HEALTH SERVICES POLICY & PROCEDURE MANUAL

PURPOSE

The purpose of Nurse Telephone Triage is to have a registered nurse (RN) evaluate urgent and non-life threatening emergent inmate complaints of illness and injury during the absence of the facility's registered nurse.

POLICY

The **Sick Call** process is to be used for non-urgent and non-emergent complaints of illness and injury. All urgent and non-life threatening emergent inmate complaints of illness and injury will be evaluated by a Registered Nurse and appropriate interventions implemented. In situations of cardiopulmonary arrest or other obvious life threatening situations, 911 is to be activated immediately.

All level 1 and 2 prison facilities will have an assigned triage facility although level 2 facilities have 24 hour/7 day a week nursing coverage. Level 2 facilities will only access telephone triage when no RN is available.

Designated triage facilities will have a Registered Nurse assigned to provide triage services to non-triage facilities. Triage services will provide a means for:

1. evaluating urgent and non-life threatening emergent conditions to determine appropriate interventions by use of triage and established nursing protocols during medical off hours or when only LPN's or medication technicians are on duty,

All registered nurses in the Division of Prisons, regardless if employed at a triage facility or not, will receive orientation to telephone triage. In designated triage facilities, only registered nurses, who have received training and competencies verification can conduct telephone triage.

All level 1 and 2 prison facilities will have "night boxes" for over the counter nursing protocol medications. The OIC will be responsible for securing the night box and for retrieving and distributing medications as ordered by the triage nurse.

Definition

Telephone triage is the process of collecting information over the telephone to determine the level of seriousness of a health problem, and to determine whether medical, dental, nursing, psychosocial, supportive, or informational interventions are needed.

Face-to-face encounter is when the triage nurse requests custody to bring the inmate to the triage facility for the triage nurse to perform an assessment. This may be at the discretion of the nurse or ordered by the on-call physician/dentist. This should be limited to only those facilities in close proximity to the triage facility. If a face-to-face encounter is needed but the inmate is housed in a facility that is a significant distance from the triage facility, the facility nurse may be contacted to come in and see the inmate, or the inmate may be transported to the emergency room. It is at the discretion of the facility nurse manager if the facility has a nurse calling tree for this purpose. Facility nurses will not be on-call.

Emergent is a condition that is acute and potentially threatens life and/or function. It requires immediate medical attention because a delay would be harmful to the patient.

Urgent is a condition that is acute but not severe but requires medical attention within a few hours. The patient is in danger if not attended.

Non-urgent is a condition that is minor or non-acute and does not require immediate attention service

Home Care as referenced in the Triage text refers to interventions done at the inmate's prison facility.

Training and Competency Assessment

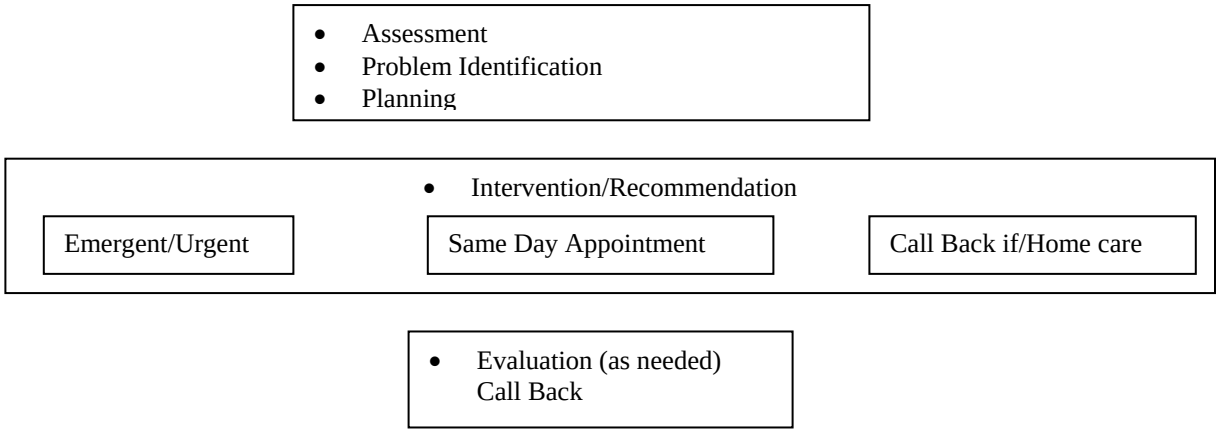
All Facilities: Health Services will provide periodic training on telephone triage to officers and nursing staff. All new officers should receive orientation to telephone triage. All nursing staff will receive orientation to telephone triage within the first 90 days of employment.

Telephone Triage Facilities: The facility nurse manager will be responsible for insuring that within the first 90 days of employment, RN's will receive training and competency evaluation on how to conduct telephone triage as specified in the Nursing Orientation, Training and Competency manual.

Resource Materials

Telephone Health Assessment: Guidelines for Practice by Sandra M. Simonsen, RNP, MSN; publisher Mosby; second edition.

Format of Guidelines Textbook



N.C. Department of Correction's Nursing Protocols

Other materials

Medical Record Forms – "Telephone Triage Consultation", DC-940
"Inmate Self-Med Program Instructions and Agreement" form, DC-762
"Medication Administration Record" form DC-175
"Providers Orders" form DC-834

Phone list of facilities utilizing Telephone Triage
Fax phone numbers of facilities utilizing Telephone Triage

Physician On-Call schedules
Medical Mission and Accesses Spreadsheet
DOC Drug Formulary
OIC Triage Worksheet DC 975

Triage Assessment

Pearls of Excellence in Conducting Telephone Triage

1. Rule out life-threatening emergency first, then proceed with the assessment
2. Speak directly with the inmate patient, if possible, as well as the officer or LPN. Use the speaker phone to involve the patient and officer or LPN in the conference call.
3. Use a systematic approach for assessment. Ask questions concerning systems review.
4. Listen to the caller and consider their emotional response. Is the response inconsistent with the described situation?
5. Do not stereotype. Take the caller seriously, even if they call frequently.
6. Take the time you need to perform a comprehensive assessment. Do not rush the caller
7. Be aware of high-risk situations such as pregnancy-related calls, intense emotional responses, life-threatening situations, elderly, unstable chronic disease and non-English speaking.

PROCEDURE

A. In preparation for the triage call, the OIC will interview the inmate using the OIC Triage Worksheet, DC-975. The information on this worksheet will be needed by the triage nurse and should be obtained prior to calling. The triage nurse may request additional information from the medical record or the inmate.

B. After identifying themselves, the Triage Nurse obtains and records information on the Telephone Triage Consultation form DC-940
   1. Date of Call
   2. Time Call is received
   3. Unit Calling
   4. Unit Phone number and extension
   5. Staff member calling
   6. Inmate name
   7. Inmate OPUS #
   8. Inmate Age

C. The triage nurse then obtains information about the chief complaint or concern from both the officer/LPN/Medication Technician and the inmate patient, if possible. Triage Nurse documents:
   1. description of complaint/concern
   2. onset
   3. prior treatment/interventions used

D. The triage nurse may refer to the following OPUS screens for inmate information:

HS50	HS51	HS65	MS08	MS02
HS10	IP01	MS01	MS10	

E. The triage nurse will conduct a nursing assessment as outlined on the Telephone Triage Consultation form DC-940 and the Telephone Health Assessment: Guidelines for Practice.

F. The triage nurse may need to do a face-to-face encounter with the inmate in order to determine interventions. This should be limited to facilities in close proximity to the triage facility. In this case, the officer will bring the inmate's medical record and the triage nurse will document the face-to-face assessment on the nursing progress notes

Interventions

After evaluating the data obtained from the assessment, the triage nurse will identify interventions from Telephone Health Assessment: Guidelines for Practice and if needed, from the N.C. Department of Correction's Nursing Protocols.

1. The triage nurse may consult with the physician/physician extender/dentist on-call in the respective medical region of the facility that is calling. The on-call physician/dentist may order that an inmate be transported to the triage facility to have a face-to-face encounter with the triage nurse, for additional assessment information, if no limitations due to custody levels or if special arrangements can be approved and made by custody staff. This should be limited only to facilities in close proximity to the triage facility.
2. 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 may instruct the LPN to consult the provider directly to receive instruction, guidance or management of the patient. In such cases, the LPN will inform the triage nurse of the provider's interventions and instructions.
3. Interventions and Dispositions are recorded on the triage form and signed, dated and timed by the triage nurse
4. Standing orders within the nursing protocols are medical orders from the current Medical Director. Implementation of a standing order does not require signature by the facility Primary Care Provider.
5. If additional orders outside of the protocols are needed, the triage nurse, or the LPN if instructed, will obtain them from the on-call provider/dentist. These verbal/telephone orders will be recorded by the triage nurse/LPN using the Provider's Order form DC - 834. The triage nurse will immediately fax the DC-834 to the calling facility to be temporarily placed in the inmate's medical record. The unit physician must sign these orders at their next visit to the facility. A copy of the Provider's Order form is retained by the Triage Nurse and the original is mailed to the facility, at which time the original will replace the temporary order form.
6. If nursing protocol medications located in the night boxes are ordered, the OIC will circle the items on the OIC Triage Worksheet. The worksheet is given to the facility nurse at the next business day for restocking purposes.
7. The triage nurse will give the inmate and the OIC instructions on the nursing interventions and how to take the medication ordered, and will verify with the inmate and OIC if they understand the directions and to call the triage nurse back if needed. The triage nurse will document on the triage form, DC-940, that the inmate and officer were given instructions and understood, and to call back if needed.
8. If the inmate refuses treatment, the officer implements policy AD IV-5, "Inmate Right to Refuse Medical Treatment" using the DC-442 form.

Information Management

A. The triage nurse faxes the triage form to the inmate's facility for immediate implementation. The faxed copy is to be placed temporarily in the inmate's medical record. A copy of the triage form is maintained by the triage facility, and the original triage form is mailed to the inmate's facility. Upon receipt of the original form, the original will replace the temporary triage form.

B. The triage nurse automatically enters the triage encounter into OPUS by typing **MS02 1 inmate's OPUS # date time NTT**.

C. If triage results in an inmate being transferred to a hospital, the inmate's facility nursing staff will be responsible for entering the UR at the next business day.

D. The OIC should record all triage calls and emergency room trips on a log for review by the nurse manager when normal medical business hours resume.

Follow-up

A. The nurse manager at the triage facility will assign a trained employee to conduct call backs. Using the original triage form the triage nurse completed, within 24 hours of the call, the assigned employee will call back to the inmate's facility to follow up on the condition and care of the inmate. This call back will be documented on the triage form, DC-940.

B. The triage nurse manager will keep a copy of the triage form on file in the triage facility, and purge every three years.

Inmates Pending Discharge From Community Hospitals After-Hours

A. During the time a facility is without medical staff on premises, if a community hospital notifies the facility's OIC of an inmate to be discharged, the OIC will refer them to the telephone triage nurse. The triage nurse will discuss the inmate's condition with the hospital caseworker or discharging hospital nurse to determine the inmate's current acuity rating.

B. If the inmate's acuity level is the same as the facility he was housed in, prior to the hospital admission, the inmate may return to that prison facility.

C. If the acuity level has changed, the triage nurse will work with the OIC to determine an appropriate prison facility based on their new acuity rating.
   1) Inmates should not be transferred out of community hospitals until an accurate, current acuity rating is completed and entered on the MS02 screen.
   2) The triage nurse will inform the OIC of the inmate's change in acuity level, and the need for the inmate to be discharged to another prison facility.
   3) The triage nurse will assist the OIC in identifying the appropriate facility by using the Medical Missions and Accesses spreadsheet. The triage nurse will call the new unit receiving the inmate and report to the OIC at that facility or facility nurse.
   4) The OIC will arrange transportation from the discharging hospital to the appropriate facility.

Special Situations For Level 1 and Level 2 Facilities without 24 hour Nursing Coverage

A. Level 1 facility nurse managers, level 2 facilities without 24 hour nursing coverage or the Regional Nurse Supervisors when facilities do not have a nurse manager are to notify the nurse manager of the triage facility with the following information:
   1. Normal medical business days and hours
   2. Scheduled vacation and holidays
   3. Potential issues which may involve triage after business hours.

B. All officers will receive training from the facility nurse manager regarding the distribution of medications to inmates.

C. Nursing coverage for Level I facilities will be either 40 hours a week or 16 hours, 5 days a week, depending on the maximum capacity of the facility. All level 2 facilities should have 24 hour/7 day a week nursing coverage; however during times of staff shortage, the nursing coverage may be less. If an inmate, residing in one of these facilities complains of a medical/dental or mental health urgent and non-life threatening emergent problem during time without coverage, the Officer in Charge (OIC) will contact the facility's assigned triage nurse.

1. If the situation is an emergency, the Emergency Medical Services (EMS) are called instead of the triage nurse and the inmate is transported to the hospital; however, the OIC will inform the triage nurse of the emergency after the inmate is transported. The OIC will follow the established emergency procedure for the facility.

D. Night Box Medication
1. All level 1 and level 2 facilities will have a night box containing over the counter medications used via nursing protocols in specified quantities.
2. Medications from night boxes can ONLY be issued by order of the Triage Nurse during times without nursing coverage.

E. Prescription Medication

Prescription medication orders may be obtained through the triage nurse from the on-call provider or from an emergency room physician. No more than five (5) days worth of the prescription will be dispensed unless specified by the triage nurse (depending on the prescription and the number of days until normal medical business hours.)

F. Emergency Room Trips
1. If an inmate residing in a facility without 24 hour/7 day nursing coverage is seen in an emergency room and the inmate is given a prescription, the OIC will be responsible for insuring the triage nurse is informed <u>prior to</u> having the prescription filled.
2. The OIC will insure that the custody officer transporting the inmate to the emergency room will carry a form with the name and phone number of the triage nurse. The officer will give the form to the hospital and ask the nurse or physician to contact the triage nurse directly to discuss discharge treatment and instructions.
    a. The officer <u>will not</u> have any prescriptions filled until instructed by the triage nurse.
    b. If the emergency room physician orders narcotics or medications not on the Health Services' formulary, the triage nurse will contact the DOP physician/dentist on-call to evaluate use of medication.
    c. The triage nurse will instruct the officer as to the number of doses to request the community pharmacy or nearby starter dose facility to dispense.
    d. Using the following procedure, upon return to the facility, the OIC will give the medication to the inmate as a self-med unless it is a Schedule II narcotic (refer to attachment 1):
        1. The triage nurse will complete, as appropriate, the DC-762, DC-175, and/or DC-175A with the stamp forms and fax to the OIC.
        2. OIC will witness the inmate signing the Self-Medication Agreement forms.
        3. The OIC will insure the facility nurse receives the signed forms on the next Medical Office business day.
        4. For controlled medications, the OIC will be responsible for keeping the control medications under lock and key for distribution of a single dose to the inmate at the appropriate time, as trained. The OIC will sign their name on the DC-175A each time a dose is given to the inmate.
        5. Inmates are not to be transferred from a Level I facility solely because they are ordered a short-term Direct Observation (DOT) medication. Short-term is defined as 14 days or less.
        6. Exception: If it is appropriate for an inmate to receive a Schedule II narcotic, the provider will limit the prescription to 4 days. The OIC will be responsible for keeping the control drug under lock and key, and for distributing the one dose to the inmate at the appropriate time, as trained. The OIC will sign their name on the DC-175A each time a dose is given to the inmate.

7. At the next business day, the facility nurse will evaluate the inmate's acuity level and consult the provider for the need to continue the Schedule II narcotic. If the inmate continues to need the Schedule II narcotic, the inmate may be transferred to an appropriate acuity facility.

Monthly Performance Improvement Reports

1. Each triage facility will maintain the Telephone Triage Monthly Log (attachment 2).
2. At the end of the month the nurse manager will total the data and forward the log to their respective Assistant Director of Nursing (ADON).
3. The ADON's and in-patient DON's will submit the report to the Nursing Administration designee.
4. The Nursing Administration designee will compile the statewide report and write an analysis. The report and analysis will be submitted to the DOP Director of Nursing.
5. The DOP Director of Nursing will evaluate and distribute report to Health Services' Deputy Medical Director and pertinent parties.

Quality Control of Night Box Medications and Telephone Triage Calls

1. Nurse Manager is responsible for maintaining contents, quantities (par level) and monitoring for expiration dates of medications in night box.
2. Night box will be kept in a locked area in the OIC's Office
3. Night Box will be kept locked when not in use
4. A list of medications, quantity and expiration dates of medication contained in the night box is to be attached to medication night box
5. Nurse or Medication Technician (Med Tech) is to replenish night box as medication is used.
6. The OIC Triage form DC-975, DC 175, DC 834 , DC940 and the Triage/ER log must be collected and reviewed by a registered nurse when normal medical business hours resume.

9-7-07

Paula Y. Smith, M.D., Director of Health Services Date

SOR: Director of Nursing

Attachment 1

SCHEDULE II NARCOTICS

SUBSTANCE	OTHER NAMES
Amobarbitl	Amytal, Tuinal
Amphetamine	Dexedrine, Biphetamine
Anileridine	Leritine
Bezitramide	Burgodin
Carfentanil	Widnil
Dextropropoxyphene	Propoxyphene
Diphenoxylate	
Diprenorphine	M50-50
Ethylmorphine	Dionin
Etophrine HCL	M99
Fentanyl	Innovar, Sublimaze, Duragesic
Glutethimide	Doriden, Dorimide
Hydrocodone	Vicodin
Hydromorphone	Dilaudid, Hydromorph Contin
Levo-alphacetylmethadol	
Levorphanol	Levo-dromoran
Meperidine	Demerol, Mepergan, Pethidine
Metazocine	
Methadone	Dolophine, Methadose, Amidone
Methamphetamine	Desoxyn, D-desoxyephedrine
Methylphenidate	Ritalin
Metopon	
Moramide	
Morphine	MS Contin, Roxanol, Duramorph, RMS, MSIR
Nabilone	Cesamet
Opium	
Oxycodone	OxyContin, Percocet, Tylox, Roxicodone, Roxicet
Oxymorphone	Numorphan
Pentobarbital	Nembutal
Phenazocine	Narphen, Prinadol
Phencyclidine	PCP, Smrnylan
Phenmetrazine	Preludin
Pheylacetone	P2P, phenyl-2-propanone, benzyl methyl ketone
Racemethorphan	
Racemorphan	Dormoran
Remifentanil	Utiva
Secobarbital	Seconal, Tuinal
Sufentanil	Sufenta
Thebaine	

Attachment 2

TELEPHONE TRIAGE MONTHLY LOG

_____(facility) **_____(Month and Year)**

Date	Time	Unit	Complaint	Nsg Protocol/Education	Notified On-Call Provider	Called in Rx	Pulled Starter	Face to Face Encounter	Sent to ER

MONTHLY TOTALS												Comments
Triage Calls												
Nurse Protocol/ed only												
On-call provider notified												
Calls from hospital Nurse/ER												
Face to Face Encounters												
ER Referrals												