Phone Advice

National Pediatric Nighttime Curriculum
Written by Jessica Myers, MD
Lucile Packard Children’s Hospital at Stanford
Objectives

1. Identify the goals of phone advice
2. Review techniques for gathering medical information over the phone
3. Identify important components of phone advice documentation
4. Review options for management and disposition
Goals of Phone Advice

1. Answer simple medical questions
2. Advise disposition for a patient
   (e.g., if needs to be seen immediately or can wait to be seen)
3. Recommend treatment if possible

_Triage_

*Diagnosis may *NOT* be necessary*
Why is Phone Advice Important?

- 2/3 of calls from parents who initially intended to go to ED were deemed not urgent by call center
- 15% of calls from parents who intended to stay home were deemed urgent
- $50 per call saved if advice followed
- Statistically significant difference in satisfaction with care between parents using phone advice vs. other means
History over the Phone

- Get a call back number
- Start with most acute symptoms
- Use yes/no, either/or questions
- Avoid medical jargon
- Review problem list & PCP (confirm online if possible)
Social History

- May alter the patient’s disposition

<table>
<thead>
<tr>
<th>Social Factors – RATE the Patient</th>
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<tbody>
<tr>
<td>• Reliability</td>
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<tr>
<td>- Barriers from language, confusion, intoxication or limited education</td>
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<tr>
<td>- Second-party callers</td>
</tr>
<tr>
<td>- Truthfulness</td>
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<tr>
<td>• Abuse</td>
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<tr>
<td>- Partner and elder abuse</td>
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<tr>
<td>- Drug and alcohol abuse</td>
</tr>
<tr>
<td>• Travel Distance and Access</td>
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<tr>
<td>- Distance from hospital and office</td>
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<td>- Access to car or other transportation</td>
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<td>- Ambulatory or bedridden</td>
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<td>• Emotional</td>
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<td>- Anxiety, fear, hysteria</td>
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Physical Exam Over the Phone

- Mental Status
  - Sleepy, playful
- Respiratory
  - Cyanosis, respiratory rate, retractions
- Dehydration
  - Dry membranes
- Skin
  - Description of rashes
Management Options

- Where to Triage:
  - 911
  - ED immediately
  - Urgent Care
  - PCP next day
  - Phone follow up
  - Home care

- Prescriptions: Simple prescriptions or refills

- **ALWAYS** review precautions
  - Signs/symptoms for the parents to be aware of and return to medical attention if present
Documentation Tips

- Name of caller, relationship, patient DOB
- Medication dosages if
  - Specific medication question
  - Adverse reaction or side effect suspected
  - Calling in prescription, include pharmacy name
- Allergies if
  - Chief complaint of rash
  - Recommending treatment
- Specifics of disposition and call back reasons
  - Name of PMD for follow up, when phone follow up done
  - When 911 was called, name of emergency room
Resources: Barton Schmitt Manuals

No financial conflicts of interest to disclose
Earache

- SYMPTOM DEFINITION -
  * Pain or discomfort in or around the ear * Child reports "Ear hurts" and nonverbal child acts like he did with previous ear infection and/or awakening during a cold * Includes child who reports pain at ear, an ear infection and an earache has returned but pain is not due to a traumatic injury

- INITIAL ASSESSMENT QUESTIONS -
  1. LOCATION: "Which ear is involved?" 2. ONSET: "When did the ear start hurting?" 3. SEVERITY: "How bad is the pain?" (Dull earache vs screaming with pain) * MILD: doesn't interfere with normal activities - MODERATE: interferes with normal activities or awakens from sleep - SEVERE: excruciating pain, can't do any normal activities
  4. URI SYMPTOMS: "Does your child have a runny nose or cough?" 5. FEVER: "Does your child have a fever?" If so, ask: "What is it, how was it measured and when did it start?" 6. CHILD'S APPEARANCE: "How does your child look?" "What is he doing right now?" 7. CAUSE: "What do you think is causing this earache?"

- BACKGROUND INFORMATION -
  * CAUSE: Usually due to an ear infection (otitis media) * Ear infections peak at age 6 months to 2 years * The onset of ear infections peak on day 3 of a cold
  * AAP GUIDELINES: TREATING MILD OTITIS MEDIA WITH ANALGESICS RATHER THAN ANTIBIOTICS (2011) * Because of rising antibiotic resistance, recent AAP clinical practice guidelines have focused on reducing the use of antibiotics for non-severe cases of ear infection
  * "Non-severe otitis is defined as MILD: Pain, little or no fever (36.5 C or lower). The safest age group for observation is children age 2 years. * If all 3 criteria are present, these children can be offered symptomatic care and safely observed for 48 to 72 hours.
  * In follow-up, ear symptoms improved in 60% by 24 hours and resolved spontaneously in 75% by 7 days.
  * This approach assumes that all children with ear pain are examined but the AAP does not give a timeline. * If the children over age 2 years with mild earache and no fevers were seen within 72 hours during office hours (rather than within 24 hours), many weekend ED referrals could be prevented.
  * The 2008 Earache guideline now uses these recommendations to defer visits of low-risk children with earache until office hours. Again, the 3 low risk factors used in the guideline are: age > 2 years, MILD otalgia (earache) and no fever (rather than the AAP cutoff of fever < 102 F or 39 C).
Resources: KidsDoc

At any time can connect to 911 or PMD
Resources: KidsDoc

Automatic links to closest ED or PMD
Case 1

You are the resident on-call and take the following phone advice call from a parent.

“Eva has been spitting up.”

What do you want to know? What is your advice?
Case 2

You are the resident covering after hours urgent care and take the following phone advice call from a patient’s parent.

“Billy has a rash all over”

What do you want to know?

What is your advice?
Case 2

30 mins later, Billy’s mother calls crying…

“Billy still has a rash, but now he is having a hard time breathing”

What is your advice now?
Case 2: Sample Documentation

Patient: Billy Jean
DOB: 9/1/2008
Caller: Mary Jean
Relationship: Mother
Call back number: 650-555-9876
Date/Time: 3/4/11, 10:05pm

ID: 3 year old male, previously healthy, with rash x 6 hours
HPI: Rash is generalized, worse on trunk, spares palms and soles. No fever. No difficulty breathing and no wheezing. Some extremity swelling, no lip swelling. Patient had a bite of mother’s shrimp at dinner 2 nights ago. Mild cough and runny nose
PMH: PCP: Dr. Jackson. Seen last week for AOM
MEDS: Amoxicillin 480mg PO BID, finished 2 days ago
ALL: Mother unsure
SOCIAL: Sick contacts at daycare. Family lives 90 minutes from emergency room. Has access to neighbor’s car.
Case 2: Sample Documentation

EXAM:
- No fever, respiratory rate counted by mom is about 20
- Doesn’t hear any audible wheezing and no retractions
- Rash described as small pink flat dots, initially discrete but now dots are merging together. When mom presses on them the pink turns white. Rash is worse on the trunk and back, also extends to extremities.

IMPRESSION: Generalized rash, no respiratory distress, no urticaria. Likely viral exanthem given URI sxs.

PLAN:
- Follow-up with PCP, Dr. Jackson, within 24 hours
- Call back if any difficulty breathing, lip swelling, or concern that patient is getting worse
- Mother agrees with plan
Case 2: Sample Documentation

**Patient:** Billy Jean  
**DOB:** 9/1/2008  
**Caller:** Mary Jean  
**Relationship:** Mother  
**Call back number:** 650-555-9876  
**Date/Time:** 3/24/11, 10:35pm

**ADDENDUM:** Patient’s mother called 30 minutes after initial call stating that the patient now has a respiratory rate of 55 with audible expiratory wheezing.

**IMPRESSION:** 3 year male, previously healthy, with respiratory distress, wheezing, and generalized rash concerning for allergic reaction.

**PLAN:**
- Patient’s mother called 911 on her cell phone. Continued to stay on the line with mother and advised “sniff position”.
- Ambulance arrived at 10:44, Epinephrine administered by EMS, patient taken to local emergency room.
Take Home Points

1. Determining severity and triaging are often more important than making the diagnosis.
2. Be specific and descriptive when gathering information over the phone.
3. Management depends on symptom severity and patient’s condition, which may change over time.
4. Never underestimate GUT FEELING on either end of the telephone.
References