To: **Telehealth Nurses Using Pediatric Telehealth Triage Protocols: Office-Hours**

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Re: **2023 Major Changes in the Pediatric Clinical Content: A Self-Study Guide for Nurses**

Yearly updates and new topics bring with them the responsibility to read and study the major changes in advance of implementation. Trying to learn new material while managing an actual call can be difficult. We hope this summary of changes will serve as a self-study guide, direct your reading and help you transition to the 2023 pediatric clinical content.

New Pediatric Protocols

The 2023 version contains 257 active protocols. The COVID-19 protocols were updated several times over the last year, including version 19 for this release. The 2023 update contains 4 new protocols and 253 updated protocols.

Read, or at least scan, all ***New*** **Pediatric Protocols** listed below:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Habit Problems of Childhood
- Muscle Jerks – Tics - Shudders
- Stool – Soiling (Encopresis)

Title Changes to Existing Pediatric Protocols

There are 2 existing protocols that we made minor changes to the title:

2023 Title	2022 Title
Colds without Cough	Colds
Urine – Wetting (Enuresis)	Urination – Wetting (Enuresis)

See More Appropriate Protocol (SMAP) Prompts

- Added SMAPs for our new protocols where appropriate

New References

- Every year, new references from the pediatric literature are reviewed and incorporated into the clinical content. A new reference list is contained in the Supplemental Information folder.

New Search (Key) Words

- Every year, new search words are added to existing protocols based upon repeated search testing.
- 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 "No Protocol Available" protocol without first trying at least two search words.

Indexes for Pediatric Protocols

There are 4 general indexes for the protocols. In addition, there is also a Behavioral Health index that specifically lists pediatric behavioral/mental health protocols. Indexes are contained in the Supplemental Information folder. Reviewing them may help you improve your protocol selection skills.

- Alphabetical Index
- Anatomical Index
- Behavioral Health Index
- System Index
- Type Index

Pediatric Care Advice (PCA) Handouts

- PCAs are handouts that cover the Care Advice that callers need to know about specific symptoms or common diseases.
- They are written at a 6th grade or lower health literacy level.
- Most triage protocols have one or more matching PCA (s).
- They are completely compatible with the advice in the triage protocols.
- You can send the PCA to the caller at the end of your call.
- This process should reduce your call times. Reason: You can address the most pertinent Care Advice live and provide non-essential information via the PCA.
- Even more important, they help the caller with normal memory limitations and prevent repeat calls about forgotten advice.
- The existing PCA handouts have been updated for 2023 to match changes in the Office Hours protocols. (already released earlier this year)
- New PCA topics will be released soon.

Universal Changes

Retractions
Triage question regarding retractions was changed to "Retractions – skin between the ribs is pulling in (sinking in) with each breath" in all the respiratory protocols.

Benadryl Care Advice

Benadryl Care Advice was changed universally to include a caution to switch to a long-acting antihistamine (such as Zyrtec or cetirizine) if Benadryl is needed for more than a few days. Cetirizine is now FDA approved for 6 months and older. Cetirizine dosage for 6 months to 2 years: 2.5 mL (2.5 mg) once a day. See Nasal Allergies or Hives as examples. We also added the option of using a long-acting antihistamine instead of Benadryl for the emergent first aid care advice for serious allergic reactions.

Dosage Tables (changed for the 2022 release)

As a reminder, we have continued to keep the long-acting antihistamine drug dosage tables (Cetirizine, Loratadine, Fexofenadine) inactive for 2023. Reason: Pharmaceutical companies continue to change their product compositions, making these tables difficult to keep current. Two of these medications now have different recommended dosing frequencies (dosing every 12 hours and every 24 hours) depending on the purchased product. This has potential to create confusion for the nurses using a standard dosing table. Our recommendation: Tell callers to follow the package dosage instructions since they are based on age. Let us know if this causes any problems for your call center.

Protocol Specific Changes

Asthma

Please review this protocol. Severity scale in the *Definition* and *triage questions* was changed:

Asthma Attack Severity as MILD, MODERATE or SEVERE Asthma Symptoms (or by Peak Flow) is defined as:

- **MILD asthma symptoms - Green Zone (doing well):** No breathing problems, no retractions, speaks normally, normal work and play, sleeps well at night. Note: may have intermittent cough or intermittent mild wheezing. Peak flow > 80% of best.
- **MODERATE asthma symptoms - Yellow Zone (getting worse):** Some breathing problems, wheezing, tight chest, mild retractions, frequent cough. Peak Flow 50-80% of best.
- **SEVERE asthma symptoms - Red Zone (medical alert):** Lots of breathing problems, SOB at rest, speaking is difficult, severe retractions, OR loud wheezing. Note: if very severe, may have minimal wheezing because of decreased air movement. Peak Flow < 50% of best.

Asthma and Croup

Added the following *care advice* for testing if COVID-19 is suspected in these 2 protocols. Reason: Triage nurses can use just one protocol for these patients now.

> COVID-19 Suspected:
> If COVID-19 is suspected or a possibility, test your child for COVID with a home test. If positive, your child will need to isolate at home. Check the CDC website for further information on isolation precautions. (https://www.cdc.gov)
>
> Call Back If: Your child is positive, and you have other questions.

Bronchiolitis
See More Appropriate Protocol prompt added for older children diagnosed with RSV and not diagnosed with bronchiolitis (or no wheezing) to use Cough protocol:

> RSV lab test positive but no wheezing and 3 years and older
> Go to Protocol: Cough

Colds without Cough
We have changed the title of this protocol to just include isolated nasal congestion without a cough. We have added a *See More Appropriate Protocol* prompt to refer the nurse to the Cough protocol if cough present along with nasal congestion. Reason: Cough will usually yield a higher disposition especially for young infants with both nasal congestion and a cough.

COVID-19
- *See More Appropriate Protocol prompts* added to go to either Asthma or Croup for those patients with those diagnoses.

Cuts and Lacerations
Added extra *care advice* regarding "Dressing Stuck to Wound".

Diarrhea on Antibiotics
Added detailed description regarding C.difficile infections to *Background Information*.

Eye – Chemical In
First aid advice now includes the option of using a shower to irrigate the eye.

Eye with Pus
Protocol changes made to prevent over prescribing of antibiotic eyedrops. The criteria for bacterial conjunctivitis has been tightened up. It excludes pus or crusting that only appears on the eyelids after sleep (including after naps). These symptoms are not treated with antibiotic eyedrops unless it persists. Reason: Most mild bacterial conjunctivitis will self-resolve within a few days with eye rinses.

Fever – 3 Months and Older

- Some *triage* changes. Please review this protocol.
- Added *Home Care triage question* and *care advice* regarding how to take a temperature.

Food Allergy - Diagnosed and Food Reactions

- Retitled "High-risk food" to Common food allergens in *triage questions*.
- Also added sesame as a common food allergen as below in *definition*:

> **Common Food Allergens. (Canada: Priority Food Allergens)** The most common causes of true food allergies are peanuts, tree nuts, fish, shellfish, eggs, cow's milk, soy protein, wheat, and sesame.

Heat Reactions

Care advice added regarding how to rehydrate younger children (age 1-5):

> YOUNG CHILDREN (1-5): Start with 4 -8 ounces (120- 240 ml). Then give 2-4 ounces (60 -120 ml) every 15 minutes for the next 1-2 hours or until feels better.

Infection Exposure

Information added regarding C. difficile infections.

Lice

The care advice regarding Cetaphil in case of lice resistant to Nix therapy has been removed.

Medication – Refusal to Take

Home *care advice* and *triage question* added about how to administer eye drops.

Mosquito Bite (and other Bite protocols)

Changed most *triage questions* that rule out cellulitis to a time frame of skin findings present over 3 days (72 hours) from 48 hours. Reason: large local reactions are normal and can lead to over-referral. Example:

Over 3 days (72 hours) after the bite and redness is very painful to touch

Poisoning

Changed all *triage questions* about medications to call Poison Center Now. Reason: They have the database and expertise to manage and follow-up these calls. Examples:

ALL OTC MEDICATION INGESTIONS (Exception: double dose of child's therapeutic dose of medication once and no symptoms OR Harmless Medicine - see list in Background Information)

ALL PRESCRIPTION MEDICATION INGESTIONS (Exception: double dose of child's antibiotic once OR Harmless Medicine - see list in Background Information)

Stools – Unusual Color
Triage question and *care advice* regarding red-colored stools on Omnicef (Cefdinir) added:

Omnicef and Harmless Red-Colored Stools:

- Omnicef (Cefdinir) is a white-colored medicine that sometimes causes bright red or maroon stools.
- The red stools are usually formed, not diarrhea stools.
- The red color occurs when Omnicef comes in contact with iron in the GI tract. It is most common in children on infant formula with iron or multivitamins with iron.
- It is a harmless reaction and no reason to stop the medicine. Continue medicine as prescribed.

Swallowed FB
The following *triage question* added:

Home Care
Vomited up or spit out foreign body and no symptoms now

Background information added to address cyanide poisoning concerns when children swallow fruit seeds or pits:

> **Cyanide Poisoning Concerns when Children Swallow Fruit Seeds or Pits – Provide Reassurance**
> Some fruit pits (such as cherry or plum) and apple seeds contain amygdalin. This compound can degrade into hydrogen cyanide when metabolized. Some parents have concerns that their child will have cyanide poisoning if they swallow an apple seed or fruit pit. These parents can be reassured for the following reasons:
> - Amygdalin is only released if the seed or pit is opened or ground up. Pits and seeds are usually swallowed whole by the child.
> - Pits and seeds are covered by a hard protective covering. Therefore, contents of the seed are not released in the event the child swallows it. It will pass through the intestinal tract intact.
> - The child would need to ingest multiple ground-up seeds or broken pits to have cyanide toxicity. On most calls, the child has only swallowed one intact pit. Even if the child managed to get it apart by chewing, this amount is not enough to cause any concern.
> - Resource: George Sam Wang, MD, Associate Professor of Pediatrics, Section of Emergency Medicine and Medical Toxicology, Rocky Mountain Poison and Drug Center

Tick Bite
Background Information added to list higher-risk states for Lyme Disease per CDC:

- High-risk states are Connecticut, Delaware, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island,

Vermont, Virginia, Washington D.C., West Virginia, and Wisconsin. Some cases are also reported in northern California, Oregon, and Washington. For a current list of states that have higher rates, see the CDC website: https://www.cdc.gov/ticks/tickbornediseases/lyme.

Antibiotic prophylaxis for Lyme Disease is now recommended for all ages. Formerly age 8 years and younger were excluded. Here are the criteria that are required for prophylaxis:

- High-risk state for Lyme Disease
- Deer tick attached for over 36 hours
- Deer tick is swollen (or engorged)

Vomiting Protocols
Made major changes to these protocols. Please review.

Important Note Regarding Redlines Showing Changes from Previous Versions

The redline Word documents were created using *Workshare Compare.* Redline files can be challenging to read, especially if substantial changes have been made. Be careful to cross-reference and refer to the un-redlined, updated PDF file. In the redlines, the numbering on care advice may be imperfect at times. *If you have any doubt, review and cross-check using the updated 2023 PDF version.*

The clinical content is stored originally in an Access database. The creation (export to Word) of the protocol documents can sometimes lead to a mix-up of the text elements or failure to print a sentence or part of the text. This is a known bug / problem with Microsoft Access database Word reporting/exporting. We have made the decision to only supply these Word files upon request, as the PDF version is a more accurate export.

Evidence-Based Guidelines and Updates

Yearly changes in these pediatric telephone triage and advice protocols are based upon the following resources and evidence:

- American Academy of Pediatrics (AAP) new clinical practice guidelines and policy statements (including updates in the AAP Red Book)
- Centers for Disease Control and Prevention (CDC) new guidelines or recommendations
- Food and Drug Administration (FDA) new regulations and advisories
- New Clinical Guidelines from other national organizations (e.g. AHA, ADA)
- Research findings reported in this year's pediatric literature
- Expert-based reviews of and recommendations for all specialty guidelines by pediatric specialists in that field. They are listed in specific guidelines after Background Information.
- Consensus-based recommendations from 2 Expert Panels of community pediatricians

(based in Colorado and in St. Louis, Missouri)

- Quality improvement projects that evaluate Emergency Department Under-referral and Over-referral (from our Pediatric Call Center at Children's Hospital Colorado)
- Reviews and recommendations from the following call centers: Access Nurse 24 (Tennessee), Alberta Health Link, Canada; Arkansas Children's Hospital, Asante Health System (Oregon), Baylor Scott & White Health (Texas), Children's Hospital Colorado, Children's Hospital of Philadelphia, Cincinnati Children's, Cleveland Clinic, Cook Children's Hospital (Texas), Children's Mercy (Missouri), Denver Health, Evergreen Health Care (Washington), FoneMed, Johns Hopkins All Children's Hospital (Florida), Marshfield Clinic (Wisconsin), Mayo Clinic, Saskatchewan Health Authority (Canada), St. Louis Children's Hospital/BJC, Sitel (Canada); Triage 4 Pediatrics (Texas) and Triage Logic. Their contributions to our annual update process are immeasurable.
- Reviews and recommendations from the following software vendors: ClearTriage and LVM Systems
- Observations and questions from users, such as you. Your feedback is always appreciated and continues to improve the quality of these guidelines.

The protocols have undergone changes based upon review of the above mentioned resources. Triage nurses are encouraged to review targeted protocols using this self-study guide. We hope this summary of changes will help your transition and implementation of the 2023 pediatric protocols.