TELEPHONE TRIAGE TIPS (from ‘when should I worry’ – whenshouldiworry.com)

Document – “triaged by phone due to Covid-19” (I copy and paste this into every consult, when you get a complaint in 5 years time you may not remember it was that time - then again you REALLY may remember!)

Ask to speak to the patient first, then introduce yourself - confidentiality point - you may speak to a relative first who wasn't aware the patient had called the doctor and the patient may not want them to know. It is a little hard to always instigate this but good practice nevertheless.

Demographics confirmed - confirm you have the correct patient, preferably speak to the patient.

Take history as per usual. But take particular info about:

Ask what the patient is doing now – if child and playing/watching TV. Less concerning than lying in bed not wanting to do anything at all.

SOB – document:

• How far can they normally walk, what can they do now?.

• Are they able to do getting dressed etc without getting sob.

• Document if speaking in sentences on the phone

• Document how often using their ventolin- using more than QDS, more concerning

• If you are speaking to the parent/relative - it is useful to speak to the child/patient for a short period here in order to document this.

• Can they take their pulse? (one patient told me the other day he likes to feel his pulse from his temporal artery)

• If cough productive green/yellow sputum and at risk group (over 65, obese, DM, other comorbidities) I would treat unless very well with it in which case offer delayed script.

• If sob and asthma/copd - give steroids (only if steroids have been helpful in copd before)

• You can also do a rough CURB-65 score over the phone (are they dizzy on standing (low bp), confusion, increased RR (talk to them if over 30 they cant talk in sentences), passing urine). If high CURB consider direct admission.

SORE THROAT – Document: can they swallow fluids?

• What pain relief have they had?

• Can they see their tonsils? If you're not sure if they have exudate then presume they do have.

• Do a FEVER/PAIN score on all patients - this is easy to do over the phone. Beware it's only validated for those aged over 3

• Fever/pain score allows you to have a chat with patient/carer about the chance of them having streptococcal tonsillitis. Also use NNT to discuss the impact of abx. E.g I had a mum on the phone. Child (I think 12yrs) had sore throat 3/7, tonsils enlarged and meeting in midline, unsure if exudate, no cough. fever 3/7. FEVERPAIN =2, +70% chance viral. Explained to mum 70% chance doesnt need abx and that abx will make her better by one day. Mum decided to wait.

• If we give out a few too many abx at this time it's not a concern. (but equally don’t give them out too easily or everyone will be ringing with minor sore throats/chest infections wanting antibiotics so they “in good health for Cov-19”)

• They will not need to come to surgery 99% of the time during COVID-19. Prescribe by phone. If can't swallow fluids then see (but hopefully we will have video consult soon!)

OTALGIA:

• We do not need to see/treat any ear pain under 2/7 unless they have facial nerve weakness, severely unwell (despite analgesia), under 2 years of age.

• OTITIS MEDIA - do not treat under 2/7 unless very unwell with discharging ear.

• 4/5 chance better after 48hrs, most better within 5 days

• Advise if no better by 5 days/ear discharge/in pain despite analgesia then ring (will consider abx over the phone).

• If itching/hx of recurrent OE could consider topical abx after 2/7.

Happy to treat pneumonia over the phone providing they don't have symptoms of hypotension/sob.

UTI:

Clearly over the phone simple course

If loin pain/tenderness and not vomiting/able to mobilise without being dizzy (red flag for hypotension) give abx for pyelonephritis. The risk of them getting Covid-19 coming/mobilising to surgery more than the risk of prescribing too high a dose of antibiotics.

SINUSITIS:

Treat if unilateral facial swelling with green discharge and systemically unwell. Or if over 10 days (some areas it’s now 5 days). Again they do NOT need to come to surgery other if you’re not sure what it is.

COVID-19/FEVER/UNWELL:

\_ If possible get patients to do their BP and SaO2 over the phone - some have this ability at home.

- Try and work out on the phone if they need hospitalisation, if not prescribe abx if pneumonia sx (green/yellow sputum) and conservative mx. You do not need to go unless you really can’t tell how unwell they are.

Know these time durations to advise patients:

Natural history and average illness length for common respiratory tract infections: Infection Average length of symptoms

Middle-ear infection 4 days

Sore throat 7 days

Common cold 10 days

Sinusitis 18 days

Cough or bronchitis 21 days

Worried parents of kids with URTIs – direct them to http://www.whenshouldiworry.com - useful leaflet for patients. Stops them contacting you at all!!

Use evidence to reassure patients e.g such as that mentioned in the Sunderland guidelines http://www.sunderlandccg.nhs.uk/wp-content/uploads/2016/09/NEXCXantimicrobialXprescribingXguidelineXv2.1.pdf (I’ve just picked this one at random)

A lot of telephone triage doctors seem to have read Sally-Ann Pygall's book "are we really listening" - just in case you are sitting around and haven't got much to do!

In the meantime I've been telling my patients who need BP monitoring to buy their own. £20. They are all buying hand sanitiser etc, £20 is not much to pay to avoid coming into the surgery during the peak.