Name of Policy:	**Triage Protocols And The Handling Of Phone Calls In The Ambulatory Setting** **SURGERY CLINIC**
Policy Number:	3364-101-03-09K
Department:	Ambulatory Services
Approving Officer:	Administrator, Ambulatory Services & Behavioral Health
Responsible Agent:	Administrator, Ambulatory Services & Behavioral Health
Scope:	Ambulatory Services

THE UNIVERSITY OF TOLEDO 1872

Effective Date: February 1, 2008

X New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ Reaffirmation of existing policy

(A) Policy Statement

Triage by phone will only be performed by the RN. Triage is defined as the assessment of the patient after pertinent information has been gathered via the phone, with the patient and/or significant other, and following standard protocols and determining the course of action. Only RNs may perform this due to their training in nursing process and critical thinking. Patient Assessment and Follow-up Care requiring medical assessment will only be determined by registered nurses, physician assistants, advanced practice nurses or physicians in the surgery clinics.

(B) Purpose of Policy

To assure appropriate care is determined by professionals within the scope of care.

(C) Procedure

1. The physician driven template will schedule patient appointments. **If the patient is experiencing chest pain, upper or lower GI bleeding, shortness of breath, a temperature above 102 degrees, loss of consciousness, blurred vision or complaints of intense pain, sudden onset of pain, sudden hearing loss, calf pain, they should speak to a registered nurse or physician immediately.**

2. Patient calls that require medical assessment will be transferred to an RN for immediate determination of care urgency.

3. If an RN is not available in clinic, call center staff will complete the telephone Progress Note using words and descriptions that the patient uses related to his or her complaints. The physician, PA or Advanced Practice Nurse will review and write orders related to the telephone progress note by the next business day.

4. Chart information will be ordered by the call center and be ready for review immediately. When possible, the physician or nurse will review at the time of response to the telephone progress note.

5. Once the telephone progress note is signed by the physician and patient follow-up is complete, the telephone progress note will be filed in the outpatient medical record.

6. If a patient calls requesting a follow-up appointment, the medical director and the deemed template will follow the standards as set.

7. All vascular calls regarding follow-up Coumadin will be transferred to the nurse in the vascular clinic.

Approved by:		**Review/Revision Date:**
Jenny Tillman, RN, MSN Clinic Manager	6/23/2008 Date	
Gerald Zelenock, MD Chairman, Surgery	6/24/08 Date	
Vickie Geha Administrator, Ambulatory Services & Behavioral Health	8/25/08 Date	
Review/Revision Completed By: *Ambulatory Services*		**Next Review Date:** 2/1/2011
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.