

SELDOC Telephone Triage Protocol – Six Easy Steps

- 1. Introduction:** Introduce yourself including your title Dr ---- from SELDOC GP OOH Service. Ask to speak to the patient and if you can't, identify who you are speaking to and why you can't speak to the patient.
- 2. HPC:** Take the history of presenting complaint specifically enquiring about any **RED FLAGS!**
- 3. PMH:** Check the patient's past medical history/ regular medications/ any medications including OTC taken for the current complaint/ allergies/ relevant social history (all the above include Red Flags) Does the patient live alone? Do they have any carers? Are they a carer for someone else? If they live in a home is it a residential or nursing home? If it's a respiratory complaint, do they smoke? If it's a mental health patient, ask about alcohol/ recreational drug use. If it's diarrhoea, ask about recent travel. For Children take a pregnancy/birth and immunisation history.
- 4. Clinical Decision:** The clinician then makes a **CLINICALLY SAFE DECISION** based on the **CLINICAL RISK** (the worst possible differential diagnosis).

A- Telephone Advice

B- Face to Face Assessment

If F2F, what is the Priority? Emergency/ Urgent/ Routine

Where does the patient need to be seen? A+E/ Base Appointment / Home Visit

- 5. Practical Decision:** GP forms the actual plan based on their own clinical decision and the patient's wishes/ social circumstances.

"What are the patient's **ideas, concerns** and **expectations** around their illness and the service SELDOC provides"

- 6. SAFETY NET:** Unless the case ends with an urgent 999 call the GP **MUST** Safety Net before ending the call specifying **exactly what 'red flag' symptoms of deterioration the patient should look out for and what to do if they occur.**

Golden Rules

- If a GP thinks a patient requires an ambulance (whether it's an emergency, or for patient transport) **THE DOCTOR MUST CALL 999** as they can give the most accurate clinical details.
- Home visits should *ideally* be reserved only for patient's that are medically bed bound or house bound e.g. terminally ill, disabled, elderly. **HOWEVER** if a patient is 'socially housebound' and they require a F2F assessment, then it is the GP's clinical responsibility to ensure that they are seen F2F.
- Always think about – any Safeguarding issues?

