**Update Letter 2024 – Changes in the Adult Clinical Content:**
**A Self-Study Guide for Triage Nurses**
July 16th, 2024

**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 2024 Adult Office-Hours telehealth triage clinical content.

The 2024 update of the Adult Office-Hours Telehealth Triage Protocols consists of **260** active protocols. There are **12** new protocols and **248** updated prior active protocols.

## *New Protocols*

There are 12 new adult protocols since the last annual update in 2023.

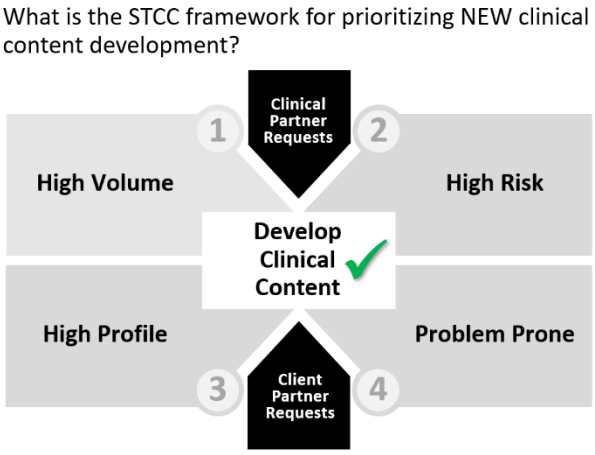
1. Ankle Injury
2. COPD Oxygen Monitoring and Hypoxia
3. Diarrhea on Antibiotics
4. Foot Injury
5. Hand Injury
6. Hand Pain
7. Heart Failure on Treatment Follow-up Call
8. Opioid Use and Problems
9. Pneumonia Follow-up Call
10. Stools - Unusual Color
11. Wrist Injury
12. Wrist Pain

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




## *Inactivated Protocols*

There are 3 existing protocols that are being inactivated for 2024 and that are no longer present in the database. These protocols are being replaced by 6 new protocols.

| Inactivated Protocol | New Replacement 2024 Protocol |
|---|---|
| Ankle and Foot Injury | • Ankle Injury<br>• Foot Injury |
| Hand and Wrist Injury | • Hand Injury<br>• Wrist Injury |
| Hand and Wrist Pain | • Hand Pain<br>• Wrist Pain |

Splitting these three protocols allows for more specific clinical concept wording in the Triage Assessment Questions (TAQs) and better targeted Care Advice.

## *Title Changes*

The title was changed in one protocol.

| *AlgorithmID* | 2023 | 2024 |
|---|---|---|
| 143 | Eye - Red Without Pus | Eye - Redness |

## *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 has continued beyond the COVID-19 pandemic and is considered by many as the "New Normal."

In the **2021** update of the adult (and pediatric) Office-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 in Office Today | Rationale |
|---|---|---|---|
|  |  | Injury interferes with work or school | **R/O:** fracture |
|  |  | High-risk adult (e.g., age > 60 years, osteoporosis, chronic steroid use) | **Reason:** Greater risk of fracture in patients with osteoporosis. |
|  |  | Last tetanus shot > 5 years ago and DIRTY cut or scrape | **Reason:** May need a tetanus booster shot (vaccine). |

For **2024** we have continued this work effort and included this decision-support in all new 2024 protocols.

*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** | 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.<br><br>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. | • **Video Exam**<br>• Prescription medicines<br>• Simple lab testing<br>• Simple extremity imaging (ankle, finger, toe)<br>• Vaccination (e.g., tetanus, influenza), which can often be obtained from a local pharmacy |
| **No** | A patient with a positive response to this triage question **usually cannot** be evaluated and managed solely with a video telemedicine visit.<br><br>This includes patients who need an in-person physical exam, vital signs, or procedure. | • **In-person exam** or slit lamp exam<br>• Exam requires visualization of breast or genitals<br>• Exam requires full vital signs<br>• Other exams: ear exam, pelvic or rectal exam<br>• IV fluids or IV medications<br>• Comprehensive laboratory testing<br>• CT Scan<br>• Other advanced imaging (duplex, V/Q, Echo, ultrasound)<br>• 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.

## *Updated Protocols*

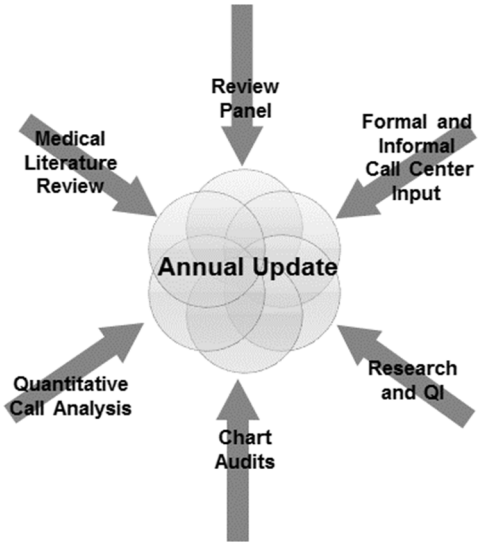
The Schmitt-Thompson Clinical Content is reviewed and updated annually.

"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 2023.

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

- **_redline_major_2024** and
- **_redline_minor_2024**




*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

### *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 274 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 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 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 substantive identical edits that have been made across multiple different protocols. The following are some highlights of universal changes made in this protocol update release. Please review the redline documents for a comprehensive review of changes for 2024.

There are 12 Universal Changes for 2024. They are:

1. Added Estimation of Wound Size Scale
2. Added Degree Symbol to Temperatures
3. Added More Specific Definition for "Significant Weight Loss"
4. Added New Triage Assessment Question (TAQ) to Extremity Injury Protocols to Help Capture Nerve Injuries
5. Added Topical NSAID Information to Pain Medicine Care Advice
6. Changed the Term "Unscented" to "Fragrance-Free" in Certain Circumstances
7. Replaced "e.g.," With "Such as" in Care Advice Statements
8. Updated and Standardized Definition of Moderate Vaginal Bleeding
9. Standardized Disposition and Note to Triager for Suspicious History of Injury
10. Updated Canadian Poison Centre Phone Number to New Single Canadian Number
11. Updated Respiratory Illness Protocols to Include New CDC Unified Respiratory Virus Guidance and Improved Wayfinding
12. Updated Time Interval for Racoon Eyes vs Black Eye From Forehead Bruise

**Universal Change – Added Estimation of Wound Size Scale**

We have added an Estimating Size scale to multiple protocol definition sections. With the guidance of the triage RN, this will help the patient better estimate the size of an injury or wound.

It includes measurements of common objects of known size that can be compared to a wound.

Estimating **Size of a Wound**:

- *Pea or pencil eraser:* 1/4 inch or 6 mm
- *Marble:* 0.5 inch or 12 mm
- *Dime:* 0.75 inch or 18 mm
- *Quarter:* 1 inch or 2.4 cm
- *Ping pong ball:* 1.6 inches or 4.0 cm
- *Golf ball:* 1.7 inches or 4.3 cm
- *Tennis ball:* 2.6 inches or 6.7 cm

Please review the **Animal Bite** protocol. It provides an example of this universal change.

**Universal Change – Added Degree Symbol to Temperatures**

To improve clarity, we added the degree symbol (°) to temperatures throughout the content set.

**Reassurance and Education - Fever:**
• The presence of a fever usually means that you have an infection. Most fevers are not serious and may help the body fight infection. The goal of fever therapy is to bring the fever down to a comfortable level. The following fever ranges and definitions can help to put the level of fever into proper perspective:
• *100 to 102° F (37.8 - 38.9° C):* Low-grade fevers and may help body fight infection.
• *102 to 104° F (38.9 - 40° C):* Moderate-grade fevers; cause discomfort.
• *Over 104° F (over 40° C):* High fevers; cause discomfort, weakness, headache, lethargy.
• *Over 106° F (over 41° C):* The fever itself can be harmful.
• *Here is some care advice that should help.*

Please review the **Fever** protocol. It provides an example of this universal change.

**Universal Change – Added More Specific Definition for "Significant Weight Loss"**

We updated multiple protocols with a specific definition for **significant weight loss**. This replaces less precise wording or wording that only references a specific number of pounds (rather than also providing a percentage of body weight lost).

There is also now a note to the triager that provides further information.

Significant weight loss (more than 10 pounds [4.5 kg]; 5% or more) and not dieting
*R/O: depression, organic pathology. Note: Significant weight loss (or gain) is 5% or more of the person's body weight. Example would be 8 to 10 pounds (4 - 5 kg) in person who weighs 170 to 200 pounds (75 - 90 kg).*

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

**Universal Change – Added New Triage Assessment Question (TAQ) to Extremity Injury Protocols to Help Capture Nerve Injuries**

We have added a TAQ to multiple extremity injury protocols to help capture those with a possible nerve injury (e.g., new onset weakness, numbness).

New numbness (loss of sensation) or weakness of hand or finger(s), and present now

*R/O: nerve injury*

Please review the **Arm Injury** protocol. It provides an example of this universal change.

**Universal Change – Added Topical NSAID Information to Pain Medicine Care Advice**

We have added additional information about Topical NSAIDs (e.g., diclofenac) to the Care Advice statement **Pain Medicines – Extra Notes and Warnings**. This includes a warning not to use topical and oral NSAIDS at the same time. This new information will appear throughout the content wherever this standard Care Advice statement is used.

**Pain Medicines - Extra Notes and Warnings:**

- Follow these dosing instructions unless your doctor (or NP/PA) has told you to take a different dose.
- Acetaminophen is thought to be safer than ibuprofen or naproxen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different maximum dosage instructions for Tylenol in Canada than in the United States. Bayer, the company that makes Aleve, has different dosage maximum instructions for Aleve in Canada and the United States.
- Some people with muscle and joint pain benefit from using OTC topical pain medicines (such as the topical NSAID diclofenac). Do NOT also take NSAIDs by mouth while using a topical NSAID.
- **Caution:** Do not take acetaminophen if you have liver disease.
- **Caution:** Do not take ibuprofen or naproxen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen or naproxen for more than 7 days without consulting your doctor. If you take blood thinners, ibuprofen and naproxen can increase the risk of bleeding.
- *Before taking any medicine, read all the instructions on the package.*

Please review the **Muscle Aches and Body Pain** protocol. It provides an example of this universal change.

**Universal Change – Changed the Term "Unscented" to "FragranceFree" in Certain Circumstances**

We replaced the recommendation to use an "unscented" topical product (e.g., lotion) with "fragrance-free." This can be a better choice for those with sensitive skin. Unscented products may contain chemicals to cover odors rather than truly being fragrance-free.

**Foot Care - Cleaning:**

- Wash your feet daily using a mild soap (such as Dove) and lukewarm water. Rinse off all soap.
- Dry your feet thoroughly, especially between the toes.
- *Moisturize:* Put a small amount on your feet after bathing whenever your feet feel dry or itchy. Do not put moisturizer between your toes. Choose a product that is fragrance-free.
- *Caution - slip and falls:* Do not walk barefoot after using cream or ointment on feet.

Please review the **Toe Pain** protocol. It provides an example of this universal change.

**Universal Change – Replaced "e.g.," With "Such as" in Care Advice Statements**

We have replaced "e.g.," with "such as" throughout the patient facing Care Advice statements in the protocols. This is a more patient friendly term and will no longer require "translation" when a triage RN reads a Care Advice statement to a patient.

**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 (such as 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 (such as 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 **Wrist Injury** protocol. It provides an example of this universal change.

**Universal Change – Updated and Standardized Definition of Moderate Vaginal Bleeding**

To improve clarity, we have updated the definition of moderate vaginal bleeding in multiple protocols to *soaking 1 pad / hour for over 6 hours*. This replaces the previous wording of *soaking 1 to 2 pads / hour*. The other portions of the definition remain unchanged.

**Vaginal Bleeding Severity** is defined as:

- **Spotting:** Spotting, or pinkish / brownish mucous discharge; does not fill panty liner or pad.
- **Mild:** Less than 1 pad / hour; less than patient's usual menstrual bleeding.
- **Moderate:** Soaking 1 pad / hour for over 6 hours; 1 menstrual cup every 6 hours; small-medium blood clots (e.g., pea, grape, small coin).
- **Severe:** Soaking 2 or more pads / hour for 2 or more hours; 1 menstrual cup every 2 hours; bleeding not contained by pads or continuous red blood from vagina; large blood clots (e.g., golf ball, large coin).

Please review the **Vaginal Bleeding - Abnormal** protocol. It provides an example of this universal change.

**Universal Change – Standardized Disposition and Note to Triager for Suspicious History of Injury**

The TAQ "Suspicious History for Injury" in the Injury protocols has been standardized to a disposition level of **See in Office Today or Tomorrow**. This allows for nursing judgment on the exact timing for safe patient evaluation and accommodates patient preferences regarding the source of care. We have included a note to the triager as additional triage decision support.

There are a couple higher-risk exceptions to this general disposition level (e.g., Pregnancy - Abdomen Injury, Pregnancy - Fall). In these cases, the disposition level is **Go to Office Now**.

Suspicious history for the injury

*R/O: domestic violence, elder or vulnerable adult abuse. Note: Triager should consider risk of immediate danger, injury severity, and time needed for caller to safely arrange for medical visit. In some cases, a more urgent disposition is warranted.*

Please review the **Eye Injury** protocol. It provides an example of these universal changes.

**Universal Change – Updated Canadian Poison Centre Phone Number to New Single Canadian Number**

There is now a new single Canadian Poison Centre number: 844-764-7669 (844 POISON-X). By calling this number, Canadians are re-routed to their local poison center when calling from anywhere in the country.

We have replaced the Provincial Poison Centre phone numbers in the First Aid area of multiple protocols with the new single Canadian number.

**Canada Poison Centre Number:**

- *National toll-free number:* 844-764-7669-(844 POISON-X)
- By calling this number, Canadians will now be re-routed to their local poison centre regardless of where they are calling from in the country.

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

**Universal Change – Updated Respiratory Illness Protocols to Include New CDC Unified Respiratory Virus Guidance and Improved Wayfinding**

We updated several respiratory illness protocols (e.g., Common Cold, COVID-19 protocols, Influenza protocols) to coincide with the new unified respiratory virus guidance from the CDC.[1] This includes a more standardized approach to preventing spread when a person is sick (i.e., stay at home period).[2]

In addition, we improved wayfinding within the respiratory illness protocols to help the triage RN quickly find the appropriate protocol. This includes the use of additional See More Appropriate Protocol (SMAP) statements and triage guidance in the Background section.

**Influenza - How to Protect Others - When You Are Sick With the Flu:**

- Stay at home until the fever is gone and you are feeling better.
- You can go back to your normal activities when, for at least **24 hours**, both are true:
- ... Your **symptoms are getting better** overall, and
- ... You have **not had a fever** (and are not using fever-reducing medicine).
- After going back to your normal activities, help protect others for the next **5 days**:
- ... Wear a well-fitted **mask** any time you are around others.
- **... Wash your hands** often with soap and water. Do this after coughing or sneezing. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- *Notes for healthcare workers:* Return to work recommendations are different for healthcare workers. Healthcare workers should contact their employee health department regarding return to work requirements.

**See More Appropriate Protocol**

Symptoms of COVID-19 (e.g., cough, fever, SOB, or others) and COVID-19 is widespread in the community

*Go to Protocol: COVID-19 - Diagnosed or Suspected (Adult)*

[1] https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html
[2] https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html

It can be hard to tell different viral respiratory illnesses apart based on symptoms alone.

- The common cold, COVID-19, and influenza can all have overlapping symptoms.
- Testing may be needed if a definitive diagnosis is required.
- COVID-19 and influenza have specific treatment recommendations for high-risk adults. This is why it is important to always consider these conditions during times of community spread.
- Known exposures (e.g., living with someone who was recently diagnosed with influenza) are important historical clues to choosing the right guideline.
- If both COVID and Influenza are widespread in the community, a triager should use their judgement, but can generally use the COVID-19 - Diagnosed or Suspected guideline. This guideline includes influenza related triage questions.

Please review the **Influenza (Flu) - Seasonal** and **Common Cold** protocols. They provide examples of these universal changes.

**Universal Change – Updated Time Interval for Racoon Eyes vs Black Eye From Forehead Bruise**

Racoon eyes (periorbital ecchymosis; one or two black eyes) can be a sign of a basilar skull fracture. The onset of racoon eyes after head trauma is expected to be delayed between 1 and 3 days.[3] We updated TAQs in several head injury related protocols to match this timeframe. We also updated TAQs related to expected "normal" bruising around the eyes after a forehead bruise.

| |
|---|
| One or two "black eyes" (bruising, purple color of eyelids), over 24 hours after head injury<br>*R/O: periorbital ecchymosis (raccoon eyes)* |

| |
|---|
| Black eye (bruising, purple color of eyelids) and onset < 24 hours after a forehead bruise<br>*Reason: After a minor forehead bruise or hematoma, a person can develop a black eye.* |

Please review the **Concussion (mTBI) Less Than 14 Days Ago Follow-up Call** protocol. It provides an example of these universal changes.

[3] https://www.ncbi.nlm.nih.gov/books/NBK470175/

## *Major Changes to Individual Protocols*

The following are some highlights of major changes made in individual protocols for this update release. Please review the redline documents for a comprehensive review of changes for 2024.

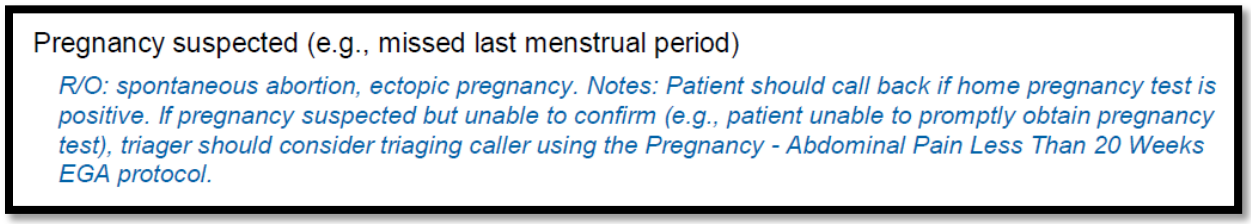
There are **16** protocols with major changes for 2024. They are:

1. Abdominal Pain - Menstrual Cramps
2. Ankle Swelling
3. Arm Pain
4. Athlete's Foot
5. Blood Pressure - High
6. Cold Sores (Fever Blisters)
7. Contraception - Birth Control Pills - Progestin-Only Pills (POPs)
8. COVID-19 - Diagnosed or Suspected
9. COVID-19 - Exposure
10. Dental Procedure Antibiotic Prophylaxis
11. Ear - Congestion
12. Eye - Pus or Discharge
13. Head Injury
14. Heart Rate and Heartbeat Questions
15. Insomnia
16. Pregnancy - Vaginal Bleeding Greater Than 20 Weeks

### Major Change – Abdominal Pain - Menstrual Cramps

For additional triage support, we added a note to the triager for the TAQ regarding suspected pregnancy. This provides guidance for when the patient is unable to promptly obtain a home pregnancy test.

We added a new home care section for menstrual bloating with associated Care Advice. We also expanded the Care Advice for home care of menstrual cramps.



**Normal Menstrual Bloating**

1. **Reassurance and Education - Menstrual Bloating:**
   - Bloating is a common symptom during menstruation. You may feel puffy or feel like you have gained weight. Your clothes or pants may feel somewhat tighter than usual.
   - Bloating usually begins a few days before a menstrual period. It goes away a couple days after menstrual bleeding starts.
   - *Here is some care advice that should help.*
2. **Exercise Regularly:**
   - Regular exercise can help reduce symptoms from premenstrual syndrome and menstruation.
   - **Each week** try to do **150 minutes** of **moderate-intensity aerobic** physical activity.
   - Examples are brisk walking, jogging, playing doubles pickleball, riding a bike, and water aerobics.
   - You do not have to do this all on one day! It can be 30 minutes on 5 days.
   - **Internet Resource:** More information on how much physical activity adults need is available at https://www.cdc.gov/physicalactivity/basics/adults/index.htm.
3. **Drink Plenty of Liquids:**
   - Drink plenty of liquids. It is important to stay well-hydrated.
   - A healthy adult should drink 8 cups or more of liquid each day. One cup equals 8 oz (240 ml).
   - *How can you tell if you are drinking enough liquids?* The goal is to keep the urine clear or light-yellow in color. If your urine is bright yellow or dark yellow, you are probably not drinking enough liquids.
   - *Caution*: Some medical problems require fluid restriction.
4. **More Health Tips:**

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

**Major Change – Ankle Swelling**

We added a Leg Swelling Scale to the Definition section of this protocol:

**Leg Swelling Severity** is defined as:

- **None:** No ankle or leg swelling.
- **Localized:** Small area of swelling localized to one leg.
- **Mild Edema:** Swelling limited to foot and ankle, pitting edema < 1/4 inch (6 mm) deep, rest and elevation eliminate most or all swelling.
- **Moderate Edema:** Swelling of lower leg to knee, pitting edema > 1/4 inch (6 mm) deep, rest and elevation only partially reduce swelling.
- **Severe Edema:** Swelling extends above knee, facial or hand swelling may also be present.

Other improvements and updates include:

- TAQs for mild ankle swelling that is caused by hot weather, varicose veins, or is chronic
- New Care Advice for heat edema
- New Care Advice to help decrease chronic ankle swelling
- New Care Advice for varicose veins (e.g., Reassurance and Education, Treatment)

**See in Office Within 2 Weeks**

**Mild** swelling of both ankles (e.g., mild pedal edema) caused by hot weather

*R/O: venous insufficiency, varicose veins. Note: Mild pedal edema is defined as swelling limited to foot and ankle, pitting edema < 1/4 inch (6 mm) deep, rest and elevation eliminate most or all swelling.*

**Mild** swelling of both ankles (e.g., mild pedal edema) and has varicose veins

**Mild** swelling of both ankles (i.e., pedal edema) is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

*R/O: degenerative arthritis, venous insufficiency, heart failure, medication side effect (e.g., amlodipine). Reason: Evaluation needed. Note: Mild pedal edema is defined as swelling limited to foot and ankle, pitting edema < 1/4 inch (6 mm) deep, rest and elevation eliminate most or all swelling.*

**Mild** swelling of one ankle is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

*R/O: degenerative arthritis, inflammatory arthritis*

**Varicose Veins**

1. **Reassurance and Education - Varicose Veins:**
   - Varicose veins look like blue-bulging and winding ('worm-like') blood vessels in the thigh and lower leg.
   - People with varicose veins will sometimes report a mild aching in their legs after long periods of standing or walking.
   - The discomfort feels better with rest and leg elevation.
   - *Here is some care advice and health information that should help.*
2. **Varicose Veins - Treatment:**
   - Try to rest and elevate your legs above your heart a couple times each day for 15 minutes.
   - Walking is good for your circulation. This helps pump the blood out of the veins.
   - Avoid standing for a long time in one place.
   - Support hose may be helpful. Put them on first thing in the morning when the swelling is least.
   - If you are overweight, talk with your doctor (or NP/PA) about a weight loss program.

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

**Major Change – Arm Pain**

Updates to this protocol include:

- Improved TAQ wording for numbness or weakness present less than 2 weeks. We also added a note to these TAQs for additional triage support.
- Changed disposition level for TAQs regarding arm pain with exertion (goes away with rest) or weakness to See in Office Today.
- New TAQ for weakness or numbness in the hand lasting over 2 weeks.
- New Key Points section in the Background Information section.

**See in Office Today**

Weakness (i.e., loss of strength) of new-onset in hand or fingers (Exceptions: Not truly weak, hand feels weak because of pain; weakness present > 2 weeks)

*R/O: herniated cervical disk. Note: This question describes a person with both hand pain and weakness. In contrast, a stroke patient will have sudden onset of painless weakness.*

Numbness (i.e., loss of sensation) in hand or fingers (Exceptions: Just tingling; numbness present > 2 weeks.)

*R/O: neuropathy, cervical radiculopathy, herniated cervical disk, carpal tunnel syndrome. Note: This question describes a person with both hand pain and numbness. In contrast, a stroke patient will have sudden onset of painless numbness/weakness.*

Arm pains with exertion (e.g., occurs with walking; goes away on resting)

*R/O: angina*

**Key Points**

• Muscle strain or cramps, pressure on spinal nerve roots in the neck or viral illnesses can cause arm pain.
• A person with an amputation may have the sensation of pain in their missing limb. This is called phantom limb pain.
• Serious symptoms are severe pain, red area with a streak, joint swelling with fever or swelling of the entire arm.
• Rarely, patients may present with arm pain as the sole symptom of a myocardial infarction.

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

**Major Change – Athlete's Foot**

We substantially expanded the Background Information in this protocol. It now includes sections on:

- Symptoms
- Causes
- Risk Factors
- Complications
- Prevention
- Internet Resources

We also expanded the section on the treatment of athlete's foot and the Home Care Advice (e.g., Symptoms, Reassurance and Education).

**Risk Factors**

The following factors increase the risk of developing athlete's foot.

- Diabetes mellitus
- Excessive sweating of feet
- Male physiologic gender (sex at birth)
- Occlusive footwear
- Walking barefoot in locker rooms and swimming pools

**Complications**

It is possible for the athlete's foot fungus to spread from a person's feet to their groin and cause Jock Itch (e.g., via towel or fingers). To prevent this a person should:

- After bathing, dry the groin area before the feet.
- Even better, use a separate towel for the feet until the athlete's foot is cured.
- Wash hands frequently.

Some more **serious complications** are:

- Cellulitis (seondary bacterial skin infection)
- Erythrasma (skin infection)
- Id reactions (generalized eczema)
- Lymphangitis

Please carefully read and review the redline for this updated **Athlete's Foot** protocol.

**Major Change – Blood Pressure - High**

Improvements and updates include:

- New TAQ for difference in blood pressure between the left and right arm.
- New Background Information and Definition section information regarding differences in blood pressure between left and right arms.

*What is the significance of a difference in left and right arm blood pressure?*

Normally the BP in both arms should be nearly the same.

A difference of over 10 mmHg is considered abnormal. It occurs in about 1 in 6 people with high blood pressure. This difference can be concerning.

• People with high inter-arm BP differences are at higher risk for cardiovascular events such as heart attack and stroke.
• High inter-arm BP differences could lead to missed diagnosis or under-treatment of hypertension if the BP is only measured in the lower pressure arm.

The possibility of subclavian stenosis should be considered if there is a difference of 15 mmHg or higher.

When there is a difference in BP between arms, the arm with the higher BP values should be used for measurements and triage.

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

**Major Change – Cold Sores (Fever Blisters)**

We made several changes to the triage logic in this protocol. These include:

- New TAQ for moderate eye pain concerning for herpes simplex keratitis
- New TAQ for spreading redness around cold sore but without fever (early cellulitis)
- New TAQ for associated worsening eczema (rule out eczema herpeticum)

We also updated and expanded both the Care Advice for cold sores and the Background Information section of this protocol.

## Go to Office Now

**Moderate** eye pain or discomfort (e.g., interferes with normal activities or awakens from sleep; more than mild)

*R/O: herpes simplex keratitis*

Sores on the eye, eyelids or tip of nose

*R/O: herpes simplex keratitis*

Spreading redness around cold sore

*R/O: cellulitis*

## See in Office Today

New sores occur in another area

*R/O: impetigo*

Weak immune system (e.g., HIV positive, cancer chemo, splenectomy, organ transplant, chronic steroids)

*Reason: Anti-viral treatment indicated.*

Has eczema (atopic dermatitis) and eczema rash is getting worse

*R/O: eczema herpeticum*

2. **Cold Sore - Symptoms:**
   - A cold sore usually occurs on the outer lip.
   - **Tingling** or burning on the outer lip where cold sores previously occurred is an early warning sign of another episode of cold sores.
   - A cold sore starts off as a cluster of painful **small bumps** (1 to 3 mm) or **blisters** on the outer lip.
   - The small blisters often rupture and form a **single sore** (a cold sore).
   - A cold sore usually lasts 7 to 10 days.
3. **Cold Sore - Treatment With Over-The-Counter Medicine (Docosanol Cream):**
   - You can use docosanol cream (Abreva) to treat cold sores. It shortens healing time and the duration of symptoms.
   - It is an over-the-counter (OTC) medicine that you can buy at the drugstore.
   - Put the docosanol cream on the cold sore 5 times per day. Rub it in gently. Begin using it at the first sign of tingling, itch, or any sign that a cold sore is starting. Continue until the cold sore is healed.
   - *Read and follow the package instructions.*

Please carefully read and review the redline for this updated **Cold Sores (Fever Blisters)** protocol.

**Major Change – Contraception - Birth Control Pills - Progestin-Only Pills (POPs)**

There are now two types of progestin-only birth control pills (POPs): POPs that contain **norethindrone** and POPs that contain **drospirenone**. The recommendations for missed pills are different for the two types of POPs. We have updated the Background Information, Care Advice, Definition, and TAQs to account for these differences.

Missed or took progestin-only pills (POPs) containing NORETHINDRONE more than 24 hours late

*Reason: Provide counseling on missed or late progestin-only pills (POPs) that contain norethindrone.*

Missed or took progestin-only pills (POPs) containing DROSPIRENONE more than 3 hours late

*Reason: Provide counseling on missed or late progestin-only pills (POPs) that contain norethindrone.*

2. **Progestin-Only Pill (POP) That Contains Norethindrone - Directions for Missed or Late Pills:**
   - These are directions if you are taking a progestin-only pill (POP) that contains **norethindrone**.
   - Follow these directions if you miss a pill or take a pill more than **3 hours late**.
   - Take the missed or late pill as soon as possible.
   - Keep taking the rest of your pills at your usual time every day.
   - This means you may need to take 2 at one time or 2 pills on the same day.

3. **Progestin-Only Pill (POP) That Contains Norethindrone - Back-Up Form of Birth Control Is Needed:**
   - These are directions if you are taking a progestin-only pill (POP) that contains **norethindrone**.
   - Follow these directions if you miss a pill or take a pill more than **3 hours late**.
   - Avoid having sex or use a backup method of birth control.
   - You will need to do this until you have taken pills on time for two days in a row.
   - Examples of back-up birth control include avoiding sex, condoms, spermicide, diaphragm, or sponge.

Please carefully read and review the redline for this updated **Contraception - Birth Control Pills - Progestin-Only Pills (POPs)** protocol.

**Major Change – COVID-19 - Diagnosed or Suspected**

Improvements and updates to this protocol include:

- Addition of typical COVID-19 symptoms in Definition section.
- New TAQ and Care Advice for patients that are not high risk but are strongly requesting antiviral medicine within the 5-day window.
- Care Advice and Background Information regarding the typical expected course of COVID-19 infections.
- Updated isolation and prevention Care Advice as noted under the Universal Changes above.

Common **symptoms** of COVID-19 are:

- Anorexia
- Chills
- **Cough**
- **Fatigue**
- **Fever**
- Loss of smell or taste
- Muscle pain
- **Shortness of breath (difficulty breathing)**

Patient is NOT HIGH RISK but strongly requests antiviral medicine, AND COVID-19 symptoms present < 5 days

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

5. **COVID-19 - Expected Course:**

- Symptom duration for COVID-19 varies by person. Symptoms last longer in older adults and people with chronic medical problems.
- For many people with COVID-19 the average **duration of symptoms** is about:
- ... *Fever:* 2 to 3 days
- ... *Body aches, fatigue, headache:* 3 to 7 days
- ... *Loss of smell or taste:* 7 to 10 days
- ... *Cough and fatigue:* 2 to 3 weeks
- For **many viral illnesses** such as the **common cold** and the **flu** (influenza), most people are sick for 2 to 3 days and then get steadily better. Usually, within 2 to 3 weeks, people feel back to their usual state of health.
- Symptoms often **last longer with COVID-19** than other viral respiratory illnesses. One in five healthy people who get sick with COVID-19 will still not feel back to their normal health after 2 to 3 weeks. Persisting symptoms are even more common in people who need hospitalization for COVID-19, older adults, and in people with chronic medical conditions. Symptoms can last weeks to months. A person may have *Long COVID* (Post-COVID Condition) if symptoms last 4 or more weeks.

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

**Major Change – COVID-19 – Exposure**

We continue to simplify and streamline this protocol in accordance with updated CDC recommendations for respiratory infections[4] and the continued evolution of COVID-19. Examples of updates to this protocol include:

- Simplified exposure definition (Definition section)
- Removal of the International travel TAQ and Care Advice
- New COVID-19 SMAP for those with symptoms of COVID-19 when COVID-19 is widespread in the community
- Updated isolation and prevention Care Advice (e.g., shortened period of isolation, updated masking recommendations)
- Multiple additional minor updates throughout

[4] https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html?ACSTrackingID=USCDC_2067-DM123864&ACSTrackingLabel=CDC%20Updates%20and%20Simplifies%20Respiratory%20Virus%20Recommendations&deliveryName=USCDC_2067-DM123864

**DEFINITION**

- Exposed to a person who has been **diagnosed** (confirmed by testing) or **suspected** to have COVID-19.
- Patient is well and has no common COVID-19 symptoms (i.e., cough, fever, shortness of breath, muscle aches).
- Questions about COVID-19.

COVID-19 **Exposure** is defined as:

- **Living in the same house** (household contact) with a person diagnosed with COVID-19.
- **Close contact** (e.g., within 6 feet, 2 meters; touching distance) with a person diagnosed with COVID-19. Examples of such close contact include kissing or hugging, sharing eating or drinking utensils, carpooling, close conversation, or performing a physical exam (relevant to healthcare providers).
- OR having **direct contact with infectious secretions** from a person diagnosed with COVID-19 (e.g., being coughed on).

The following are not an exposure:

- Being in the same school, church, workplace or building as a person with COVID-19.
- Being outdoors and keeping away from other people.
- Walking by a person who has COVID-19.

1. **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 to 7 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.
   - **... 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.*

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

**Major Change – Dental Procedure Antibiotic Prophylaxis**

Since 2007 the American Heart Association (AHA) has published protocols regarding antibiotic prophylaxis prior to procedures for the purpose of preventing infective endocarditis. The most recent protocols were updated in 2021. [5] The American Dental Association (ADA) has recommendations on when antibiotics are indicated prior to dental procedures. [6]

We made several updates to this protocol in accordance with current recommendations for antibiotic prophylaxis before dental procedures and to improve the triage process. This includes:

- New TAQ for those requesting antibiotics that have been previously told they are required by a doctor (or NP/PA)
- Removal of the TAQ for joint replacement surgery
- Removal of clindamycin as an alternative for those allergic to penicillin
- Updated Care Advice for when antibiotics are recommended
- Updated Background Information regarding specified cardiac conditions and dental procedures that meet the recommendations for antibiotic prophylaxis

Requesting antibiotic prophylaxis for dental procedure, and previously told by doctor (or NP/PA) they need it (or have been given it previously)

*Reason: The patient should discuss this with their cardiologist, primary care doctor (or NP/PA), or other specialist physician.*

**Key Points**

- Since 2007 the American Heart Association (AHA) has published guidelines regarding **antibiotic prophylaxis** prior to procedures for the purpose of **preventing infective endocarditis**. The most recent guidelines were updated in 2021.
- Antibiotic prophylaxis is recommended for people who have BOTH a **specified cardiac condition** AND a **specified dental procedure**. See information below.
- Good oral hygiene with flossing and toothbrushing, along with regular dental care, are more important than antibiotic prophylaxis for preventing infective endocarditis.

Please carefully read and review the redline for this updated **Dental Procedure Antibiotic Prophylaxis** protocol.

[5] https://www.ahajournals.org/doi/10.1161/CIR.0000000000000969
[6] https://www.ada.org/resources/ada-library/oral-health-topics/antibiotic-prophylaxis/

**Major Change – Ear - Congestion**

Updates and improvements to this protocol include:

- TAQ for symptoms that last over 3 days and that do not improve after using Care Advice
- TAQ for chronic ear congestion
- TAQ for ear congestion with nasal allergies
- Expanded Care Advice including Reassurance and Education, Treatment, and Nasal Steroid Sprays for Ear Congestion
- Updated and expanded Background Information

**See in Office Within 3 Days**

Ear congestion lasts > 3 days and no improvement after using Care Advice (Exception: Ear congestion is a chronic symptom.)

*Reason: Need for other medicines, such as nasal steroids.*

**See in Office Within 2 Weeks**

Ear congestion is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

*R/O: eustachian tube dysfunction*

**Home Care**

Ear congestion

*R/O: blocked eustachian tube, eustachian tube dysfunction*

Ear congestion with nasal allergy (hay fever) symptoms

*Note: Common symptoms of nasal allergies are itching of nose, eyes, and roof of mouth; runny nose (clear nasal discharge); sneezing and sniffing; stuffy nose (nasal congestion).*

2. **Ear Congestion - Treatment:**

- Treatment depends on the cause and duration of symptoms. Often the symptoms will go away on their own with no treatment.
- Simple **home remedies** are all that is needed for mild symptoms. A person can try chewing gum, swallowing or swallowing while pinching the nose, and yawning. Two other home remedies that can help are nasal washes or the valsalva maneuver. Here is how to do the valsalva maneuver: take a small breath, pinch off your nose, and then try to gently force air through the pinched-off nostrils.
- In some cases **over-the-counter medicines** are helpful if home remedies are not working.
- ... *Antihistamine medicines* by mouth or *nasal steroid sprays* may help if a person has nasal allergy symptoms (hay fever).
- ... *Nasal decongestant drops* help shrink swollen nasal passages and open up the eustachian tubes. These drops can help prevent problems during an airplane flight if a person has a cold or a flare of their nasal allergies.

3. **Nasal Steroid Sprays for Ear Congestion:**

- Steroid nasal sprays can help decrease ear congestion symptoms in people who have **nasal allergies (hay fever)**.
- You can use fluticasone (Flonase) or triamcinolone (Nasacort). They are available over-the-counter (OTC).
- It you are not certain if your ear congestion is from nasal allergies, talk with your doctor (or NP/PA) before starting this medicine.
- *Before taking any medicine, read all the instructions on the package.*

Please carefully read and review the redline for this updated **Ear - Congestion** protocol.

**Major Change – Eye - Pus or Discharge**

Updates and improvements to this protocol include:

- Expanded Definition section that includes additional information about using this protocol for suspected bacterial conjunctivitis calls
- SMAP statement for suspected allergic conjunctivitis
- Updated TAQs for those on antibiotics (oral or topical) and not improving
- Home Care TAQ for suspected viral conjunctivitis
- Expanded and updated Care Advice, including Care Advice on contagiousness, bacterial conjunctivitis, and viral conjunctivitis

Taking antibiotic by mouth > 48 hours (2 days) and discharge or pus from eye not improved

*Reason: Possibly resistant bacteria.*

Using antibiotic eyedrops > 72 hours (3 days) and discharge or pus from eye not improved

*Reason: Possibly resistant bacteria.*

Using antibiotic eyedrops and now eyes have become very itchy (especially after eyedrops are put in)

*R/O: eye allergy to antibiotic*

**Viral Conjunctivitis Suspected**

1. **Reassurance and Education - Probable Viral Conjunctivitis (Pinkeye):**

   • In adults, **viral conjunctivitis** is much more common than bacterial conjunctivitis. It is the most common cause of a eye redness with discharge.
   • Viral conjunctivitis may occur with a common cold or other viral respiratory infection. You can get viral conjunctivitis from exposure to a child or adult who has had it recently.
   • The most common **symptoms** are:
   • ... Watery or thin white **discharge** or mucus strands
   • ... **Crusty eyelashes** after sleeping or thin small amounts of mucus in corner of eye(s)
   • ... White portions of the eye (sclera) are usually **pink or red**
   • Viral conjunctivitis does not need treatment with **antibiotic eyedrops**. It is not harmful to your vision.
   • *Here is some care advice that should help.*

Please carefully read and review the redline for this updated **Eye - Pus or Discharge** protocol.

**Major Change – Head Injury**

We now define Acute Neuro Symptoms in the Definition section of this protocol:

> The following are defined as **Acute Neuro Symptoms** after a head injury and an EMS 911 disposition is recommended:
> 1. Difficult to awaken OR
> 2. Confused or slow thinking and talking OR
> 3. Slurred speech OR
> 4. Weakness of arms or legs OR
> 5. Unsteady walking.

We updated Care Advice around observation and sleep after a head injury:

> **Observation After a Head Injury:**.
> • Have someone stay with you for the first 24 hours after a head injury. They should watch for any new or worsening symptoms.
> • It is OK to rest and sleep. The person watching you should wake you every 4 hours for the first 24 hours.
> • They should check that you wake-up and behave normally.

We added Care Advice for black eyes, treatment, and expected course of a forehead bruise:

> **Reassurance and Education - Black Eyes After a Forehead Bruise (Contusion):**
> • Sometimes, a bruise on the forehead can cause a black eye or black eyes.
> • This happens when the blood from the forehead bruise moves down into the eyes on one or both sides. This is simply explained by gravity.
> • The black eye (or eyes) appears about 12 to 36 hours after the forehead injury. It goes away after about 2 weeks.
> • *Here is some care advice that should help.*
>
> **Forehead Bruise - Apply Cold Pack:**
> • Apply a cold pack or an ice bag (wrapped in a moist towel) to the area for 20 minutes. Repeat in 1 hour, then every 4 hours while awake.
> • Continue this for the first 48 hours after an injury. *Reason:* To reduce the swelling and pain.
>
> **Forehead Bruise - Expected Course:**
> • Pain and swelling usually begin to improve 2 or 3 days after an injury.
> • Swelling is usually gone in 7 days. Pain and tenderness at the site may take 1 to 2 weeks to completely resolve.

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

**Major Change – Heart Rate and Heartbeat Questions**

Improvements and updates in this protocol include:

- New TAQ for new-onset or worsening ankle swelling (disposition See in Office Today or Tomorrow)
- New Background Information on symptoms, diagnosis, testing, pacemakers, and expanded information on Implantable Cardioverter Defibrillators (ICD)

**What Is a Pacemaker?**

A pacemaker is a small medical device that sends electrical impulses to the heart to keep the heart beating regularly. It is about the size of a large watch. In most cases the pacemaker is placed under the skin just below the clavicle on the left or right chest. In some cases it is placed in the abdomen.

A pacemaker has 3 main parts:

• A **battery**
• A **computer** with an electrical pulse generator. The computer can record heart rhythm information for later review by a health care provider.
• **Leads** (wires) that are placed into the heart muscle. The leads send electrical impulses to the heart to keep it beating regularly and can sense the heart's electrical activity.

**What Is an Implantable Cardioverter Defibrillator (ICD)?**

An ICD is a small medical device that can send an electrical shock to the heart to stop a life-threatening heart rhythm, such as ventricular fibrillation. It is about the size of a large watch. It is usually placed under the skin just below the clavicle on the left or right chest.

An ICD has 3 main parts:

• A **battery**
• A **computer** with an electrical shock generator. The computer monitors the heart rhythm. If the computer senses a dangerous or life-threatening rhythm, it delivers overdrive pacing or a shock to the heart muscle. The computer can also record heart rhythm information for later review by a doctor (or NP/PA) or nurse.
• **Leads** (wires) that are placed into the heart muscle. The leads can sense the heart's electrical activity and deliver the shock.

Please carefully read and review the redline for this updated **Heart Rate and Heartbeat Questions** protocol.

**Major Change – Insomnia**

Improvements and updates in this protocol include:

- TAQ for Moderate to Severe insomnia (e.g., interferes with work or school)
- Those requesting a prescription and those with over 2 weeks of symptoms that are not improved by Care Advice are referred to the office within 2 weeks
- TAQ for those with chronic symptoms (defined at recurrent or ongoing and present over 4 weeks)

**See in Office Within 3 Days**

**Moderate - Severe** insomnia (e.g., interferes with work or school)

Pain is causing insomnia and pain is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

*Reason: Significant pain needing treatment.*

Patient wants to be seen

**See in Office Within 2 Weeks**

Insomnia lasts > 2 weeks and no improvement after using Care Advice

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

*R/O: chronic insomnia*

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

**Major Change – Pregnancy - Vaginal Bleeding Greater Than 20 Weeks**

In addition to the updated definition of moderate vaginal bleeding (see Universal Changes above), we made multiple updates to TAQs in this protocol. These include:

- Those with moderate vaginal bleeding or those with mild bleeding over 12 weeks gestation are dispositioned to Go to Office Now
- TAQ for those with an IUD in place are referred to See in Office Today or Tomorrow
- TAQ for those on blood thinners dispositioned to See in Office Today
- Those with mild vaginal bleeding are referred to Callback by PCP Today

### Go to Office Now

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

*R/O: spontaneous abortion*

**Mild** vaginal bleeding (i.e., less than 1 pad / hour; less than patient's usual menstrual bleeding; not just spotting) and pregnant > 12 weeks

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

### See in Office Today

Intermittent lower abdominal pain (e.g., cramping) lasting > 24 hours

*R/O: spontaneous abortion, ectopic pregnancy*

Pain or burning with passing urine (urination)

*R/O: UTI, cystitis*

Using heparin (e.g., Lovenox) or other strong blood thinner, or known bleeding disorder (e.g., thrombocytopenia)

Please carefully read and review the redline for this updated **Pregnancy - Vaginal Bleeding Greater Than 20 Weeks** 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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