



Update Letter 2023 – Changes in the Adult Clinical Content:

A Self-Study Guide for Triage Nurses

July 10th, 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.

The 2023 update of the Adult Office-Hours Telehealth Triage Protocols consists of **251** active protocols. There are **17** new protocols and **234** updated prior active protocols.

We hope this summary of changes will serve as a self-study guide, direct your reading, and help you transition to the 2023 Adult Office-Hours telehealth triage clinical content.

New Protocols

There are 17 new adult protocols since the last annual update in 2022.

1. Abdomen Bloating and Swelling
2. Colonoscopy Symptoms and Questions
3. Difficult Call
4. IV Not Running or Running Slowly
5. IV Site and Other Symptoms
6. Mouth Pain
7. Mpox - Diagnosed or Suspected (*Initial release in July 2022*)
8. Mpox - Exposure (*Initial release in July 2022*)
9. Muscle Jerks - Tics - Shudders
10. Oxygen Monitoring and Hypoxia
11. Skin Glue Questions
12. Sores
13. Sty
14. Toenail - Ingrown
15. Transgender Health Concerns and Questions
16. Vaginal Bleeding - Postmenopausal
17. Wound Infection on Antibiotic Follow-up Call



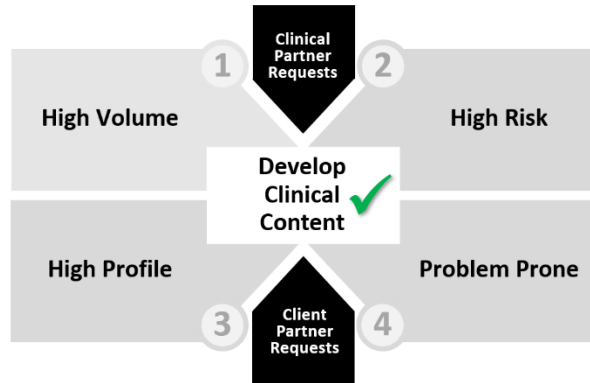
We encourage you to read through each of these new protocols in their entirety. It may be especially helpful to review the background sections.

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

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 Protocols

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

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

Included in this year’s update are redlined versions of each of the protocols showing the changes from 2022.

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

- **_redline_major_2023** and
- **_redline_minor_2023**



Major and minor changes are defined as follows.

Major Changes

- Significant or controversial triage assessment question changes: edits, additions, or movement of a triage question to a different disposition level
- Substantive care advice changes
- Substantive background information changes
- Substantive definition changes

Minor Changes

- Non-controversial changes in additions or deletions of a triage question
- Non-controversial changes in moving a triage question to a different level
- Addition / deletion of references
- Re-ordering of triage assessment questions
- Minor wording changes throughout
- Spelling, grammar, punctuation
- Any search word changes
- Any Initial Assessment Question changes

Title Changes

The title was changed in six existing protocols.

ALGORITHMID	2022	2023
755	Eye - Swelling	Eyelid Swelling
286	Influenza - Seasonal	Influenza (Flu) - Seasonal
472	Influenza Exposure	Influenza (Flu) Exposure
484	Influenza Follow-Up Call	Influenza (Flu) Follow-up Call
602	Scrotal Pain	Scrotum Pain
203	Wound Infection	Wound Infection Suspected

New References

Telehealth triage protocols should be evidence-based and referenced.

Every year, new references from the medical literature are reviewed and incorporated into the Schmitt-Thompson Clinical Content. For this update of the Adult Office-Hours Telehealth Triage Protocols, there are 325 new references. Some outdated references were deleted.

See document titled **New Adult Office-Hours References**.



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

New Search Words

Search words are carefully selected for each protocol. These search words help the nurse triager find the most appropriate protocols available to use for that specific symptom or concern.

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



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

Universal Changes

Universal changes are identical edits that have been made across multiple different protocols. The following are highlights of universal changes made in this protocol update release. Please review the redline documents for a comprehensive review of changes for 2023.

There are 12 Universal Changes for 2023. They are:

1. Added Dosing Information for Fexofenadine (Allegra)
2. Updated Pain and Fever Medicine Care Advice for Improved Readability of Canadian Dosing
3. Caution Statement on the Use of NSAIDs and Blood Thinners
4. Change in Maximum Daily Dosing Change for Loperamide
5. Updated First Aid Advice for Narcan Which Includes Expanded Instructions and Information on Different Routes of Administration
6. Updated First Aid Care Advice for Choking
7. Updated Definition of Hypoglycemia to 70 mg/dl (3.9 mmol/L) or Below
8. Updated Care Advice for Taking Oral Diabetes Medicines When Sick (Such as With Vomiting and Diarrhea)
9. Updated Injury Triage Assessment Questions for High-Risk Adults Throughout the Protocols
10. Vaginal Lubricants – Inclusion of Both Silicone and Water-Based Lubricants in Care Advice
11. Updated Mental Health Referral Phone Numbers and Additional Resources
12. Added Heparins to List of Strong Blood Thinners in the Triage Assessment Questions

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.

Antihistamine Medicines for Moderate to Severe Itching:

- For moderate to severe itching, you can take either cetirizine, fexofenadine, or loratadine.
- 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 **Bee or Yellow Jacket Sting** protocol. 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 Care Advice 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 protocols.

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** protocol. 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 Care Advice for both pain and fever medicines. This warns that ibuprofen and naproxen can increase the risk of bleeding in those on blood thinners.

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** protocol. It provides you an example of these universal changes.

Universal Change – Change in Maximum Daily Dosing Recommendations for Loperamide

The FDA has lowered the maximum over-the-counter dose of Loperamide in the US from 16 mg to 8 mg. We have universally updated the recommended dose in the protocol care advice. We have also added an additional warning regarding the use of tonic water and loperamide.

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.

Diarrhea Medicine - Loperamide - Extra Notes and Warnings:

- **Do Not** use if there is a fever over 100.4 F (38.0 C) or if there is blood or mucus in the stools.
- **Do Not** drink tonic water. It can interact with loperamide and may cause a serious heart problem.
- Do Not take more than 8 mg per day (4 capsules) each day, or for longer than 2 days, unless told to do this by your doctor (or NP/PA).
- *Before taking any medicine, read all the instructions on the package.*



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

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

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

FIRST AID ADVICE - Opioid Overdose With Serious Symptoms

Give **Narcan** if a narcotic overdose is known or suspected AND patient is sleepy or having signs of difficulty breathing.

- 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 Symptoms** protocol. It provides you an example of these universal changes.

Universal Change – Updated First Aid Care Advice for Choking

The First Aid Advice for Choking has been updated and standardized in protocols where this advice is used. There are specific instructions outlined for the conscious and unconscious patient. The care advice was streamlined to make it easier for the triager to reference quickly in an emergency triage situation.



Please review the **911 Symptoms** protocol. 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 protocols 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 and the Canadian Diabetes guidelines.

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 **Diabetes – Low Blood Sugar** protocol. It provides you an example of these universal changes.

Universal Change - Updated Care Advice for Taking Oral Diabetes Medicines When Sick (Such as With Vomiting and Diarrhea)

The Care Advice regarding taking oral diabetes medicines while sick (such as with vomiting and diarrhea) has been changed. Some oral diabetes medicines (e.g., metformin) need to be stopped during illness, especially if the patient is at risk for dehydration. With the updated Care Advice, the patient is advised to call their doctor (or NP/PA) to see if they should take their oral medicines when they are sick.

Diabetes Pills:

- Some oral (by mouth) diabetes medicines need to be stopped when you are sick (such as diarrhea or vomiting).
- If you are **sick**, call your doctor (or NP/PA) to see if you should continue taking your oral diabetes medicine. Ask your doctor the next time you see them what you should do if you get sick.
- If you are **not sick** and have high blood sugar, continue taking your diabetes medicine as prescribed.

Sick Day Rules - For People with Diabetes Who Do Not Use Insulin:

- Check your blood glucose every 3 to 4 hours. Write down the results.
- Some oral (by mouth) diabetes medicines need to be stopped when you are very sick (such as diarrhea or vomiting).
- If you are **sick**, call your doctor (or NP/PA) to see if you should continue taking your oral diabetes medicine.



Please review the **Diabetes – High Blood Sugar** protocol. It provides you an example of these universal changes.

Universal Change – Updated the Injury Triage Assessment Questions for High-Risk Adults Throughout the Protocols

We have updated the Triage Assessment Questions (TAQs) 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 in Office Today or Tomorrow

Moderate pain (e.g., interferes with normal activities, limping) and high-risk adult (e.g., age > 60 years, osteoporosis, chronic steroid use)

Reason: Greater risk of fracture in patients with osteoporosis.



Please review the **Ankle and Foot Injury** protocol. It provides you an example of these universal changes.

Universal Change – Vaginal Lubricants – Inclusion of Both Silicone and Water-Based Lubricants in Care Advice

Previously the Care Advice statements in related guidelines only recommended water-based vaginal lubricants. We have updated these Care Advice 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.

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** protocol. It provides you an example of these universal changes.

Universal Change - Updated Mental Health Referral Phone Number and Additional Resources

Mental health resource and referral information has been updated, and two resources added:

- United States: 988 Suicide and Crisis Lifeline
- Canada: Talk Suicide Canada

United States - 988 Suicide and Crisis Lifeline:

- When people call, text, or chat **988**, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen to the caller, understand how their problems are affecting them, provide support, and connect them to resources if necessary.
- *Call, text or chat:* 988
- *Website:* <https://988lifeline.org/>

Canada - Hotlines and Helplines:

- *Canada.CA*: Substance use. Website: <https://www.canada.ca/en/health-canada/services/substance-use.html>.
- *Canadian Mental Health Association (CMHA)*: Provides information about mental health and contact information for local CMHA offices. Website: <https://cmha.ca>.
- *Ontario ConnexOntario*: Provides free, confidential information about mental health and addiction services in Ontario, Canada. Website: <https://www.connexontario.ca/>. Toll free number: 1-866-531-2600.
- *Mood Disorders Association of Ontario (MDAO)*: Offers free support programs for people across Ontario with mood disorders (depression, anxiety, and bipolar disorder). Telephone Support Line: 1-888-486-8236. You can call this number Monday through Friday 9:30 AM to 5:00 PM. Website: <https://www.mooddisorders.ca/>.
- *Talk Suicide Canada*: "Connect to a crisis responder to get help without judgement." Website: <https://talksuicide.ca/>. Toll free number: 833-456-4566. Text: 45645 (1 PM to midnight).
- *Wellness Together*: "Wellness Together Canada was created in response to an unprecedented rise in mental distress, and is funded by the Government of Canada. Whatever you're going through, we're here to provide mental health and substance use support." Website: <https://wellnesstogether.ca/>.



Please review the **Anxiety and Panic Attack** and **Depression** protocols. They provide you an example of these universal changes.

Major Change - Added Heparins to List of Strong Blood Thinners in the Triage Assessment Questions

Taking a strong blood thinner is a significant risk factor for bleeding. This risk factor is included in many Triage Assessment Questions (TAQs) across the protocol set. Heparins have been added to the list of blood thinners in the Reason statement for these TAQs.

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

Reason: Higher risk of serious bleeding; may need testing of INR, ProTime, or platelet count. Note: Besides Coumadin, other strong blood thinners include Arixtra (fondaparinux), Eliquis (apixaban), Pradaxa (dabigatran), Xarelto (rivaroxaban), and heparins (e.g., Lovenox, Fragmin, Innohep).



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

COVID-19 Protocols – Updates and Major Changes

Since we first published the Office-Hours COVID-19 protocols, we have made numerous updates as circumstances have changed and recommendations from the CDC have evolved.

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 protocols. An example of this is how we now define “being up-to-date on COVID-19 vaccination.”

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>.

With this update, we have again made some significant changes to three of the COVID-19 protocols:

- COVID-19 - Diagnosed or Suspected
- COVID-19 - Exposure
- COVID-19 - Vaccine Questions and Reactions

Key changes include:

- Triage Assessment Questions added to address symptoms of dehydration.
- Updated Care Advice (CA) for home isolation recommendations for those sick with COVID-19.
- Updated CA regarding COVID-19 testing recommendations, including repeat testing.
- Updated CA regarding risk factors that increase the chance of getting COVID-19 after exposure.
- Updated vaccine recommendations, including CDC recommendation that you can receive COVID-19 vaccines on the same day as other vaccines such as the flu vaccine.
- Removed outdated information (e.g., use of monoclonal antibodies treatment).



Please carefully read and review the redline for these three updated **COVID-19** protocols.

Major Changes to 11 Protocols

In addition to the COVID protocols, there are 11 other protocols with major changes for 2023. They are:

1. Abdominal Pain - Upper
2. Anxiety and Panic Attack
3. Diabetes - High Blood Sugar
4. Frostbite
5. Heat Exposure (Heat Exhaustion and Heat Stroke)
6. Information Only Call - No Triage
7. Poisoning
8. Postpartum - Breast Pain and Engorgement
9. Pregnancy – Fever
10. Rectal Bleeding
11. Wound Infection Suspected

Major Change – Abdominal Pain - Upper

Major updates to the Triage Assessment Questions (TAQs) within this protocol include:

- Three new 911 Disposition Level TAQs.
- Four new See More Appropriate Protocol Statements (SMAPs).
- Several new TAQs added in other Disposition levels.
- Edits to existing TAQs and reordering to improve readability and triage flow.
- Addition of Care Advice for heartburn (acid reflux) and antacids.
- Additional information on causes in the Background Section.

Call EMS 911 Now

Severe difficulty breathing (e.g., struggling for each breath, speaks in single words)

R/O: respiratory failure, hypoxia

Shock suspected (e.g., cold/pale/clammy skin, too weak to stand, low BP, rapid pulse)

R/O: shock. FIRST AID: Lie down with the feet elevated.

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: shock. FIRST AID: Lie down with the feet elevated.

Passed out (i.e., lost consciousness, collapsed and was not responding)

R/O: shock. FIRST AID: Lie down with the feet elevated.

Visible sweat on face or sweat is dripping down

Reason: True diaphoresis is strongly suggestive of serious pathology or very severe pain.

Sounds like a life-threatening emergency to the triager

See More Appropriate Protocol

Followed an abdomen (stomach) injury

[Go to Protocol: Abdominal Injury \(Adult\)](#)

Chest pain

[Go to Protocol: Chest Pain \(Adult\)](#)

Abdominal pain and pregnant < 20 weeks

[Go to Protocol: Pregnancy - Abdominal Pain Less Than 20 Weeks EGA \(Adult\)](#)

Abdominal pain and pregnant 20 or more weeks

[Go to Protocol: Pregnancy - Abdominal Pain Greater Than 20 Weeks EGA \(Adult\)](#)

Abdomen bloating or swelling are main symptoms

[Go to Protocol: Abdomen Bloating and Swelling \(Adult\)](#)

Heartburn - General Information:

- Heartburn (acid reflux) is the term that is used to describe the backward flow of stomach acid into the tube that goes from the mouth to the stomach (esophagus).
- The full medical name for this is *Gastro-Esophageal Reflux Disease (GERD)*.
- *Symptoms*: Burning pains that start in your upper stomach and spread up into your chest can be from heartburn. You may also get a sour taste in your mouth (from the acid) or a feeling like vomit is rising in your esophagus.
- *Aggravating Factors*: Fatty and greasy foods, spicy foods, drinks that have caffeine, mints, and chocolate worsen reflux in some people. Eating too large a meal or lying down right after eating can often cause reflux.

Heartburn Prevention - Antacids:

- Try taking a liquid antacid (e.g., Mylanta, Maalox, Tums) 1 hour after meals and before bedtime. *Dose*: 2 tablespoons (30 ml).
- *Before taking any medicine, read all the instructions on the package.*

Heartburn Treatment - Antacids:

- If having pain now, try taking a liquid antacid (e.g., Mylanta, Maalox) or an antacid tablet (e.g., Regular Tums). *Dose*: 2 tablespoons (30 ml) or 2 to 4 tablets.
- Pepcid AC (famotidine) is available over-the-counter and can also be used to relieve symptoms of heartburn and upset stomach. Check first with your doctor before using.
- *Before taking any medicine, read all the instructions on the package.*



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

Major Change – Anxiety and Panic Attack

Numerous improvements were made throughout this protocol. Major updates include:

- New Triage Assessment Questions were added to address severe anxiety and panic attacks.
- New Care Advice Added: **Note to Triager - How to Help a Patient During a Panic Attack** (provides specific directions for the triager).
- Updated Canadian and United States Mental Health Referral and Resources list.

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

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), which is not better after 10 minutes of reassurance and Care Advice

Reason: Needs symptom management and support now.

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 has not been evaluated for this by doctor (or NP/PA)

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

Panic attack symptoms (diagnosed in the past) that is not better with usual treatment, reassurance, or Care Advice

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

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).



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

Major Change - Diabetes - High Blood Sugar

In this updated protocol, you will find important changes in the Triage Assessment Questions (TAQs) and the Care Advice (CA). These include:

- New TAQs added to address high blood sugar during pregnancy. During pregnancy, tighter blood glucose control is needed because of possible neonatal complications associated with hyperglycemia.
- New TAQ added to address situation when the patient has symptoms of high blood sugar but is not able to test.
- Updated CA regarding taking oral diabetes medicines when sick (such as with diarrhea or vomiting). Some oral medicines (e.g., metformin) need to be stopped during illness such as vomiting and diarrhea.
- Updated CA, **Sick Day Rules – Liquids** (includes more specific instructions regarding types of fluids to drink when blood sugar is in different ranges).

Discuss With PCP and Callback by Nurse Within 1 Hour

Blood glucose > 400 mg/dL (22.2 mmol/L)

Reason: Significant hyperglycemia.

Blood glucose > 300 mg/dL (16.7 mmol/L) AND two or more times in a row

Reason: Obtain PCP input regarding medication adjustment and diet.

Urine ketones moderate - large (or blood ketones > 1.4 mmol/L)

Reason: Obtain PCP input regarding medication adjustment and diet.

Symptoms of high blood sugar (e.g., abnormally thirsty, frequent urination, weight loss) and not able to test blood glucose, and 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.

See in Office Today

Blood glucose > 240 mg/dL (13.3 mmol/L) AND pregnant

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

Symptoms of high blood sugar (e.g., abnormally thirsty, frequent urination, weight loss) and not able to test blood glucose

Note: People can buy diabetes testing equipment at a drugstore without a prescription.

Sick Day Rules - For People with Diabetes Who Do Not Use Insulin:

- Check your blood glucose every 3 to 4 hours. Write down the results.
- Some oral (by mouth) diabetes medicines need to be stopped when you are very sick (such as diarrhea or vomiting).
- If you are **sick**, call your doctor (or NP/PA) to see if you should continue taking your oral diabetes medicine.

Sick Day Rules - Liquids:

- Drink more fluids, at least 8 to 10 glasses daily (8 oz or 240 ml each glass).
- You need even more fluids if you have fever, vomiting or diarrhea.
- *If glucose over 200 mg/dL (11.1 mmol/L):* Drink sugar-free liquids (e.g., water).
- *If glucose under 120 mg/dL (6.5 mmol/L):* Drink sugar-containing liquids (e.g., sports drinks, juice, soft drinks).
- *If glucose is between 120 and 200 mg/dL (6.7-11.1 mmol/l):* Alternate the 2 types of fluids.



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

Major Change – Frostbite

You will find numerous improvements throughout this protocol. Expert reviewer, Ken Zafren, MD, provided valuable subject matter expertise.

- Triage Assessment Question (TAQ) for skin white, hard, and completely numb before warming moved to Go to ED Now Disposition level.
- New TAQ added for frostbite blisters that contain blood.
- Addition of Care Advice for Prevention of Frostbite.
- Revised and expanded First Aid Advice.
- Revised and expanded Background Information.
- Updated **Symptoms of Frostbite** (in Definition and Background section) that better describes superficial and deep frostbite and the progression of symptoms.

SYMPTOMS of Frostbite are:

- **Superficial Frostbite:** Before thawing the skin is **numb**. It looks white, pale yellow, or pale blue and appears waxy. After rewarming there is **skin redness** (erythema), swelling, and **burning pain** after rewarming. Large, **clear blisters** near the ends of fingers and toes may appear within 24 hours.
- **Deep Frostbite:** Before thawing the **body part is very hard** (like wood). The skin has a **blue-gray (cyanotic) color** after rewarming. **Blood-filled (hemorrhagic) blisters** may appear. There may be pain after rewarming. The skin turns black (necrosis) in the following 1 to 3 weeks.



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

Major Change - Heat Exposure (Heat Exhaustion and Heat Stroke)

The main changes to note here are found in the Care Advice (CA) section. These include:

- New CA added that outlines what to avoid (e.g., salt tablets, carbonated drinks, caffeine and alcohol).
- New CA added for stretching and massage.
- New detailed CA added for how to prevent heat reactions.
- Numerous other CA edits to improve readability.



Please carefully read and review the redline for this updated **Heat Exposure (Heat Exhaustion and Heat Stroke)** protocol.

Major Change - Information Only Call - No Triage

We added four new See More Appropriate Protocol statements to help direct the triager to the most appropriate protocol to use. We also added multiple Triage Assessment Questions in these three Disposition levels:

- Discuss With PCP and Call Back by Nurse Today
- See in Office Within 2 Weeks
- Home Care

These additions will allow the triager to better document the patient's specific concern or question. See examples below.

See More Appropriate Protocol

New-onset or worsening symptoms, see that protocol (e.g., diarrhea, runny nose, sore throat)

Reason: See other protocol if there are new or worsening symptoms.

Medicine question not related to refill or renewal

Go to Protocol: Medication Question Call (Adult)

Requesting a renewal or refill of a medicine patient is currently taking

Go to Protocol: Medication Refill and Renewal Call (Adult)

Questions or concerns about high blood pressure

Go to Protocol: Blood Pressure - High (Adult)

Discuss With PCP and Callback by Nurse Today

Requesting lab results and adult stable (no new symptoms, not worsening)

Requesting referral to a specialist

Home Care

Health information question, no triage required and triager able to answer question

General information question, no triage required and triager able to answer question

Question about upcoming scheduled surgery, procedure or test, no triage required, and triager able to answer question

Caller is not with the adult (patient) AND patient has probable NON-URGENT symptoms

Reason: Inadequate information, unable to complete triage. Note: Caller or patient to call back with triage information.

Follow-up information-only call to recent contact, no triage required



Please carefully read and review the redline for this updated **Information Only Call – No Triage** protocol.

Major Change – Poisoning

You will find numerous changes and additions in every section of this protocol. Key changes include:

- Revised Definition which outlines what is covered and what is excluded and better covered in other available protocols.
- Two Triage Assessment Questions (TAQs) added to Call EMS 911 Now Disposition level. These TAQs address slow, shallow and weak breathing and seizures.
- Updated First Aid Care Advice for use of Narcan for suspected or known opioid overdose.
- New TAQ (Call Poison Control Now disposition level) added for more than double dose of a prescription or over-the-counter drug.
- New TAQ (Home Care Disposition level) added to address asymptomatic person who ate outdated, spoiled or moldy food, as well as corresponding Care Advice (CA).
- New CA: 1) **Tips to Prevent Accidental Overdose or Poisonings – Medicines**, and 2) **Tips to Prevent Accidental Poisonings – Household Substances**.
- Updated Canada Poison Centre Numbers.

What Should I Know About Mold on Food?

It is usually best to throw away moldy food. One can't always see all of the mold growth.

- Some firm cheeses and fruits can be eaten if they have a small amount of mold. A person 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.

- 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** protocol.

Major Change – Postpartum - Breast Pain and Engorgement

The major changes in this protocol include:

- Revised Definition.
- Two new See More Appropriate Protocol Statements added.
- New TAQ added to address breast lump present more than 7 days.
- Expanded and updated Background Information section.

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 protocols 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)



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

Major Change – Pregnancy - Fever

Substantial edits and additions were made to this protocol. Key changes include:

- New See More Appropriate Protocol Statement for symptoms of influenza and within 14 days of Influenza Exposure.
- New Triage Assessment Question added for fever > 100.0 F and has port (Portacath), central line, or PICC line.
- Revised Care Advice for Fever Medicines During Pregnancy, including new **Caution – NSAIDs**: Do not take ibuprofen (e.g., Advil, Motrin) or naproxen (e.g., Aleve) if you are pregnant.
- Revised and expanded Background Information (e.g., Key Points; Causes).

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

Fever > 104 F° (40° C)

Fever > 100.0° F (37.8° C) and indwelling urinary catheter (e.g., Foley)

R/O: urinary tract infection

Fever > 100.0° F (37.8° C) and has port (portacath), central line, or PICC line

R/O: catheter-related bacteremia

Fever Medicine During Pregnancy - Acetaminophen:

- For fevers above 101° F (38.3° C), you can take acetaminophen (e.g., Tylenol).
- It is an over-the-counter (OTC) pain drug. You can buy it at the drugstore.
- Generally, it is best to avoid medicine use during pregnancy. However, acetaminophen is considered safe during pregnancy.
- **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).

Fever Medicine During Pregnancy - Extra Notes and Warnings:

- 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.
- **Caution - Acetaminophen:** Do not take acetaminophen (e.g., Tylenol) if you have liver disease.
- **Caution - Aspirin:** Do not take aspirin if you are pregnant, unless directed by your doctor (or NP/PA).
- **Caution - NSAIDs:** Do not take ibuprofen (e.g., Advil, Motrin) or naproxen (e.g., Aleve) if you are pregnant.
- *Before taking any medicine, read all the instructions on the package.*



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

Major Change – Rectal Bleeding

You will find five new Triage Assessment Questions (TAQs) added to the See in Two Weeks Disposition level. These TAQs alert the triager to situations when it is best to have the patient evaluated (on a nonurgent basis) to rule out more serious causes of rectal bleeding, even when there is only a small amount of rectal bleeding.

Rectal bleeding is minimal (e.g., blood just on toilet paper, a few drops in toilet bowl), and bleeding recurs 3 or more times using Care Advice

Reason: Rectal bleeding needs evaluation.

Rectal bleeding is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

Reason: Rectal bleeding needs evaluation.

Family history of cancer of intestines

Reason: Higher risk.

Age > 50 years

Reason: Higher risk. Screening testing may be needed.

No doctor (or NP/PA) exam for rectal bleeding in past year



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

Major Change - Wound Infection Suspected

With this update, we made significant changes throughout this protocol. Highlights include:

- Revised Definition which is more streamlined and identifies what is not covered (excluded) from the protocol.
- New Triage Assessment Questions (TAQs) added in every disposition level, along with some changes to existing TAQs.
- Five new See More Appropriate Protocol Statements added.
- New Care Advice for **Normal Wound Healing** and **Care of Sutured or Stapled Wound** added.
- Greatly expanded Background Information section.

DEFINITION

- Traumatic wound (break in the skin) shows signs of infection. This includes sutured wounds, puncture wounds, scrapes.
- If a wound becomes infected, most commonly this occurs 24 to 72 hours after the initial break in the skin.
- *Use this protocol only if the patient has symptoms that match Wound Infection.*

Symptoms of a wound infection include:

- Fever
- Mild skin swelling or puffiness in the area of the infection.
- **Pain** or tenderness in area of infection.
- **Skin redness** in area of infection. It may be difficult to see the red color in people with darker-colored skin.
- **Skin warmth** in area of infection.
- Sometimes **pus** (purulent drainage).
- Sometimes red streaks moving up a hand, arm, foot, or leg from area of infection. The medical term for this is lymphangitis.

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**.



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

Thank you for your hard work, dedication, commitment to excellence, and your ongoing efforts to deliver the best care to telehealth patients.

Warm regards,

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