

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prison

SECTION: Care and Treatment of
Offender

POLICY # TX I-8

PAGE 1 of 9

SUBJECT: Telephone Triage

EFFECTIVE DATE: January 2017
SUPERCEDES DATE: September 2007

Reference:

ACA

Standard 4th Edition 4-4376

PURPOSE

To have a registered nurse (RN) evaluate urgent and non-life threatening emergent offender complaints of illness and injury during the absence of the facility's registered nurse and/or provider.

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 offender complaints of illness and injury will be evaluated by a Licensed Nurse and appropriate interventions implemented. In situations of cardiopulmonary arrest or other obvious life threatening situations, 911 is to be activated immediately.

Prison facilities shall only access telephone triage when no RN/Provider is available.

Designated triage facilities shall have a Registered Nurse assigned to provide triage services to non-triage facilities. Triage services shall 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 LPNs or medication technicians are on duty,

All facilities without 24 hours/7 day nursing coverage shall 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 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 act that occurs when the triage nurse requests custody to bring the offender to the triage facility for the triage nurse to perform an assessment; 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; otherwise the offender shall be transported for care per telephone triage nurse or providers direction.

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

Urgent - a condition that is acute but not severe but requires medical attention within a few hours; the offender is in danger if he/she does not receive care.

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

Home Care - refers to interventions done at the offender'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, prior to being given assignment of calling 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. RN's may not conduct telephone triage until the training and competency is completed.

Resource Materials

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

Format of Guidelines Textbook

- Assessment
- Problem Identification
- Planning

- Intervention/Recommendation

Emergent/Urgent

Same Day Appointment

Call Back if/Home care

- Evaluation (as needed)
Call Back

N.C. Department of Public Safety's Nursing Protocols

Other materials

Medical Record Forms HERO Computer Access

“Medication Administration Record” form DC-175 or DC -175A

“Providers Orders” form DC-834 for narcotic orders

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Phone list of facilities utilizing Telephone Triage
Fax phone numbers of facilities utilizing Telephone Triage
Physician On-Call schedules
Medical Mission and Accesses Spreadsheet
DPS 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 offender, if possible, as well as the officer or LPN. Use the speaker phone to involve the offender 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 offender 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.
- B. After identifying themselves, the Triage Nurse obtains and records the following in the offender health care record by choosing DPS-DPS as the security complex and choosing his/her current facility as complex documenting from.
 1. Time Call is received
 2. Unit Calling
 3. Unit Phone number and extension
 4. Staff member calling
 5. Offender Age
- C. The triage nurse then obtains information about the chief complaint or concern from both the officer/LPN/Medication Technician and the offender, when possible. Triage Nurse documents:
 1. description of complaint/concern
 2. onset of symptoms
 3. prior treatment/interventions used
- D. The triage nurse may refer to the offender Health Summary for additional patient information.
- E. The triage nurse will conduct a nursing assessment as outlined in the Telephone Health Assessment: Guidelines for Practice, document findings in the electronic health care record and select co-payment charge as appropriate.

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- F. The triage nurse may need to do a face-to-face encounter with the offender in order to determine interventions. This should be limited to facilities in close proximity to the triage facility.

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 Public Safety'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 offender 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 offender.
3. Interventions and Dispositions are recorded in the electronic health record 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 electronic health record. The triage nurse will schedule a triage follow up for nurse at calling facility for the next day. The ordering physician must be marked as the co-signing provider of these orders, The unit provider will be marked as the reviewing provider
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 offender and the OIC instructions on the nursing interventions transcribe medication orders on a MAR and give directions and how to take the medication ordered. The Triage nurse will verify with the offender and OIC if they understand the directions and to call the triage nurse back if needed. The triage nurse will document that the offender and officer were given instructions and understood, and to call back if needed.
8. If the offender refuses treatment, the officer implements policy AD IV-5, "Offender Right to Refuse Medical Treatment. The officer will notify the triage nurse who will counsel the offender. If the offender continues to refuse, the triage nurse will complete and fax the refusal form from the electronic health record to the facility for the offender to sign. It will be given to the nurse at calling facility upon return.

Information Management

- A. The triage nurse faxes the completed encounter note and transcribed medication administration records to the offender's facility for immediate implementation. The faxed copy is to be given to the facility nurse upon return.
- B. If triage results in an offender being transferred to a hospital, the offender's facility nursing staff will be responsible for entering the UR at the next business day.

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- C. 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 within 24 hours of the call. Using the telephone triage nurse's note completed by the triage nurse, the assigned employee will call back to the offender's facility to follow up on the condition and care of the offender. This call back will be documented in the electronic health record using telephone triage as the encounter type.
- B. The triage nurse manager will keep a copy of the triage note on file in the triage facility for call back purposes, and purge after call back has been completed and documented.
- C. The nurse at home camp will verify charge and acuity are correct, assess offender and document in electronic health record upon return on next business day.

Offenders 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 offender to be discharged, the OIC will refer them to the telephone triage nurse. The triage nurse will discuss the offender's condition with the hospital caseworker or discharging hospital nurse to determine the offender's current acuity rating.
- B. If the offender's acuity level is the same as the facility he was housed in, prior to the hospital admission, the offender may return to that prison facility. The nurse will record the hospital report in the patient's record.
- 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) Offenders should not be transferred out of community hospitals until an accurate, current acuity rating is completed and entered into the electronic healthcare record.
 - 2) The triage nurse will inform the OIC of the offender's change in acuity level, and the need for the offender 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 offender 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.
- D. The triage nurse will record the hospital report and disposition in the offender's health care record.

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

- A. Acuity 1 and 2 facility (facilities without 24 hour nursing coverage) or the Facility Nurse Manager 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.

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- B. Designated correctional staff of Acuity 1 and 2 facilities will receive training from the facility nurse manager regarding the distribution of medications to offenders.
- C. At any facility with less than 24 hour/7 day a week nursing, if an offender 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.
- D. If the situation is an emergency, the Emergency Medical Services (EMS) are called instead of the triage nurse and the offender is transported to the hospital; however, the OIC will inform the triage nurse of the emergency after the offender is transported. The OIC will follow the established emergency procedure for the facility. The triage nurse will notify the on-call provider, document the event and complete a non-medication order in the electronic health record as "Nursing instructions – Transport to local emergency room by EMS"
- E. Night Box Medication
1. All acuity1 and acuity 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.
- F. Prescription Medication
- Prescription medication orders may be obtained through the triage nurse from the on-call provider . 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.)
- G. Emergency Room Trips
1. If an offender residing in a facility without 24 hour/7 day nursing coverage is seen in an emergency room and the offender is given a prescription, the OIC will be responsible for insuring the triage nurse is informed prior to having the prescription filled.
 2. The OIC will insure that the custody officer transporting the offender 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 will not have any prescriptions filled until instructed by the triage nurse.
 - b. If the emergency room physician orders narcotics or medications, 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. The triage nurse will advise the facility OIC regarding directions for administering medication.
1. The triage nurse will complete, as appropriate, the DC-175, and/or DC-175A and fax to the OIC.
 2. OIC will issue the offender a Self-Medication Administration handout.
 3. The OIC will insure the facility nurse receives the signed medication administration 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 offender at the appropriate time, as

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trained. The OIC will sign their name on the DC-175A each time a dose is given to the offender.

5. Offenders are not to be transferred from acuity 1 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 offender 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 offender at the appropriate time, as trained. The OIC will sign their name on the DC-175A each time a dose is given to the offender.
7. At the next business day, the facility nurse will evaluate the offender's acuity level and consult the provider for the need to continue the Schedule II narcotic. If the offender continues to need the Schedule II narcotic, the offender may be transferred to an appropriate acuity facility.
8. The facility nurse will scan all DC-175 and 175A's into the document manager of the offender health care record.

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, and the Triage/ER log must be collected and reviewed by a registered nurse when normal medical business hours resume.



1/31/2017

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

Date

SOR: Director of Nursing

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Attachment 1

SCHEDULE II NARCOTICS

SUBSTANCE	OTHER NAMES
Amobarbitil	Amytal, Tuinal
Amphetamine	Dexedrine, Biphedamine
Anileridine	Leritine
Bezitramide	Burgodin
Carfentanil	Widnil
Dextropropoxyphene	Propoxyphene
Diphenoxylate	
Diprenorphine	M50-50
Ethylmorphine	Dionin
Etoprine HCL	M99
Fentanyl	Innovar, Sublimaze, Duragesic
Glutethimide	Doriden, Dorimide
Hydrocodone	Vicodin
Hydromorphone	Dilaudid, Hydromorph Contin
Levo-alphaacetylmethadol	
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	

