for treatment are currently available in the community (e.g., pharmacies are open).
 - **The Triager and COVID-19 Testing:** All people who have symptoms of COVID-19 should get tested ideally **within 3 days** of becoming ill. The test results can assist the doctor (or NP/PA) how best to treat the high risk patient. If patient has not been tested for COVID OR there is concern for false negative result, recommend COVID testing (and call back if confirmed COVID positive).
 - ... *No test:* Encourage or assist patient in getting tested soon for COVID-19.
 - ... *Negative test:* Monitor symptoms. Test again and call back if new or worse symptoms.
 - ... *False negative test:* A false negative test can happen. It should be suspected if COVID-19 is strongly suspected (e.g., exposure and typical symptoms). PCR testing or repeat rapid testing should be performed.
 - ... *Positive test:* Patient should talk with their doctor (or NP/PA) within 24 hours.
 - For complete list of high risk conditions see CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

1233. **COVID-19 - Exposure Risk Factors:**
- The following **risk factors** increase the chance of getting sick with COVID-19 after an exposure.
 - **How Close?** The closer you are to someone with COVID-19, the greater the chance of catching it. Being within 6 feet (2 meters) of an infected person increases the risk. Being in a crowded place also increases the risk.
 - **How Long?** Longer exposure time increases a person's risk of getting COVID-19. An exposure of 15 minutes or more is more likely to result in spread.
 - **Where - Indoors or Outdoors?** Being outside reduces the risk because there is better air movement.
 - **Did the Infected Person Have Symptoms?** If the person was sick with such symptoms as cough, fever, or trouble breathing, it increases the exposed person's risk of getting COVID-19.
 - **Who Was Wearing Masks?** Wearing a well-fitting mask can decrease a person's risk of getting COVID-19. If both the infected and exposed person were wearing well-fitting masks, the risk of spread is low. If only one was masked, the risk is moderate. If neither was masked, the risk is higher.

1111. COVID-19 - Who Needs Testing?

- **Symptoms:** If you have symptoms of COVID-19 you should **test immediately**.
- **Exposure and No Symptoms:** If you were exposed to COVID-19 you should **test 5 to 7 days after exposure**. *Exception:* People that have had a positive viral test for COVID-19 in last 30 days.
- **Visiting Someone at High Risk for Severe COVID-19:** If you are visiting someone who is at high risk (e.g., older, weak immune system) for having a severe COVID-19 infection, you should **test before** you see them. This is especially important if you are in a community or place with higher COVID-19 spread.
- **International Travel:** Testing is recommended 3 to 5 days after returning from international travel.



Please carefully read and review the redline for this updated **COVID -19 - Diagnosed or Suspected** guideline.

Major Change – COVID-19 - Exposure

Improvements and updates include:

- Exposure risk factors added to the Definition section
- Simplified triage logic, including removing separate TAQs related to specific populations of workers (e.g., first responders)
- Updated and simplified quarantine, testing and exposure recommendations
- Many BI updates including section on who should be tested and what to do after exposure

The following **risk factors** increase the chance of getting sick with COVID-19 after an exposure:

- **How Close?** The closer you are to someone with COVID-19, the greater the chance of catching it. Being within 6 feet (2 meters) of an infected person increases the risk. Being in a crowded place also increases the risk.
- **How Long?** Longer exposure time increases a person's risk of getting COVID-19. An exposure of 15 minutes or more is more likely to result in spread.
- **Where - Indoors or Outdoors?** Being outside reduces the risk because there is better air movement. Being indoors in a poorly ventilated area increases a person's risk.
- **Did the Infected Person Have Symptoms?** If the person was sick with such symptoms as cough, fever, or trouble breathing, it increases the exposed person's risk of getting COVID-19.
- **Who Was Wearing Masks?** Wearing a well-fitting mask can decrease a person's risk of getting COVID-19. If both the infected and exposed person were wearing well-fitting masks, the risk of spread is low. If only one was masked, the risk is moderate. If neither was masked, the risk is higher.

The following are not an exposure:

- Walking by a person who has COVID-19.
- Being outdoors and keeping safe distancing (6 feet; 2 meters).

13. **Reassurance and Education - COVID-19 Exposure and No Symptoms:**
- **No Quarantine:** You do not need to stay home unless you develop symptoms. However, you should take these precautions:
 - **... Get Tested:** Get tested at least 5 days after you last had close contact with someone with COVID-19. When counting days, remember that day 0 is the day you were last exposed. Day 1 is the next full day after the day you were exposed.
 - **... Wear a Mask:** Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.
 - **... Watch for Symptoms:** Watch for symptoms of COVID-19 until 14 days after you last had close contact with someone with COVID-19.
 - *Here is some more care advice and health information that should help.*

Who should get tested? When should testing be performed?

- **Symptoms:** People who have symptoms of COVID-19 should get **tested immediately**.
- **Exposure and No Symptoms:** People who were exposed to COVID-19 should **test 5 to 7 days after exposure**. *Exception:* People that have had a positive test for COVID-19 in last 30 days. The test may stay positive for a few weeks after having COVID-19.
- **Visiting Someone at High Risk for Severe COVID-19:** If you are visiting someone who is at high risk (e.g., older, weak immune system) for having a severe COVID-19 infection, you should **test before** you see them. This is especially important if you are in a community or place with higher COVID-19 spread.
- **International Travel:** Testing is recommended 3 to 5 days after returning from international travel.



Please carefully read and review the redline for this updated **COVID-19 - Exposure** guideline.

Major Change – COVID-19 - Vaccine Questions and Reactions

Improvements and updates to this guideline include:

- Simplified Definition section
- Removed the TAQ on exposure in those that are vaccinated (would be triaged under the COVID-19 Exposure guideline)
- Updated vaccination guidance to match current recommendations for boosters
- Updated vaccination recommendations for those with weak immune systems
- Added information on receiving both the flu vaccine and COVID-19 vaccine on the same day
- Updated meaning of being up-to-date on vaccines
- Simplified and updated the BI section

DEFINITION

- Patient believes they are having a reaction to a COVID-19 vaccination (immunization).
- Questions about the COVID-19 vaccine.
- Questions about being up-to-date on vaccination.

Notes:

- **Local Reaction:** Local injection site symptoms such as pain, redness, and swelling usually last 1 to 3 days.
- **Local Reaction - COVID Arm:** Some people get a red rash in their arm at the vaccine shot site that starts 3 to 14 days (most commonly 8 days) after the vaccine. This mainly happens with the Moderna vaccine, but can occur with the Pfizer vaccine.
- **Systemic Reaction:** Systemic reaction symptoms such as chills, fatigue, fever, joint pain, headache, and muscle aches usually last 1 to 2 days.
- The following symptoms are NOT from a vaccine reaction: cough, difficulty breathing, loss of taste or smell, runny nose, sore throat.

Updated: February 27, 2023 (version 9)

1369. FAQ - Who May Need an Extra Dose of the COVID-19 Vaccine?

- People with **moderately to severely weak immune systems** are at higher risk of severe COVID-19 infection. They also may not respond as well to the standard vaccine series. They should get **an extra dose** as part of their primary vaccine series (recommended in those 5 years and older). Timing of the extra dose depends on which COVID-19 vaccine the person initially got. Besides the extra primary dose they should also get all recommended booster shots.
- For **U.S. information** and the most up-to-date criteria, see the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>.
- In **Canada** see <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html>.

16. What Does Being Up-to-Date on COVID Vaccination Mean?

- Up-to-date on vaccination means that a person has received all doses in the primary series and got all recommended booster shots.
- ... People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.
- ... Moving into Fall 2023 and 2024, it is likely that an annual COVID-19 vaccination, just like the flu, will be recommended.
- For U.S. information and the latest recommendations, see the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>. In Canada see <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html>.

12. FAQ - How Is the Vaccine Given?

- The vaccine is given as an injection (shot) into the muscle of the upper arm.
- The CDC states that people can get the COVID-19 vaccine and other vaccines (like the flu vaccine) on the same day.
- *Write down the following information when you get your vaccinations: (1) the name of the vaccine, (2) the date you got it, (3) when you are due for your next dose or booster.*



Please carefully read and review the redline for this updated **COVID-19 - Vaccine Questions and Reactions** guideline.

Major Change – Diabetes - High Blood Sugar

We added 2 new TAQs, associated CA and alternate dispositions for high blood sugar in pregnancy. This will help support the need for additional precautions in this patient group.

Call PCP Now

[1] Symptoms of high blood sugar (e.g., abnormally thirsty, frequent urination, weight loss) AND [2] not able to test blood glucose AND [3] pregnant

Reason: During pregnancy, tighter blood glucose control is needed because of possible neonatal complications associated with hyperglycemia. Note: People can buy diabetes testing equipment at a drugstore without a prescription.

CA: 49, 1620, 444, 27, 1

See PCP Within 24 Hours

[1] Blood glucose > 240 mg/dL (13.3 mmol/L) AND [2] pregnant

Reason: During pregnancy, tighter blood glucose control is needed because of possible neonatal complications associated with hyperglycemia.

CA: 44, 1621, 6, 27, 1



Please carefully read and review the redline for this updated **Diabetes - High Blood Sugar** guideline.

Major Change – Hepatitis A Exposure

- We added TAQs for those with HIV infection and for those experiencing homelessness (to match vaccine indications).
- We added CA on Hepatitis A symptoms.
- We updated the BI with separate sections for Key Points, Symptoms, Complications and Diagnosis.

See PCP Within 2 Weeks

[1] Homeless AND [2] has NOT received hepatitis A vaccine

Reason: Hepatitis A vaccine may be indicated to protect patient from future Hepatitis A exposures.

CA: 46, 10, 3, 1

[1] HIV positive AND [2] has NOT received hepatitis A vaccine

Reason: Hepatitis A vaccine may be indicated to protect patient from future Hepatitis A exposures.

CA: 46, 10, 3, 1

17. Hepatitis A - Symptoms:

- People who get hepatitis A can be asymptomatic or symptomatic.
- Most children under 6 years of age do not have any symptoms. Symptoms are more common in older children, teens, and adults. About 70% of adults have symptoms.
- Some common symptoms are:
 - ... *Abdominal discomfort or pain*: This is usually in the right upper abdomen where the liver is located.
 - ... Dark urine
 - ... Fatigue (feeling tired)
 - ... Fever
 - ... **Jaundice** (yellow eyes)
 - ... Malaise
 - ... Nausea
 - ... Pale colored stools

17. Hepatitis A - Symptoms:

- People who get hepatitis A can be asymptomatic or symptomatic.
- Most children under 6 years of age do not have any symptoms. Symptoms are more common in older children, teens, and adults. About 70% of adults have symptoms.
- Some common symptoms are:
 - ... *Abdominal discomfort or pain*: This is usually in the right upper abdomen where the liver is located.
 - ... Dark urine
 - ... Fatigue (feeling tired)
 - ... Fever
 - ... **Jaundice** (yellow eyes)
 - ... Malaise
 - ... Nausea
 - ... Pale colored stools



Please carefully read and review the redline for this updated **Hepatitis A Exposure** guideline.

Major Change – Immunization Reactions

We added support for Mpox (Monkeypox) vaccine to the Definition, TAQ and CA sections of this guideline.

MVA Mpox or smallpox (IMVAMUNE in Canada, JYNNEOS in U.S.) vaccine reactions

Note: Mpox is the current name for monkeypox.

CA: 48, 224, 2, 1510, 1511, 1143, 1003, 1006, 3, 1

1510. **MVA Mpox or Smallpox Vaccine (IMVAMUNE in Canada, JYNNEOS in U.S.):**

- The most common side effects are itching, pain, redness, and swelling at the injection site.
- People may also have minor reactions such a feeling tired, headache, a mild fever, and muscle aches.

1511. **MVA Mpox or Smallpox Vaccine (IMVAMUNE in Canada, JYNNEOS in U.S.):**

- Severe reactions (e.g., allergic reaction, anaphylaxis) are rare.



Please carefully read and review the redline for this updated **Immunization Reactions** guideline.

Major Change – Poisoning

We made many updates and improvements throughout this guideline. Some highlights include:

- Clarified the definition wording and expanded the Excluded guidelines section.
- Added a slow, shallow or weak breathing TAQ.
- Additional first aid support for the use of Narcan in related TAQs.
- Added TAQ on spoiled or moldy food with associated CA.
- Fully reworked and updated BI that now also includes poison center numbers for the US and different providences of Canada.

DEFINITION

- Ingestion (puts in mouth or swallows) of a drug, chemical, plant, or other possibly poisonous substance.
- Also includes calls about eating outdated, spoiled or moldy food.

Excluded:

- *Accidental epinephrine injection:* Use **Needlestick** guideline.
- *Carbon monoxide inhalation:* Use **Carbon Monoxide Exposure** guideline.
- *Chemical burn:* Use **Burn - Chemical** guideline.
- *Chemical in eye:* Use **Eye - Chemical In** guideline.
- *Smoke or fume inhalation:* Use **Smoke and Fume Inhalation** guideline.
- *Swallowed a nonpoisonous foreign body (e.g., coin):* Use **Swallowed Foreign Body** guideline.

Slow, shallow and weak breathing

R/O: impending respiratory arrest, opioid overdose. FIRST AID: If opioid overdose is known or suspected and caller has Narcan, give Narcan NOW.

CA: 40, 1378, 1379, 1380, 1381, 1

30. **Throw Away Moldy Food:**

- It is usually best to throw away moldy food. You can't always see all of the mold growth in the food.
- Some firm cheeses and fruits can be eaten if they have a small amount of mold. You should cut the mold out, leaving a 1 inch (2.5 cm) space (margin).
- Eating a small amount of mold on food is usually not dangerous. Rarely, some types of food molds can cause allergic reactions, breathing problems or illness.

31. **Internet Resources on Food Safety:**

- See <https://www.fsis.usda.gov/food-safety> for food safety tips. The USDA has a helpful hotline: 1 888-MPHOTLINE (1 888-674-6854).
- Safe food storage tips can be found at the National Center for Home Food Preservation at <https://nchfp.uga.edu>.



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

Major Change – Postpartum - Breast Pain and Engorgement

We made many updates to this guideline based on review by our Editorial Team and a group of woman's health and breastfeeding experts. Highlights of guideline updates and improvements include:

- Expanded definition section on appropriate guideline selection for breastfeeding problems
- Several TAQ updates including a new TAQ for those with a breast lump lasting > 7 days and another for those with a lump lasting < 7 days
- Substantially expanded BI with expanded sections on breast engorgement and mastitis

DEFINITION

- Breast pain, engorgement (breast fullness or swelling), or milk leaking, AND
- Is not breastfeeding / pumping OR has recently stopped breastfeeding / pumping and has decided not to continue breastfeeding / pumping.
- Postpartum

Note: There are 3 pediatric telehealth triage guidelines that address the mother - baby pair that is breastfeeding or the mother who is pumping:

- **Breastfeeding - Baby Questions** (Pediatric)
- **Breastfeeding - Mother's Breast Symptoms or Illness** (Pediatric)
- **Breastfeeding - Mother's Medicines and Diet** (Pediatric)

See PCP Within 3 Days

[1] Breast lump AND [2] present > 7 days

R/O: cyst, fibroadenoma, cancer. Note: If woman stopped breastfeeding (and pumping) more than a week ago, it is unlikely to be related to lactation, and they need to be evaluated for a breast mass.

CA: 45, 9, 1074, 1075, 5, 1

Home Care

[1] Breast lump AND [2] present < 7 days

R/O: obstructed or plugged milk duct

CA: 48, 9, 1074, 1075, 12, 1

What is Breast Engorgement?

Breast engorgement occurs when the breasts become swollen or overly full with milk. Breast engorgement can have different meanings:

- Most women notice breast pain and engorgement in **the week following delivery**. Breast engorgement during the first week is from normal swelling of the breast tissue. This normal physiologic process is caused by an increase in blood flow and milk supply to the breasts.
- The term breast engorgement is also often used to describe **breast fullness when it is time to breastfeed** or pump. More severe breast engorgement can happen when a woman skips a few feedings or suddenly stops nursing. The feeling of fullness goes away right after breastfeeding or pumping.
- Lastly, engorgement can mean swelling at any time during lactation when a breast has prolonged overfullness. This leads to lymphatic swelling in the areas around the glandular tissue (like a swollen ankle). This **local swelling is called a plugged duct**. The swollen area gets better with 48 to 72 hours of regular breastfeeding or pumping.

The main **symptoms** of breast engorgement are:

- *Breast pain and tenderness*: It occurs in both breasts.
- *Breast swelling*: The breasts may feel full or hard. The breasts may feel somewhat warm.
- *Fever*: Sometimes there may be a low-grade fever under 100.4 F (38.0 C).
- Leaking milk



Please carefully read and review the redline for this updated **Postpartum - Breast Pain and Engorgement** guideline.

Major Change – Pregnancy - Fever

Summary of updates and improvements include:

- Added SMAG questions for symptoms of COVID-19 and influenza that refers the triager to the appropriate guideline
- New TAQ for fever in those that have a PICC or central line
- Updated TAQ for pregnant people with fever and without serious symptoms so they are instructed to call their PCP within 24 hours

[1] Symptoms of COVID-19 (e.g., cough, fever, SOB, or others) AND [2] within 14 days of COVID-19 EXPOSURE

Go to Guideline: COVID-19 - Diagnosed or Suspected (Adult). Reason: Triager suspects COVID-19.

[1] Symptoms of influenza (e.g., cough, fever, SOB, or others) AND [2] within 7 days of influenza EXPOSURE

Go to Guideline: Influenza (Flu) - Seasonal (Adult). Reason: Triager suspects influenza (flu).

Go to ED Now (or PCP triage)

[1] Fever > 100.0 F (37.8 C) AND [2] has port (portacath), central line, or PICC line

R/O: catheter-related bacteremia

CA: 42, 1257, 1258, 1

Call PCP Within 24 Hours

Fever with no signs of serious infection AND no localizing symptoms (all other triage questions negative)

CA: 50, 1196, 1257, 1258, 1862, 1864, 3, 1



Please carefully read and review the redline for this updated **Pregnancy – Fever** guideline.

Major Change – Sores

We added multiple new SMAG triage statements to help aid the triage nurse in quickly finding the most appropriate guideline. These include:

- Boil (abscess) suspected
- Chickenpox suspected
- Cold sore suspected
- Impetigo suspected
- Poison ivy, oak or sumac rash suspected
- Sore(s) on female genital area
- Sore(s) on male genital area

We also substantially expanded and updated the BI section in this guideline, adding sections on Key Points, Diagnosis and Testing, Treatment, and Prevention.

Boil (abscess) suspected (painful red lump)

Go to Guideline: Boil (Skin Abscess) (Adult)

Chickenpox suspected (e.g., fever, widespread rash after known chickenpox exposure)

Go to Guideline: Chickenpox Diagnosed or Suspected (Adult)

Cold sore suspected (i.e., fever blister sore on the outer lip)

Go to Guideline: Cold Sores (Fever Blisters) (Adult)

Impetigo suspected (e.g., infected sore; soft yellow crusts or scabs)

Go to Guideline: Impetigo (Infected Sore) (Adult)

Poison ivy, oak, or sumac rash suspected (e.g., itchy rash after contact with poison ivy)

Go to Guideline: Poison Ivy - Oak - Sumac (Adult)

Sore(s) on female genital area (e.g., labia, vagina, vulva)

Go to Guideline: Vulvar Symptoms (Adult). R/O: sexually transmitted infection (STI)

Sore(s) on male genital area (e.g., penis, scrotum)

Go to Guideline: Penis and Scrotum Symptoms (Adult). R/O: sexually transmitted infection (STI)

Key Points

- Sores can be caused by injury (e.g., scrapes), sexually transmitted infections (e.g., herpes), skin infection (e.g., impetigo, ringworm), and many other things
- Sores that have an unknown cause, don't heal or are spreading need evaluation and a diagnosis.
- Treatment will depend on the cause of the sore.



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

Major Change – Whooping Cough Exposure

Major changes to this guideline include:

- Many CA updates including: Whooping Cough Introduction, Whooping Cough – Symptoms, Whooping Cough – Prevention With Vaccination, and Whooping Cough – Prevention with Antibiotics
- New BI sections on Key Points, Symptoms, Causes, How it Is Spread, and Complications

3. Whooping Cough - Introduction:

- Whooping cough is caused by a bacteria called *Bordetella pertussis*.
- Whooping cough is very contagious. It is spread from person-to-person by droplets from coughing or sneezing. A person is contagious for 21 days after cough onset (or 5 days after start of antibiotics).
- It produces spasms of coughing that may end in a high-pitched, deep inspiration that sounds like a "whoop".

4. Whooping Cough - Symptoms:

- Whooping cough symptoms usually begin 7 to 10 days after exposure, but can range from 5 to 21 days.
- Common symptoms of whooping cough are:
 - ... Inspiratory **whoop** after coughing
 - ... **Severe coughing spells**
 - ... **Vomiting** after coughing (post-tussive emesis)
- Adults and teens usually have less severe symptoms than children. Sometimes the only symptom that an adult has is a **prolonged cough**.

5. Whooping Cough - Prevention With Vaccination:

- Vaccination can help **prevent** whooping cough. If a vaccinated person gets whooping cough, the symptoms are milder.
- Vaccination to prevent pertussis begins in **infancy**. The DTaP vaccine (diphtheria, tetanus, pertussis) is given at intervals during childhood according to an immunization schedule.
- In **teens** the Tdap vaccine should be routinely given as a single dose for those 11 through 18 years of age. Ideally, it should be given between 11 and 12 years of age.
- Adults 19 years and older should get a Tdap if they have never received this vaccination. **Adults** should then get either a Td or a Tdap vaccine every 10 years. **Pregnant** adults should get a Tdap vaccine each pregnancy between 27 and 36 weeks. This will help protect the newborn infant.

BACKGROUND INFORMATION

Key Points

- Whooping cough (pertussis) is a highly contagious bacterial disease that affects the respiratory system.
- It produces spasms of coughing that may end in a high-pitched, deep inspiration that sounds like a "whoop".
- Adults and teens usually have less severe symptoms than children. Sometimes the only symptom that an adult has is a prolonged cough.
- Early **treatment** with antibiotics may reduce the symptoms. It can also help prevent the spread of the whooping cough germ to other people.
- Postexposure **prophylaxis** with antibiotics can help prevent whooping cough if a close contact exposure occurred in the past 21 days.



Please carefully read and review the redline for this updated **Whooping Cough Exposure** guideline.

Major Change – Wound Infection Suspected

We added an Excluded section to the Definition of this guideline (for those taking antibiotics for a wound infection or cellulitis). These patients are now referred to a more appropriate guideline with the addition of SMAG statements. Additional SMAG statements added include:

- When a boil is suspected
- When Impetigo is suspected

Given new SMAGs, antibiotic related TAQs were removed to help streamline the triage process. In addition, the following new TAQs (and associated CA) were added:

- TAQ for signs of serious digit infection (tenosynovitis)
- TAQ for facial wounds
- TAQ for wounds not healed after 14 days
- TAQ for questions regarding the care of sutured (or stapled) wounds

We made broad updates throughout the BI section, including new sections on Symptoms, Causes, Risk Factors, Diagnosis, Treatment, and Complications.

Excluded:

- For a person diagnosed with a cellulitis being treated with antibiotics, use the **Cellulitis Infection on Antibiotic Follow-up Call**.
- For a person diagnosed with a wound infection being treated with antibiotics, use the **Wound Infection on Antibiotic Follow-up Call**.

Go to ED Now

[1] SEVERE pain with bending of finger (or toe) AND [2] wound on hand (or foot)

R/O: tenosynovitis and need for drainage

CA: 41, 1001, 1004, 1

See HCP (or PCP Triage) Within 4 Hours

[1] Looks infected (e.g., spreading redness) AND [2] face wound

Reason: Higher risk of complications.

CA: 43, 1

See PCP Within 3 Days

[1] After 14 days AND [2] wound isn't healed

R/O: low-grade wound infection

CA: 45, 125, 1001, 1004, 1225, 1

Home Care

Care of sutured (or stapled) wound, questions about

Reason: Normal wound healing.

CA: 48, 1925, 1927, 1926, 5, 1



Please carefully read and review the redline for this updated **Wound Infection Suspected** guideline.

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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