

PATIENT TELEPHONE TRIAGE

PATIENT TELEPHONE TRIAGE IS A CRITICAL COMPONENT OF MODERN HEALTHCARE SYSTEMS, DESIGNED TO EFFICIENTLY ASSESS AND PRIORITIZE PATIENT NEEDS OVER THE PHONE. THIS PROCESS ENABLES HEALTHCARE PROVIDERS TO DETERMINE THE URGENCY OF A PATIENT'S CONDITION, PROVIDE APPROPRIATE ADVICE, AND DIRECT PATIENTS TO THE RIGHT LEVEL OF CARE. WITH THE INCREASING DEMAND FOR ACCESSIBLE HEALTHCARE SERVICES, PATIENT TELEPHONE TRIAGE PLAYS AN ESSENTIAL ROLE IN REDUCING UNNECESSARY EMERGENCY ROOM VISITS, OPTIMIZING RESOURCE ALLOCATION, AND ENHANCING PATIENT OUTCOMES. THIS ARTICLE EXPLORES THE FUNDAMENTAL ASPECTS OF PATIENT TELEPHONE TRIAGE, INCLUDING ITS DEFINITION, BENEFITS, IMPLEMENTATION STRATEGIES, CHALLENGES, AND BEST PRACTICES. ADDITIONALLY, IT EXAMINES THE ROLE OF TECHNOLOGY AND TRAINING IN IMPROVING TRIAGE ACCURACY AND PATIENT SATISFACTION. THE FOLLOWING SECTIONS PROVIDE A COMPREHENSIVE OVERVIEW OF THIS VITAL HEALTHCARE SERVICE.

- UNDERSTANDING PATIENT TELEPHONE TRIAGE
- BENEFITS OF PATIENT TELEPHONE TRIAGE
- IMPLEMENTATION AND PROCESS OF TELEPHONE TRIAGE
- CHALLENGES IN PATIENT TELEPHONE TRIAGE
- TECHNOLOGY AND TOOLS SUPPORTING TELEPHONE TRIAGE
- BEST PRACTICES FOR EFFECTIVE TELEPHONE TRIAGE

UNDERSTANDING PATIENT TELEPHONE TRIAGE

PATIENT TELEPHONE TRIAGE REFERS TO THE SYSTEMATIC PROCESS BY WHICH TRAINED HEALTHCARE PROFESSIONALS ASSESS A PATIENT'S SYMPTOMS AND HEALTH CONCERNS OVER THE PHONE. THE PRIMARY GOAL IS TO EVALUATE THE URGENCY AND SEVERITY OF THE PATIENT'S CONDITION WITHOUT A FACE-TO-FACE CONSULTATION, ENABLING TIMELY AND APPROPRIATE MEDICAL INTERVENTION. THIS METHOD IS COMMONLY USED IN PRIMARY CARE, URGENT CARE CENTERS, HOSPITALS, AND TELEHEALTH SERVICES TO MANAGE PATIENT FLOW AND REDUCE UNNECESSARY VISITS.

DEFINITION AND PURPOSE

THE PURPOSE OF PATIENT TELEPHONE TRIAGE IS TO PRIORITIZE PATIENTS BASED ON THE SERIOUSNESS OF THEIR COMPLAINTS, ENSURING THAT THOSE REQUIRING IMMEDIATE ATTENTION RECEIVE IT PROMPTLY. IT INVOLVES GATHERING CLINICAL INFORMATION, ASKING FOCUSED QUESTIONS, AND USING CLINICAL GUIDELINES OR PROTOCOLS TO MAKE INFORMED DECISIONS. TRIAGE NURSES OR TRAINED CALL HANDLERS TYPICALLY PERFORM THIS TASK TO DETERMINE WHETHER THE PATIENT NEEDS EMERGENCY CARE, A SCHEDULED APPOINTMENT, OR SELF-CARE ADVICE.

KEY COMPONENTS OF TELEPHONE TRIAGE

EFFECTIVE TELEPHONE TRIAGE RELIES ON SEVERAL CRITICAL COMPONENTS, INCLUDING:

- ACCURATE AND THOROUGH PATIENT HISTORY TAKING
- USE OF STANDARDIZED CLINICAL PROTOCOLS OR DECISION-SUPPORT TOOLS
- CLEAR COMMUNICATION AND LISTENING SKILLS

- DOCUMENTATION OF THE CALL AND ADVICE GIVEN
- FOLLOW-UP PROCEDURES WHEN NECESSARY

BENEFITS OF PATIENT TELEPHONE TRIAGE

PATIENT TELEPHONE TRIAGE OFFERS NUMEROUS ADVANTAGES TO HEALTHCARE PROVIDERS, PATIENTS, AND THE OVERALL HEALTHCARE SYSTEM. BY STREAMLINING PATIENT ASSESSMENT AND DIRECTING CARE APPROPRIATELY, IT ENHANCES EFFICIENCY AND SAFETY WHILE IMPROVING PATIENT SATISFACTION.

IMPROVED ACCESS TO CARE

TELEPHONE TRIAGE ALLOWS PATIENTS TO ACCESS HEALTHCARE ADVICE QUICKLY WITHOUT NEEDING TO TRAVEL TO A HEALTHCARE FACILITY. THIS IS PARTICULARLY BENEFICIAL FOR INDIVIDUALS WITH MOBILITY ISSUES, THOSE LIVING IN REMOTE AREAS, OR DURING AFTER-HOURS WHEN CLINICS MAY BE CLOSED.

REDUCTION IN UNNECESSARY EMERGENCY VISITS

BY ACCURATELY ASSESSING THE SEVERITY OF SYMPTOMS, TELEPHONE TRIAGE HELPS REDUCE UNNECESSARY EMERGENCY DEPARTMENT VISITS. PATIENTS WITH NON-URGENT CONDITIONS CAN BE ADVISED ON SELF-CARE OR SCHEDULED FOR ROUTINE APPOINTMENTS, THEREBY PRESERVING EMERGENCY RESOURCES FOR CRITICAL CASES.

COST EFFICIENCY

IMPLEMENTING TELEPHONE TRIAGE CAN LEAD TO SIGNIFICANT COST SAVINGS BY MINIMIZING UNNECESSARY CONSULTATIONS AND HOSPITAL ADMISSIONS. IT ALSO OPTIMIZES HEALTHCARE WORKFORCE UTILIZATION BY ENSURING THAT ACUTE CASES RECEIVE IMMEDIATE ATTENTION WHILE OTHERS ARE MANAGED APPROPRIATELY.

ENHANCED PATIENT SAFETY AND SATISFACTION

TIMELY ADVICE AND CLEAR GUIDANCE IMPROVE PATIENT SAFETY BY PREVENTING DELAYS IN TREATMENT FOR SERIOUS CONDITIONS. MOREOVER, PATIENTS APPRECIATE THE CONVENIENCE AND REASSURANCE PROVIDED BY PROFESSIONAL TELEPHONE SUPPORT.

IMPLEMENTATION AND PROCESS OF TELEPHONE TRIAGE

SUCCESSFUL PATIENT TELEPHONE TRIAGE REQUIRES A STRUCTURED PROCESS SUPPORTED BY TRAINED PERSONNEL AND EFFECTIVE PROTOCOLS. UNDERSTANDING THE WORKFLOW AND RESPONSIBILITIES INVOLVED IS ESSENTIAL FOR DELIVERING HIGH-QUALITY SERVICE.

STAFFING AND TRAINING

TELEPHONE TRIAGE IS TYPICALLY CONDUCTED BY NURSES WITH SPECIALIZED TRAINING IN TRIAGE PROTOCOLS AND COMMUNICATION SKILLS. CONTINUOUS EDUCATION AND COMPETENCY ASSESSMENTS ENSURE THAT STAFF CAN ACCURATELY EVALUATE SYMPTOMS AND PROVIDE APPROPRIATE ADVICE.

TRIAGE PROTOCOLS AND GUIDELINES

STANDARDIZED PROTOCOLS FORM THE BACKBONE OF TELEPHONE TRIAGE, GUIDING CLINICIANS THROUGH SYMPTOM ASSESSMENT AND DECISION-MAKING. THESE PROTOCOLS ARE EVIDENCE-BASED AND COVER A WIDE RANGE OF CLINICAL PRESENTATIONS TO ENSURE CONSISTENCY AND SAFETY.

TELEPHONE TRIAGE WORKFLOW

THE GENERAL PROCESS INCLUDES:

1. RECEIVING THE PATIENT CALL AND VERIFYING IDENTITY
2. GATHERING CLINICAL INFORMATION INCLUDING SYMPTOM ONSET, DURATION, AND SEVERITY
3. USING PROTOCOLS TO ASSESS URGENCY AND RISK FACTORS
4. PROVIDING ADVICE ON NEXT STEPS: EMERGENCY CARE, URGENT APPOINTMENT, ROUTINE FOLLOW-UP, OR SELF-CARE
5. DOCUMENTING THE INTERACTION AND ANY REFERRALS MADE
6. ARRANGING FOLLOW-UP CALLS IF NEEDED TO MONITOR PATIENT PROGRESS

CHALLENGES IN PATIENT TELEPHONE TRIAGE

DESPITE ITS BENEFITS, PATIENT TELEPHONE TRIAGE PRESENTS SEVERAL CHALLENGES THAT HEALTHCARE PROVIDERS MUST ADDRESS TO MAINTAIN SAFETY AND EFFECTIVENESS.

LIMITATIONS OF REMOTE ASSESSMENT

ONE MAJOR CHALLENGE IS THE INABILITY TO PERFORM PHYSICAL EXAMINATIONS, WHICH CAN LIMIT DIAGNOSTIC ACCURACY. TRIAGE STAFF MUST RELY HEAVILY ON PATIENT DESCRIPTIONS AND THEIR CLINICAL JUDGMENT, WHICH MAY INCREASE THE RISK OF MISCLASSIFICATION.

COMMUNICATION BARRIERS

EFFECTIVE COMMUNICATION IS CRITICAL, BUT LANGUAGE DIFFERENCES, HEARING IMPAIRMENTS, OR UNCLEAR SYMPTOM DESCRIPTIONS CAN HINDER ACCURATE ASSESSMENT. ENSURING ACCESS TO INTERPRETERS AND CLEAR COMMUNICATION TECHNIQUES IS IMPORTANT.

DOCUMENTATION AND LEGAL CONSIDERATIONS

PROPER DOCUMENTATION OF TRIAGE CALLS IS ESSENTIAL FOR LEGAL PROTECTION AND CONTINUITY OF CARE. INCOMPLETE OR INACCURATE RECORDS CAN LEAD TO ADVERSE OUTCOMES AND LIABILITY ISSUES.

WORKLOAD AND STAFFING ISSUES

HIGH CALL VOLUMES AND INADEQUATE STAFFING CAN INCREASE WAIT TIMES AND REDUCE THE QUALITY OF TELEPHONE TRIAGE SERVICES. MANAGING RESOURCES EFFICIENTLY IS NECESSARY TO MAINTAIN SERVICE STANDARDS.

TECHNOLOGY AND TOOLS SUPPORTING TELEPHONE TRIAGE

ADVANCEMENTS IN TECHNOLOGY HAVE SIGNIFICANTLY ENHANCED THE CAPABILITIES AND RELIABILITY OF PATIENT TELEPHONE TRIAGE SYSTEMS.

DECISION SUPPORT SOFTWARE

CLINICAL DECISION SUPPORT SYSTEMS (CDSS) PROVIDE TRIAGE STAFF WITH ALGORITHMS AND PROMPTS TO GUIDE SYMPTOM EVALUATION AND RISK STRATIFICATION. THESE TOOLS IMPROVE CONSISTENCY AND REDUCE HUMAN ERROR.

ELECTRONIC HEALTH RECORDS INTEGRATION

LINKING TELEPHONE TRIAGE SYSTEMS WITH ELECTRONIC HEALTH RECORDS (EHR) ALLOWS PROVIDERS TO ACCESS PATIENT HISTORY DURING CALLS, FACILITATING MORE INFORMED DECISIONS AND BETTER CONTINUITY OF CARE.

TELEHEALTH AND VIDEO TRIAGE

THE INTEGRATION OF TELEHEALTH PLATFORMS ENABLES VISUAL ASSESSMENT WHEN NECESSARY, COMPLEMENTING TELEPHONE TRIAGE AND ENHANCING CLINICAL EVALUATION.

AUTOMATED CALL MANAGEMENT

AUTOMATED SYSTEMS FOR CALL ROUTING, SCHEDULING, AND FOLLOW-UP REMINDERS OPTIMIZE WORKFLOW AND IMPROVE PATIENT EXPERIENCE.

BEST PRACTICES FOR EFFECTIVE TELEPHONE TRIAGE

ADHERING TO BEST PRACTICES ENSURES THAT PATIENT TELEPHONE TRIAGE IS SAFE, EFFICIENT, AND PATIENT-CENTERED.

COMPREHENSIVE TRAINING PROGRAMS

TRAINING SHOULD COVER CLINICAL KNOWLEDGE, COMMUNICATION SKILLS, CULTURAL COMPETENCE, AND LEGAL ASPECTS OF TELEPHONE TRIAGE. REGULAR REFRESHER COURSES AND ASSESSMENTS MAINTAIN HIGH STANDARDS.

USE OF EVIDENCE-BASED PROTOCOLS

EMPLOYING VALIDATED TRIAGE PROTOCOLS TAILORED TO THE PATIENT POPULATION REDUCES VARIABILITY AND ENHANCES SAFETY.

CLEAR COMMUNICATION STRATEGIES

ACTIVE LISTENING, OPEN-ENDED QUESTIONS, AND SUMMARIZING INFORMATION HELP CLARIFY PATIENT CONCERNS AND ENSURE ACCURATE DATA COLLECTION.

CONTINUOUS QUALITY IMPROVEMENT

MONITORING CALL OUTCOMES, PATIENT FEEDBACK, AND AUDIT RESULTS ALLOWS ORGANIZATIONS TO IDENTIFY AREAS FOR IMPROVEMENT AND IMPLEMENT CORRECTIVE ACTIONS.

COLLABORATION AND REFERRAL NETWORKS

ESTABLISHING CLEAR PATHWAYS FOR REFERRAL AND COLLABORATION WITH OTHER HEALTHCARE PROVIDERS ENSURES SEAMLESS PATIENT CARE TRANSITIONS.

FREQUENTLY ASKED QUESTIONS

WHAT IS PATIENT TELEPHONE TRIAGE?

PATIENT TELEPHONE TRIAGE IS THE PROCESS OF ASSESSING A PATIENT'S HEALTH CONCERNS REMOTELY VIA PHONE TO DETERMINE THE URGENCY AND APPROPRIATE LEVEL OF CARE NEEDED.

HOW DOES PATIENT TELEPHONE TRIAGE IMPROVE HEALTHCARE DELIVERY?

IT HELPS PRIORITIZE PATIENT CARE, REDUCES UNNECESSARY EMERGENCY VISITS, PROVIDES TIMELY ADVICE, AND OPTIMIZES RESOURCE ALLOCATION BY DIRECTING PATIENTS TO THE APPROPRIATE CARE SETTING.

WHAT ARE THE KEY SKILLS REQUIRED FOR EFFECTIVE PATIENT TELEPHONE TRIAGE?

EFFECTIVE COMMUNICATION, CLINICAL KNOWLEDGE, CRITICAL THINKING, ACTIVE LISTENING, AND DECISION-MAKING SKILLS ARE ESSENTIAL FOR ACCURATE AND SAFE TELEPHONE TRIAGE.

WHAT TECHNOLOGIES ARE COMMONLY USED IN PATIENT TELEPHONE TRIAGE?

COMMON TECHNOLOGIES INCLUDE COMPUTERIZED DECISION SUPPORT SYSTEMS, ELECTRONIC HEALTH RECORDS INTEGRATION, CALL RECORDING SOFTWARE, AND TELEHEALTH PLATFORMS TO FACILITATE ASSESSMENT AND DOCUMENTATION.

WHAT ARE THE MAIN CHALLENGES FACED IN PATIENT TELEPHONE TRIAGE?

CHALLENGES INCLUDE LIMITED NON-VERBAL CUES, RISK OF MISDIAGNOSIS, MANAGING HIGH CALL VOLUMES, ENSURING PATIENT SAFETY, AND MAINTAINING CLEAR DOCUMENTATION.

ADDITIONAL RESOURCES

1. *TELEPHONE TRIAGE PROTOCOLS FOR NURSES*

THIS COMPREHENSIVE GUIDE OFFERS DETAILED PROTOCOLS FOR NURSES CONDUCTING TELEPHONE TRIAGE. IT COVERS ASSESSMENT STRATEGIES, DECISION-MAKING PROCESSES, AND COMMUNICATION TECHNIQUES TO ENSURE PATIENT SAFETY AND EFFECTIVE CARE. THE BOOK INCLUDES CASE STUDIES AND SAMPLE DIALOGUES TO ENHANCE PRACTICAL UNDERSTANDING.

2. *TELEPHONE TRIAGE AND ADVICE: A PRACTICAL GUIDE*

DESIGNED FOR HEALTHCARE PROFESSIONALS, THIS BOOK PROVIDES PRACTICAL ADVICE ON MANAGING PATIENT CALLS EFFICIENTLY. IT EMPHASIZES CLINICAL JUDGMENT, RISK ASSESSMENT, AND DOCUMENTATION PRACTICES. READERS WILL FIND TOOLS TO IMPROVE TRIAGE ACCURACY AND PATIENT SATISFACTION.

3. *TELEPHONE TRIAGE: PRINCIPLES AND PRACTICE*

THIS TEXT EXPLORES THE FUNDAMENTAL PRINCIPLES BEHIND TELEPHONE TRIAGE SYSTEMS AND THEIR IMPLEMENTATION IN

HEALTHCARE SETTINGS. IT DISCUSSES THE ROLE OF TECHNOLOGY, LEGAL CONSIDERATIONS, AND QUALITY ASSURANCE. THE BOOK IS IDEAL FOR BOTH BEGINNERS AND EXPERIENCED PRACTITIONERS.

4. *CLINICAL TELEPHONE TRIAGE FOR EMERGENCY CARE*

FOCUSED ON EMERGENCY CARE SCENARIOS, THIS BOOK TRAINS HEALTHCARE PROVIDERS TO QUICKLY ASSESS AND PRIORITIZE PATIENT NEEDS OVER THE PHONE. IT HIGHLIGHTS CRITICAL RED FLAGS AND APPROPRIATE REFERRAL PATHWAYS. THE CONTENT SUPPORTS IMPROVING RESPONSE TIMES AND PATIENT OUTCOMES.

5. *TELEPHONE TRIAGE NURSING: AN EVIDENCE-BASED APPROACH*

EMPHASIZING EVIDENCE-BASED PRACTICES, THIS BOOK INTEGRATES RESEARCH FINDINGS WITH CLINICAL PROTOCOLS FOR TELEPHONE TRIAGE NURSES. IT ADDRESSES COMMON CHALLENGES SUCH AS HANDLING DIFFICULT CALLERS AND MANAGING UNCERTAINTY. THE AUTHORS PROVIDE STRATEGIES TO ENHANCE CLINICAL CONFIDENCE AND ACCURACY.

6. *EFFECTIVE COMMUNICATION IN TELEPHONE TRIAGE*

THIS BOOK CENTERS ON COMMUNICATION SKILLS ESSENTIAL FOR SUCCESSFUL TELEPHONE TRIAGE. IT COVERS VERBAL AND NON-VERBAL CUES, ACTIVE LISTENING, AND EMPATHY IN REMOTE PATIENT ASSESSMENTS. HEALTHCARE PROFESSIONALS WILL GAIN INSIGHTS TO FOSTER TRUST AND CLARITY DURING CALLS.

7. *TELEPHONE TRIAGE DOCUMENTATION AND RISK MANAGEMENT*

HIGHLIGHTING THE IMPORTANCE OF PROPER DOCUMENTATION, THIS GUIDE OFFERS BEST PRACTICES TO MITIGATE LEGAL RISKS IN TELEPHONE TRIAGE. IT DISCUSSES COMPLIANCE WITH HEALTHCARE REGULATIONS, DATA PRIVACY, AND ACCURATE RECORD-KEEPING. THE BOOK IS A VALUABLE RESOURCE FOR MAINTAINING PROFESSIONAL STANDARDS.

8. *MANAGING PATIENT CALLS: A GUIDE TO TELEPHONE TRIAGE*

THIS RESOURCE PROVIDES STEP-BY-STEP GUIDANCE ON MANAGING VARIOUS TYPES OF PATIENT CALLS, FROM ROUTINE INQUIRIES TO URGENT COMPLAINTS. IT INCLUDES TRIAGE ALGORITHMS AND DECISION TREES TO ASSIST HEALTHCARE WORKERS IN MAKING INFORMED CHOICES. THE BOOK ALSO COVERS TIME MANAGEMENT AND CALL PRIORITIZATION.

9. *TELEPHONE TRIAGE IN PRIMARY CARE SETTINGS*

SPECIFICALLY TAILORED FOR PRIMARY CARE, THIS BOOK ADDRESSES THE UNIQUE CHALLENGES OF TELEPHONE TRIAGE IN OUTPATIENT ENVIRONMENTS. IT EXPLORES COORDINATION WITH IN-PERSON SERVICES, FOLLOW-UP PROTOCOLS, AND PATIENT EDUCATION. READERS WILL FIND PRACTICAL TIPS TO STREAMLINE WORKFLOWS AND IMPROVE PATIENT ACCESS.

Patient Telephone Triage

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patient telephone triage: Telephone Triage Protocols for Nursing Julie Briggs, 2015-05-22
Performing telephone triage requires the ability to make quick and effective decisions based on limited information. This rapid-access resource delivers more than 200 triage protocols for evaluating patients' symptoms over the telephone. Each symptom entry lists questions, grouped by urgency level, to determine whether the caller should seek emergency care immediately, seek medical care the same day, call back for appointment, or follow home care instructions. Detailed home care instructions are then provided. Simple, direct, and useful, this is the most comprehensive and user-friendly telephone triage book available.

patient telephone triage: Telephone Nursing Practice in Urology Cheryl LeCroy, Glenn Sulley, Valre Welch, Sandy Smith, 2017-11
Telephone triage is a major vehicle in offices, clinics, and other ambulatory health care settings for assessing patient symptoms or complaints, determining

their acuity, and planning initial management strategies. Most outpatient practices are extremely busy, so telephone triage protocols can assist the nurse with this responsibility, ensuring safe, effective, and appropriate care. Protocols are at the heart of telephone triage practice. The Telephone Nursing Practice in Urology, 2nd Edition protocols are guidelines designed to assist in assessment and care planning. Each protocol includes: Etiology; Assessment Questions; Recent Urologic Procedures; Other Urologic History; Symptoms; and Disposition/Advice Section for adults and pediatrics if applicable. Since most urology patients express health care needs on the telephone in addition to describing symptoms, telephone nursing practice goes beyond triage (addressing symptoms). The role for the nurse on the phone has expanded to including patient teaching, coaching, offering reassurance, suggesting resources, and problem solving. The RN is well suited for this role because professional nursing practice is responding to patient needs through assessment, identification, planning implementation, and evaluation.

patient telephone triage: Primary Care Tools for Clinicians Lorraine Loretz, 2005-01-01 Designed to save time and assist busy practitioners, this book guides standardized assessment and documentation of a patient's condition by providing ready-to-use forms that represent the 'gold standard' of current practice.

patient telephone triage: Telephone Triage for Otorhinolaryngology and Head-neck Nurses Cindy Dawson, Margaret Hickey (RN.), 2011 Provide efficient patient assessments over the telephone with this handy reference! As healthcare delivery continues to shift from a predominantly inpatient setting to ambulatory care, telephone triage has become an increasingly important competency for nurses to master, especially for those working with patients with otorhinolaryngology issues. Telephone Triage for Otorhinolaryngology and Head-Neck Nurses provides symptom-specific guidelines, to handle patients' common concerns. Cindy J. Dawson, Margaret M. Hickey, and Susan Newton have brought together nurses who specialize in otorhinolaryngology and head-neck care to share their expertise for 38 suggested symptom protocols, including special considerations for pediatric patients. Chapters on triage models, tips on performing triage, how to conduct an assessment over the telephone, and legal concerns round out the book for a complete resource. This text can serve as a handy guide for telephone triage training, as well as establishing a formal telephone triage nursing program within an otorhinolaryngology practice. When patients call, Telephone Triage for Otorhinolaryngology and Head-Neck Nurses provides valuable information at your fingertips. Book jacket.

patient telephone triage: Telephone Triage Sheila Q. Wheeler, Judith H. Windt, 1993 The first and only combined text/workbook training program to provide comprehensive telephone triage as well as protocol development. Written in direct, how-to style, it sets forth guidelines for interview and documentation skills, as well as medico-legal aspects. All of the essential guidelines and instructions are here for telephone triage that is confident, refined, and precise. ALSO AVAILABLE - INSTRUCTOR SUPPLEMENTS CALL CUSTOMER SUPPORT TO ORDER Audiotape ISBN: 0-8273-5636-6

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will be a valuable resource for staff working in emergency departments, health centres and telephone triage organisations. Furthermore hospitals that are already using Emergency Triage will benefit from being linked with a telephone triage system that follows the same protocols. Updated to Version 1.7 in 2023.

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practice, and legal, ethical and cultural issues. Clinical assessment, physiology, management and rationale for intervention of common and not so common emergency presentations are provided, with each chapter providing clear and relevant examples for both Paramedics and Nurses. Emergency and Trauma Care brings together a team of highly respected clinical practitioners and academics to deliver the most up-to-date text dealing with the practical procedures and evidence experienced by emergency and trauma care providers every day. - Chapter 2 Pre-hospital care overview in Australia and NZ - Chapter 10 Scene assessment, management and rescue - Chapter 11 Pre-Hospital Clinical Reasoning, Triage and Communication - Pre-hospital and emergency nursing considerations included in all relevant chapters - Chapter 5 Cultural Considerations in Emergency Care addresses cultural diversity, beliefs and values and focuses on Aboriginal and Torres Strait Islander health and Maori health - Chapter 19 Resuscitation includes advanced life support, airway management and incorporates the 2010 Australian Resuscitation Council guidelines - Chapter 37 People with disabilities provides assessment, examination and communication strategies for working with clients with intellectual and physical disabilities - Section 5 focuses on examination and communication strategies for working with unique population groups, including the elderly, disabled, obstetric and paediatric patients - Section 6 details major trauma assessment and management, blast injury, and trauma to specific body regions - Essentials outline the main points addressed in each chapter - Practice tips assist with communication skills, procedures and assessment - Case studies supported by questions throughout - Summaries and Key points, review questions, web links and references provide for consolidation and further research. - Evolve resources include Power point slides, 30 additional Case studies, image bank, web links - Three paramedic specific chapters (including scene assessment and management)

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A&E patient. A basic A&P section is included so even the most experienced nurse can refresh their knowledge.

patient telephone triage: Eye Emergencies: a practitioner's guide - 2/ed Julie Tillotson, Emma Whittingham, Dorothy Field, 2015-02-25 The second edition of Eye Emergencies offers an excellent up-to-date resource for anyone whose work involves dealing with acute ophthalmic presentations. The authors have used the term 'practitioner' to include doctors, ophthalmic nurses, emergency care practitioners, nurse practitioners, nurses in accident and emergency departments and 'walk in' centres and first aid workers in remote locations such as oil rigs or working in the armed services. Aimed at readers with differing levels of confidence, skills and knowledge, Eye Emergencies will help all practitioners develop greater competence in ophthalmic emergency practice. The system of flag symbols in the margins, highlighting the diagnostic significance of symptoms described in a particular context, makes this book particularly useful for quick reference. Contents include: Anatomy and physiology of the eye Initial assessment Differential diagnosis of emergency eye conditions Urgent eye conditions Non-urgent eye conditions Drugs commonly used for acute eye conditions Ophthalmic pain Concluding notes Ophthalmic procedures Glossary of ophthalmic terms Index

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