

Saint Elizabeth Telephone Line To Care
Triage Call Documentation Report
(402) 219-5354
Date:01/30/2009

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Patient Name: CHILD TEST PATIENT Call Date: 01/30/2009 18:30

Patient Name: CHILD TEST PATIENT PCP: PEDI MD
Patient Addr: Saint Elizabeth Lane Spec:
Lincoln NE 68510 Age: 08 mos. Sex: F
Phone: Day (402) 555-5555 Eve. (402) 555-5556 Operator: Anita L., R.N.
Birthdate: 01/30/2008 Insurance: BCBS--PPO BCPP
Diagnosed Problem
Born healthy
Medications
Denies
Known Allergies/Reactions
NKMA

PRESENTING PROBLEM

Mom Katie states "She has had a cold for a couple of days and now has temp of 104.2 R"
Temp had been about 101
Fever started today
Gave Tylenol about an hour and a half ago - 0.8 ml
Drinking less than normal
Still has wet diapers
Nasal discharge is clear
Not a constant cough - wet cough
Mom concerned about fever
Wt 20 pounds

GUIDELINE USED: Colds (Pediatric)

REASON FOR DISPOSITION:

Cold with no complications (all triage questions negative)
Patient also has mild cough

RECOMMENDED DISPOSITION: Provide Home/Self Care

CARE ADVICE

GUIDELINE USED: Colds (Pediatric)

REASSURE the CALLER: It sounds like an uncomplicated cold that we can treat at home.

RUNNY NOSE with profuse discharge: blow or suction the nose

- Reassure parent that nasal mucus and discharge is washing viruses and bacteria out of nose and sinuses

- Blowing the nose is all that's needed. For younger children, use nasal suction.

- Apply petroleum jelly to the nasal openings to protect them from irritation (Cleanse the skin first)

MEDICINES: Most cold medicines are not helpful. They can't remove dried mucus from the nose. Antihistamines are only helpful if your child also has nasal allergies.

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MEDICINES:

-Most cold medicines are not helpful. They can't remove dried mucus from the nose.

-ANTIHTAMINES are not helpful unless your child also has nasal allergies.

-NO Antibiotics: Antibiotics are not helpful unless your child develops an ear or sinus infection.

-DECONGESTANTS: OTC decongestants (Pseudoephedrine or Phenylephrine) are not recommended. May reduce nasal congestion in some children, but may have side effects. NEVER use before 4 years old (Reason: not approved by FDA). THESE OVER THE COUNTER COLD/COUGH MEDICATIONS THAT COULD PUT YOUR CHILD AT RISK FOR COMPLICATION SUCH AS HIGH BLOOD PRESSURE, SEIZURES, SLEEP APNEA AND SIDS

-NOTE: Phenylephrine has replaced pseudoephedrine in many cold medications.

BLOCKED NOSE: If the nose appears to be blocked and the caller hasn't used an appropriate technique for opening it, explain how to do it.

BLOCKED NOSE: Use Nasal Washes (Reason: suction alone can't remove dried or sticky mucus.)

- Use warm water or saline nose drops to loosen up the dried mucus, followed by blowing or suctioning. Instill 2-3 drops in each nostril. (Caution: if <1 yr, use 1 drop at a time. Repeat nose drops until clear.

- Do nasal washes at least qid or whenever your child can't breathe through the nose.

- Saline nosedrops: add 1/2 tsp salt to 1 cup (8 oz) of warm water. (Other option: warm shower.)

- Importance: A young infant can't nurse or drink from a bottle unless the nose is open.

- HUMIDIFIER: If the air in your home is dry, use a humidifier.

TREATMENT for ASSOCIATED SYMPTOMS of colds.

- For muscle aches, headaches, or moderate fever (>102 degrees F) (38.9 C) use acetaminophen q 4 hours OR ibuprofen q 6 hours as needed (See Dosage table)

EXPECTED COURSE: Fever 2-3 days, nasal discharge 7-10 days, cough 2-3 weeks.

CALL BACK IF

- Fever lasts > 3 days (any fever occurs if < 12 weeks old)

- Can't unblock the nose with repeated nasal washes

PATIENT/CALLER UNDERSTANDING

Patient/care giver was able to repeat the instructions in his or her own words.

PATIENT/CALLER INTENDED ACTION

Patient/Caregiver will comply with recommended disposition.

NOTES

Told mom that if her temp goes over 105 degrees, she would need to be seen in ER tonight.