Title: Triage Policy

Applies to: Lakeside Family Physicians and Lakeside Primary Care

Number: PPC – 1.A.3 and 1.A.5

Determining through Triage how soon a patient needs to be seen based on patient’s condition and the appropriate care setting to address that condition (office, urgent care, hospital)

I. SCOPE/PURPOSE

Lakeside Family Physicians and Lakeside Primary Care strive to facilitate appropriate communication between the patient and the primary care provider within a reasonable period. Our physicians are committed to providing open and accessible care to our patients beyond the traditional scope of practice requiring face-to-face evaluation and management.

The purpose of this policy is to provide guidelines to healthcare staff concerning how soon a telephone or walk-in inquiry during regular business hours seeking treatment requires evaluation by a physician. By assessing the patients’ symptoms and applying the pathway below, healthcare staff will determine the most appropriate setting for the individual patient and his or her situation and the timeframe by which patient receives medical attention.

II. POLICY

The severity and length of the illness and/or injury along with the level of pain described will contribute to the decision made by the healthcare team on how to apply the pathway of care as provided by the physician (See Below). The healthcare team will ensure the safe, timely, and effective care to each patient’s individual needs for treatment in the appropriate setting. The physicians' schedules will permit same day appointments.

III. QUALIFIED PERSONNEL

Members of the healthcare team within the scope of their practice.
IV. PROCEDURE

Emergent Calls/Walk-Ins

In the event that a patient presents to or calls the practice, or if a patient representative calls the practice, reporting any of the signs or symptoms on the Emergent Calls List (Appendix A), the following steps will be taken immediately:

1. If patient presents to the office, clinical staff will assess patient immediately to determine urgent/emergent status and notify the provider to determine appropriate course of action and/or call 911;

2. If patient or patient representative calls the practice, healthcare staff will advise the caller to hang-up and dial 911.

Urgent Calls/Walk-Ins

In the event that patient presents to or calls the practice, or if a patient representative calls the practice reporting any of the signs or symptoms noted on the Urgent Calls List (Appendix B), the following steps will be taken:

1. If patient presents to the office, clinical staff will assess patient quickly to determine urgent/emergent status and appropriate course of action.

2. If patient or patient representative calls your office with signs or symptoms on the urgent list, clinical staff will be given the call immediately to determine best course of action and direct patient to most appropriate facility to receive care using the following guidelines. Most appropriate course of action would be to see this patient in the practice same day.

Non-Emergent/Non-Urgent Calls/Walk-ins

If the patient presents to or calls the practice, or if a patient representative calls the practice and signs/symptoms are not deemed to be urgent or life-threatening:

A same day appointment will be made or patient will be offered opportunity to schedule appointment at patients’ convenience

A note will be sent to clinical staff to call patient to assess need, determine course of action and/or discuss with provider to determine most appropriate setting for treatment

If patient chooses not to be seen the same day, patient will be provided instructions on where to seek treatment should
symptoms worsen, including calling 911, a contact number and the hours of operation for the recommended facility and/or to seek treatment in the local emergency department.

(Appendix A)

**Emergent Calls List**

If patient presents to your office complaining of any of the following symptoms, request assistance immediately from clinical personnel and call 911:

If you receive a call from a patient or patient representative stating any of the complaints below, keep caller on the line and have someone call 911:

- Difficulty breathing, speaking, or swallowing
- Uncontrollable bleeding
- Chest pain with or without discomfort (jaw, arm, neck pain and or c/o heaviness in chest, sweating)
- Inability to walk, talk, or move limb
- Bone protruding from skin
- Neurological symptoms (seizures, changes in normal behavior for patient examples are: (extremely hard to arouse, excessively fussy, loss of consciousness, confusion)
- Head Trauma with behavioral changes and or recurrent vomiting
- Suicide threats or attempts, rape, or abuse
Appendix B

Urgent Calls List

If patient or patient representative presents to or calls practice reporting any of the following symptoms, notify clinical staff to assess patient or speak with caller as quickly as possible:

- Fever in infant under three months of age
- Fever 104.5 or greater
- Purple or blood colored rash
- Abdominal Pain
- Testicular Pain
- Extremely anxious caller
- Severe Pain of any kind
- Inconsolable crying in child or infant
- Patient or patient representative has called more than one time about same complaint in last 24-48 hours

If a patient presents in the office with any of the above signs or symptoms, a member of the healthcare team will assess ASAP to assess and direct to appropriate level of care in a timely manner.

Poisoning, ingestion –Have patient or representative to call poison control immediately @ 1-800-848-6946 or 1-800-222-1222. Make sure note is taken and advise patient or patient representative to call for follow up of care

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<tr>
<th>SUBMITTED BY:</th>
<th>PCMH Committee</th>
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<tbody>
<tr>
<td>APPROVED BY:</td>
<td>Policy Committee, Lead Physicians</td>
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<tr>
<td></td>
<td>Dr. David Cook, Medical Director</td>
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<td>INITIAL EFFECTIVE DATE:</td>
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