



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Telephone Triage		
Section	TX I - 8	Issue Date June 23, 2021	Supersedes Date January 2017

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-04, 5-ACI-6A-06, 5-ACI-6A-08(M), 5-ACI-6B-04, 5-ACI-6C-03(M), 5-ACI-6C-04(M)

I. PURPOSE

To establish and delineate the process for the facility OIC to contact a Registered Nurse (RN) to evaluate urgent and non-life-threatening offender complaints of illness and/or injury during the absence of the facility’s registered nurse and/or provider.

II. POLICY

- (a) If there is an emergent situation that requires Emergency Medical Services (EMS) to be called, the OIC shall inform the designated triage nurse of the emergency after the offender is transported.
 - (1) The OIC shall follow the established emergency procedure for their facility.
 - (2) The triage nurse shall document the event and complete a consultation in the patient’s health care record.
- (b) Facility OIC, Licensed Practical Nurses (LPNs) and Medication Technicians shall access telephone triage when there is not a Registered Nurse or Provider on-site.
- (c) Designated triage facilities shall have a Registered Nurse assigned to provide triage services to include but not limited to, evaluation/assessment of urgent and non-life-threatening emergent conditions using the applicable Nursing Protocols/Standing Orders to determine appropriate interventions and disposition.
- (d) Facilities without 24 hours/7-day nursing coverage shall have “night boxes” for over-the-counter (OTC) nursing protocol medications. The OIC shall be responsible for securing the night box and for retrieving and distributing medications as ordered by the triage nurse.



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- (e) In accordance with the facility standard operating procedures (SOPs) the OIC shall notify the facility nurse of all triage and/or emergency room trips conducted when nursing staff are not on site.
- (f) The telephone triage nurse shall document calls received on the Telephone Triage Monthly Log.
- (g) The Triage Facility Nurse Manger/designee shall complete and maintain the monthly totals on the Telephone Triage Log.

III. DEFINITION

- (a) **Telephone triage** the process of collecting information over the telephone or video conferencing equipment to determine the level of seriousness of a health problem, and to determine whether medical, dental, nursing, psychosocial, supportive, or informational interventions are needed.
- (b) **Face-to-face encounter** occurs when the triage nurse requests custody to bring the offender to the triage facility or to use the DX80 to perform an assessment/evaluation.
 - (1) Shall be at the discretion of the triage nurse, or the on-call provider.
 - (2) Shall be limited to those facilities in close proximity to the triage facility; otherwise the offender shall be transported for care per the triage nurse or providers' direction.
- (c) **Emergent** - a condition that is acute and potentially threatens life/limb or function; requires immediate medical attention.
- (d) **Urgent** - a condition that is acute but not severe but requires medical attention within a few hours.
- (e) **Non-urgent** - a condition that is minor or non-acute and does not require immediate attention or care.

IV. TRAINING AND COMPETENCY ASSESSMENT

- (a) Facility Nurse Supervisor/Manager shall provide annual and as needed training on telephone triage to officers and nursing staff.



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- (1) New officers shall receive orientation to telephone triage, prior to being given the assignment of calling the Triage Nurse.
- (2) Nursing staff shall receive orientation to telephone triage within the first 90 days of employment.
- (b) The Nurse Supervisor/Manager at the Telephone Triage Facility shall be responsible for ensuring that within the first 90 days of employment, RN's receive training and competency evaluation on how to conduct telephone triage as specified in the Nursing Orientation, Training and Competency manual. RN's shall not conduct telephone triage until the training and competency is completed.

V. TRIAGE ASSESSMENT – PEARLS OF EXCELLENCE

- (a) Rule out life-threatening emergency first, then proceed with the assessment/evaluation.
- (b) If possible, a speaker phone shall be used to involve the patient and officer, LPN or Medication Technician.
- (c) Speak directly with the patient, if possible, as well as the officer, LPN or Medication Technician.
- (d) Use a systematic approach for the assessment/evaluation. Ask questions concerning systems review.
- (e) Listen to the caller and consider their emotional response. Is the response inconsistent with the described situation?
- (f) Do not stereotype; take the caller seriously.
- (g) Take the time you need to perform a comprehensive assessment/evaluation. Do not rush the caller.
- (h) Be aware of high-risk situations, intense emotional responses, life-threatening situations, elderly, unstable chronic disease and non-English speaking.

VI. PROCEDURE

- (a) In preparation for the triage call, the OIC/designee shall interview the offender using the DC 975 OIC Triage Worksheet.



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- (1) The DC 975 OIC Triage Worksheet shall be completed prior to calling the Triage Nurse.
 - (2) The completed DC 975 OIC Triage Worksheet is used to inform the Triage Nurse of the offender’s health concerns/complaints.
 - (3) The completed DC 975 OIC Triage Worksheet shall be faxed to the Triage Nurse.
 - (4) The Triage Nurse shall scan the completed DC 975 OIC Triage Worksheet into the patient’s health care record document manager.
- (b) After identifying themselves, the Triage Nurse shall document the time call received, facility calling and name of the staff member calling in the patient’s health care record by choosing DPS-DPS as the security complex and then choosing his/her current facility.
 - (c) The triage nurse shall document in the patient’s health care record information provided by the patient, officer, LPN or Medication Technician regarding the chief complaint or concern.
 - (d) If needed, the triage nurse shall instruct the patient to self-check vital signs using a monitor designed for self-use.
 - (1) The triage nurse shall guide the patient through the process.
 - (2) The triage nurse shall document in the triage note the vital signs were self-checked.
 - (e) The triage nurse shall consult, if needed, with the physician/physician extender/dentist on-call in the respective medical region of the facility that is calling.
 - (f) The triage nurse or on-call provider may determine that a face-to-face encounter with the offender is required in order to perform an assessment/evaluation to determine the appropriate interventions/disposition.
 - (g) If transport requires special arrangements, approval shall be made by the OIC/designee.
 - (h) The triage nurse shall conduct a nursing assessment/evaluation using the applicable standing orders/nursing protocols.
 - (i) Implementation of a standing order for over-the-counter medications does not require signature by the facility provider.



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- (j) The triage nurse shall document the specific standing orders/nursing protocols used, the assessment/evaluation, findings, communications, interventions and disposition in the patient’s health care record.
- (k) The triage nurse shall select the appropriate co-payment charge.
- (l) In cases where a LPN is calling the triage nurse and the triage nurse deems that the LPN can provide additional information that the provider may request, the triage nurse shall instruct the LPN to consult the provider directly to receive instruction, guidance or management of the offender.
- (m) When prescription medications are indicated by the Standing Order/Nursing Protocol, the Triage RN shall contact a provider.
 - (1) The RN shall advise the provider of the Standing Order/Nursing Protocol used and the assessment parameters met warranting the use of the prescription medication.
 - (2) The triage facility physician shall be contacted during regular business hours. The On-Call provider shall be contacted after hours and on weekends/holidays.
- (n) If orders outside of the Standing Orders/Nursing Protocols are needed, the triage nurse, or the LPN if instructed, shall obtain a verbal/telephone order from the on-call provider and document in the patient’s health care record.
- (o) The ordering provider shall be marked as the co-signing provider for prescription medication orders and orders outside of the Standing Orders/Nursing Protocols. The facility provider shall be marked as the reviewing provider.
- (p) The triage nurse shall give the patient and the OIC instructions on the nursing interventions, transcribe medication orders on a DC 175 Medication Administration Record and give directions on how to take the medication ordered.
- (q) The Triage nurse shall verify with the patient and OIC if they understand the directions/instructions provided and to call the triage nurse back if needed.
- (r) The triage nurse shall document in the patient’s health care record information, directions/instructions provided and that the offender and officer understood.



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- (s) If the patient refuses treatment, the officer shall notify the triage nurse who shall counsel the offender.
 - (1) If the patient continues to refuse, the triage nurse shall complete the DC 442 Refusal of Health and Wellness Care, Treatment and/or Services Against Orders of the Responsible Clinician form.
 - (2) The triage nurse shall document on the DC 442 the specific counseling/education provided to the patient and fax to the calling facility for the patient to sign.
 - (3) The OIC shall fax the signed DC 442 Refusal of Health and Wellness Care, Treatment and/or Services Against Orders of the Responsible Clinician form back to the triage facility.
 - (4) The triage nurse shall scan the signed DC 442 into the patient’s health care record.
 - (5) The OIC shall submit the original signed document the facility nurse at the calling facility.
- (t) The triage nurse/provider shall fax the completed encounter note and transcribed DC 175 Medication Administration Record to the patient’s facility for immediate implementation. The faxed copies shall be given to the facility nurse upon return. The completed DC 175 MAR indicating the ordered medication was given shall be scanned into the patient’s health care record.
- (u) If triage results in the patient being transferred to a hospital, the triage nurse shall enter the consult order into the patient’s health care record.
- (v) The patient’s facility nursing staff shall be responsible for entering the UR at the next business day.

VII. FOLLOW UP

- (a) The triage nurse shall schedule in the patient’s health care record a follow-up triage appointment with the nurse at the calling facility for the next business day.



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VIII. PENDING DISCHARGES FROM COMMUNITY HOSPITALS AFTER HOURS

- (a) If Health and Wellness licensed staff are not on site and the community hospital notifies the facility’s OIC of an offender to be discharged, the OIC shall refer them to their designated telephone triage nurse. The triage nurse shall discuss the patient’s condition with the hospital caseworker or discharging hospital nurse to determine the patient’s current medical needs.
- (b) If the patient’s health care needs/acuity rating has changed, the triage nurse shall work with the OIC to determine the appropriate facility for the patient to be housed.
- (c) The triage nurse shall call the new unit receiving the patient and report to the OIC at that facility or facility nurse.
- (d) The OIC will arrange transportation from the discharging hospital to the appropriate facility.
- (e) Patients shall not be transferred out of community hospitals until an accurate acuity rating is completed and entered into the patient’s health care record.
- (f) The triage nurse shall record the hospital report and disposition in the patient’s health care record.

IX. FACILITIES WITHOUT 24-HOUR NURSING COVERAGE

- (a) Regional Nurse Supervisors shall notify the nurse manager of the triage facility with the following information:
 - (1) Normal health and wellness business days and hours.
 - (2) Scheduled vacation and holidays.
 - (3) Potential issues which may involve triage after business hours.

X. PRESCRIPTION MEDICATIONS

- (a) The officer shall not have prescriptions filled until instructed by the triage nurse.
- (b) The OIC shall obtain prescription medication orders through the triage nurse from the on-call provider.



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- (c) No more than three (3) days' worth of the prescription shall be dispensed unless specified by the triage nurse (depending on the prescription and the number of days until normal health and wellness business hours.)
- (d) The OIC shall coordinate medication packaging and pick up with the triage nurse for any controlled or direct observed therapy medications.
- (e) The triage nurse shall advise the facility OIC regarding directions for administering medication.
- (f) The triage nurse shall complete, as applicable, the DC 175 MAR, and/or DC 175A Controlled Substance Medication Administration Record and fax to the OIC.
- (g) The OIC shall ensure the facility nurse receives the signed medication administration forms on the next health and wellness clinic business day. The facility nurse shall scan the completed medication administrations forms into the patient's health care record.

XI. EMERGENCY REOOM TRIPS

The OIC shall ensure the custody officer transporting the offender to the emergency room has the name and phone number of the triage nurse. The officer shall give the information to the hospital nurse or physician to contact the triage nurse directly to discuss discharge treatment and instructions.

XII. QUALITY CONTROL OF NIGHT BOX

- (a) The Nurse Manager/designee shall be responsible for maintaining contents, quantities (par level) and monitoring monthly for expiration dates.
- (b) Night box shall be kept in a locked area and locked when not in use.
- (c) A list of medications, quantity and expiration dates shall be with the night box.
- (d) Nurse or Medication Technician (Med Tech) shall replenish the night box when a medication is used.
- (e) Assessment equipment shall be sanitized after each use.



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