

NCIS Office Briefing Note 008

NCIS Telephone Triage Assessment Form

Introduction

- The Telephone Triage Assessment Form is now available in NCIS.Chart. This form has been based on the UKONS 24 - Hour Triage Tool Log Sheet (Version 2, 2016)
https://www.ukons.org/site/assets/files/1134/oncology_haematology_24_hour_triage.pdf
- Triage practitioners who have access to NCIS can now consider the local implementation of this form.

Background

UKONS 24 - Hour Triage Tool Log Sheet

The Triage Log Sheet is a standardised format for recording telephone triage consultations. Triage Practitioners follow a sequence of questions and direct patients to the best advice and actions. The UKONS Toolkit has been disseminated to hospitals providing Systemic Anti-Cancer Therapy, where practitioners are aware of the importance of referring to the official UKONS Information and Instruction Manual when using this resource.

Where is this form located?

The NCIS Telephone Triage Assessment form is located in the Assessment Tab of NCIS.Chart

What does the form look like?

The NCIS.Chart form contains each field outlined in the UKONS Triage Log Sheet. Radio buttons for each category are available with related Red, Amber, Green Scoring included. There are sections to record comments and actions taken.

Telephone Triage

Consultant

i

*

Has the caller contacted the advice line previously

☐ yes

☐ no

Enquiry Details

Date

Time

Who is calling?

Contact no

Drop in

☐ yes

☐ no

Reason for call [+ / -]

(in patients own words)

Is the patient on active treatment?

SACT

☐

Immunotherapy

☐

Radiotherapy

☐

Other

☐

Supportive

☐

No

☐

State regimen

Are they part of a clinical trial

☐ yes

☐ no

When did the patient last receive treatment?

☐ 1-7 days

☐ 8-14 days

☐ 15-28 days

☐ Over 4 weeks

What is the patients temperature?

°C

(Please note that hypothermia is a significant indicator of sepsis)

Has the patient taken any anti-pyretic medication in the previous 4-6 hours

☐ yes

☐ no

Does the patient have a central line?

☐ yes

☐ no

Infusional pump in situ

☐ yes

☐ no

CAUTION! Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise / 24 hour follow up / Assess

Fever - on SACT

☐ Advise

☐ Assess

Chest pain

☐ Advise

☐ Assess

Dyspnoea/shortness of breath

☐ Advise

☐ 24h follow up

☐ Assess

Performance Status

☐ Advise

☐ 24h follow up

☐ Assess

Diarrhoea

☐ Advise

☐ 24h follow up

☐ Assess

Constipation

☐ Advise

☐ 24h follow up

☐ Assess

Urinary disorder

☐ Advise

☐ 24h follow up

☐ Assess

Fever

☐ Advise

☐ 24h follow up

☐ Assess

Infection

☐ Advise

☐ 24h follow up

☐ Assess

Nausea

☐ Advise

☐ 24h follow up

☐ Assess

Vomiting

☐ Advise

☐ 24h follow up

☐ Assess

Oral/stomatitis

☐ Advise

☐ 24h follow up

☐ Assess

Anorexia

☐ Advise

☐ 24h follow up

☐ Assess

Pain

☐ Advise

☐ 24h follow up

☐ Assess

Neurosensory/motor

☐ Advise

☐ 24h follow up

☐ Assess

Confusion/cognitive disturbance

☐ Advise

☐ 24h follow up

☐ Assess

Fatigue

☐ Advise

☐ 24h follow up

☐ Assess

Rash

☐ Advise

☐ 24h follow up

☐ Assess

Bleeding

☐ Advise

☐ 24h follow up

☐ Assess

Bruising

☐ Advise

☐ 24h follow up

☐ Assess

Ocular/eye problems

☐ Advise

☐ 24h follow up

☐ Assess

Palmar Plantar syndrome

☐ Advise

☐ 24h follow up

☐ Assess

Extravasation

☐ Advise

☐ 24h follow up

☐ Assess

Other, please state

Significant medical history

Current medication

Action Taken [+ / -]

Attending for assessment, receiving team contacted

☐ yes

☐ no

Triage practitioner

Date

Time

Follow Up Action Taken [+ / -]

Consultants team contacted

☐ yes

☐ no

Date

Time

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What additional features does this form offer?

A Red, Amber or Green (RAG) indicator is displayed once a follow up category is selected according to the UKONS Toolkit scoring.

CAUTION! Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise / 24 hour follow up / **RED**

Fever - on SACT	<input type="radio"/> Advise	<input checked="" type="radio"/> Assess
Chest pain	<input type="radio"/> Advise	<input type="radio"/> Assess
Dyspnoea/shortness of breath	<input type="radio"/> Advise	<input checked="" type="radio"/> 24h follow up
Performance Status	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Diarrhoea	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Constipation	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Urinary disorder	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Fever	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Infection	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Nausea	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Vomiting	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Oral/stomatitis	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Anorexia	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Pain	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Neurosensory/motor	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Confusion/cognitive disturbance	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Fatigue	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Rash	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Bleeding	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Bruising	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Ocular/eye problems	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Palmar Plantar syndrome	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Extravasation	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Other, please state	<input type="text"/>	

Significant medical history

Current medication

Action Taken [+ / -]

COMMENT ON ADVICE CAN BE ENTERED HERE.
COMMENT ON ACTION TAKEN CAN ALSO BE NOTED HERE.

The RAG functionality will display **RED** where any 'Assess' category is selected, or where 2 or more '24hr-follow up' categories are selected.

Red toxicity or problem requires URGENT assessment by team +/- admission

CAUTION! Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

Advise / **24 hour follow up** / Assess

Fever - on SACT	<input checked="" type="radio"/> Advise	<input type="radio"/> Assess
Chest pain	<input type="radio"/> Advise	<input type="radio"/> Assess
Dyspnoea/shortness of breath	<input type="radio"/> Advise	<input checked="" type="radio"/> 24h follow up
Performance Status	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Diarrhoea	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Constipation	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Urinary disorder	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Fever	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Infection	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Nausea	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Vomiting	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Oral/stomatitis	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Anorexia	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Pain	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Neurosensory/motor	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Confusion/cognitive disturbance	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Fatigue	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Rash	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Bleeding	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Bruising	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Ocular/eye problems	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Palmar Plantar syndrome	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Extravasation	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Other, please state	<input type="text"/>	

Significant medical history

Current medication

Action Taken [+ / -]

COMMENT ON ADVICE CAN BE ENTERED HERE.

The RAG functionality will display **AMBER** where a single '24hr-follow up' category is selected.

1 Amber requires follow up/review within 24 hours. Self-care advice and warning statement for the caller, asking them to call back immediately if they notice any change or deterioration

2 or more ambers = RED

CAUTION! Please note patients who are receiving or have received **IMMUNOTHERAPY** may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment.

GREEN / 24 hour follow up / Assess

Fever - on SACT	<input checked="" type="radio"/> Advise	<input type="radio"/> Assess
Chest pain	<input type="radio"/> Advise	<input type="radio"/> Assess
Dyspnoea/shortness of breath	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Performance Status	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Diarrhoea	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Constipation	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Urinary disorder	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Fever	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Infection	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Nausea	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Vomiting	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Oral/stomatitis	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Anorexia	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Pain	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Neurosensory/motor	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Confusion/cognitive disturbance	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Fatigue	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Rash	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Bleeding	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Bruising	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Ocular/eye problems	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Palmar Plantar syndrome	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Extravasation	<input type="radio"/> Advise	<input type="radio"/> 24h follow up
Other, please state	<input type="text"/>	

Significant medical history

Current medication

Action Taken [+ / -]

The RAG functionality will display **GREEN** where any only Advice categories are selected.

Toxicity/problem may be managed at home. This category prompts the practitioner to offer the relevant Self-care advice and warning statement for the caller, asking them to call back immediately if they notice any change or deterioration.