



## **Telephone Triage / Medication Refill Orientation**

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### **Course description**

La Familia Medical Center has established telephone triage protocols and standing orders for medication refills that require specialized education and training. Qualified medical support staff, who are properly trained, are expected to provide telephone triage and renew prescription refills when needed. Completion of this course qualifies staff to screen caller symptoms over the telephone for urgency and to advise callers when to seek medical attention based on the severity described. Completion of the course also qualifies staff to renew medication refills based on an established list of pre-approved medications.

### **Organization mission**

Our mission is to foster community well-being in partnership with our patients by providing excellent, accessible, family-centered medical, dental and behavioral health care.

### **Organization vision**

Our Vision is to offer available, respectful, quality health care to those we serve. Our Values are our respect for human dignity, highest quality of care and compassion.

### **Clinical education philosophy**

Our clinical education philosophy represents attitudes, values, and beliefs of the organization. The clinical education department is committed to providing relevant evidence-based learning to all healthcare staff that expresses diversity, equity, and inclusion. The education department utilizes multi-modal methods for delivering curriculum that maintains a learner-centered environment. The department strives to develop connections between healthcare staff and the community through professional development.

### **Learning Outcomes**

1. Interpret standing order list of approved medications and supplies in accordance with La Familia medication refill standing order.
2. Determine when to send telephone encounter to the patient service representative.
3. Determine when to schedule follow-up with the patient's primary care provider.
4. Determine when the patient's medication refill is due.
5. Demonstrate how to communicate with a patient on the telephone.
6. Classify triage protocols by body system.
7. Identify causes and characteristics of abdominal pain, chest pain, and headache.
8. Select appropriate health-care setting or give advice about home care based on caller's symptoms.

### **Prerequisite skills / experience:**

- Licensed Nurses, or any Medical Support Staff approved by the Chief Medical Officer
- Direct hire into the position of Telephone Triage or have a minimum of 6 months' experience in current position.
- Completion of Medical Assistant orientation or Nursing Staff orientation

### **Learning activities**

- **Role play** – Staff will simulate answering triage phone calls utilizing standard greeting, communication skills and appropriately closing speech.

- **Scenario practice exercise** – This exercise utilizes case-based scenarios that challenge the learner's critical thinking skills. This is strictly a learning experience that must be documented on the telephone triage orientation competency. Learners are expected to identify the protocol they think is appropriate for the scenario. The trainer will review answers with the learner discussing rationale and assessment skills with the learner.
- **Service learning** – Learners will utilize the *La Familia Medical Center Medication Renewals / Medical Telephone and Walk-in* standing order and workflow to apply theory to practice. The trainer will facilitate discovery learning and critical reflection to ensure the learner understands concepts of medical refills that are safe and in the best interest of the patient.
- **Demonstration / Return demonstration** – The learner will orient with a peer who is qualified to perform the duties of telephone triage under the supervision of an assigned preceptor, supervisor, or clinical educator. The learner will complete all tasks on the *telephone triage / medication refill competency* demonstrating competency their confidence to apply the competencies their job.

#### **Learner assessment**

- Test – *LFMC Protocol: Medication Renewals / Medical Telephone and Walk-in Triage*. The learner is required to pass the test with 100% accuracy. The learner will remediate until they are able to pass the test with 100% accuracy
- Competency – The telephone triage / medication refill competency is required to be completed in its entirety.

#### **Clinical education and learner expectations**

- Clinical educator or other assigned trainer
  - Ensures staff has access to the current LFMC medication refill protocol
  - Ensures staff has access to the Telephone Protocols for Nurses handbook
  - Administers medication refill protocol familiarization test
  - Conducts scenario-based learning activity
  - Ensures staff member is familiar with telephone triage skills assessment
  - Validates all training requirements have been fulfilled
- Preceptor or other assigned staff
  - Observe the staff member correctly perform 10 telephone triage calls
  - Utilize Triage Skills assessment
  - Perform summative feedback
  - Validates clinical competency
  - Addresses questions or concerns regarding eCW
- Staff member:
  - Complete all training requirements

<b>La Familia Medical Center</b>	<b>Department:</b> Clinical
<b>Procedure:</b> Medication Renewals / Medical Telephone and Walk-in Triage	<b>Implemented:</b> Jan 2007 <b>Review History:</b> Jan 2007, Jan 2020, July 2021 <b>Policy Source:</b>

**PURPOSE:**

We strive to meet all of the patient's needs during their provider visits. There are times however when patients may need refills outside of their appointments. This can happen if a patient misses their appointment or a refill is mistakenly not sent. This procedure allows medications to be refilled in a limited fashion by qualified Medical Support Staff until a patient can be seen by their provider.

**APPLIES TO:**

Licensed Nurses, or any Medical Support Staff approved by the Chief Medical Officer.

**PROCEDURE:**

The Chief Medical Officer will establish a list of pre-approved medications which can be refilled by designated staff until scheduled follow up for non-pregnant adults.

The patient must have had an **appointment** in the last year and regular follow ups as indicated for chronic medical conditions (see below). A future appointment with a provider should be present or made as indicated by the last progress note with their primary care provider (PCP).

The medication must be present on the most recent **medication reconciliation list** and is present on the **medication approval list** (see below)

The medication **scripts log** should be checked to confirm that no refills are present for the patient.

Medical Support Staff will authorize only the medication with the original quantities and strength as the original prescriptions. **Dosage and directions should be confirmed** with the patient when possible and by reviewing the last progress note with their PCP.

If a patient reports needing an adjustment in their dosage or medication, please make an appointment with the provider to reassess as soon as possible and make refills at the current dosage until the appointment.

Maximum length of refills is 3 months. The patient should be informed that if they miss their intended follow up twice, no further medications will be given.

If a telephone encounter (TE) is sent to a provider:

1. *confirm dosing, directions* and load the refill accordingly (this can be done with the patient or from the last primary care note)
2. *confirm pharmacy*
3. *Indicate last lab work*
4. Document *when follow up is scheduled* (if not scheduled see above)
5. Controlled substances should also include last urine drug screen (UDS), date of last medication contract, if on opiates should confirm narcan on med list

## STANDING ORDER LIST OF APPROVED MEDICATIONS AND SUPPLIES

<b>ALLERGY/ASTHMA/COPD</b>		
<i>Protocol: Yearly appointments, or as indicated by the last progress note with their PCP (whatever is sooner). Please refill till the next appointment (max 3 months)</i>		
Albuterol (Proventil HFA)	Albuterol 0.083% Neb Solution	Asmanex 229mcg Twisthaler
Beclamethasone inhaler (Qvar)	Cetirizine (Zyrtec)	Diphenhydramine (Benadryl)
Dulera	EpiPen Adult	EpiPen Jr.
Fexofenadine (Allegra)	Flovent HFA	Flunisolide NAS (Nasarel)
Fluticasone Propriionate (Flonase) nasal spray	Fluticasone/Salmeterol Diskus or HFA (Advair)	
Hydroxyzine (Vistaril, Atarax)	Ipratropium 0.02% Neb solution	Ipratropium/Albuterol (DuoNeb)
Ipratropium Bromide (Atrovent)	Loratadine (Claritin)	Mometasone NAS (Nasonex)
Montelukast (Singulair)	Serevent Diskus	Tiotropium Handihaler (Spiriva)
Triamcinolone NAS (Nasacort AQ)		

<b>ANALGESICS</b>		
<i>Protocol: Needs appointment with PCP or as indicated in the last progress note (whatever is sooner). Please refill till the next appointment (max 1 month)</i>		
Aspirin	Celecoxib (Celebrex)	Cyclobenzaprine (Flexeril)
Diclofenac (Voltaren) gel	Ibuprofen (Advil)	Indomethacin (Tivorbex)
Meloxicam (Mobic)	Naproxen (Aleve)	

<b>CHOLESTEROL MEDICATIONS</b>		
<i>Protocol: Yearly appointments, or as indicated by the last progress note with their PCP (whatever is sooner) Please refill till the next appointment (max 3 months)</i>		
Atorvastatin (Lipitor)		
Lovastatin (Altoprev)		Pravastatin (Pravachol)
Rosuvastatin (Crestor)	Simvastatin (Zocor)	

<b>DIABETIC MEDICATIONS/SUPPLIES</b>		
<i>Protocol: Patients should be seen every 3 months or as indicated by the last progress note (whatever is sooner). Lab work (a1c) should be present within the last 6 months. Please refill till the next appointment (max 3 months)</i>		
Byetta	Glucagon Kit	Glimepiride
Glipizide	Glipizide ER	Glyburide
Glyburide/Metformin	Humalog 50/50 pens	Humulin R U-500
Invokana	Jardiance	Januvia
Janumet	Janumet XR	Lantus vial and pens
Levemir vial and pens	Metformin	Metformin ER

Novolin N, R, 70/30 vials	Novolog vial and pens	Novolog 70/30 vial and pens
Pioglitazone		
Victoza		
<b>Supplies</b>		
Lancets (All Brands)	Test Strips (All Brands)	Insulin Syringes (All Brands)
Pen Needles (All Brands)		

#### **GASTROINTESTINAL**

*Protocol: Patient needs appointment within the last year or as indicated by the last note with the PCP (whatever is sooner). Please refill till the next appointment (max 3 months)*

		Docusate Sodium (Colace, Ex-Lax Stool Softener)
Esomeprazole (Nexium)	Famotidine (Pepcid)	Lactulose
Omeprazole (Prilosec OTC)		
Metoclopramide (Reglan)*	Pantoprazole (Protonix)	

#### **HEART/BLOOD PRESSURE**

*Protocol: Patients should be seen at least every 6 months or as indicated by the last progress note (whatever is sooner). Lab work should be present in the last year. Please refill till the next appointment (max 3 months)*

Amlodipine (Norvasc)	Atenolol (Tenormin)	Captopril (Capoten)
Carvedilol (Coreg)	Clonidine (Catapres)	Clopidogrel (Plavix)
Diltiazem (Cartia)	Doxazosin (Cardura)	Enalapril (Vasotec)
Furosemide (Lasix)	Indapamide (Lozol)	HCTZ
Labetolol (Trandate)	Lisinopril (Prinivil)	Lisinopril/HCTZ (Zestoretic)
Losartan (Cozaar)	Losartan/HCTZ (Hyzaar)	Metoprolol Succinate (Lopressor)
Metoprolol Tartate (Toprol XL, Lopressor)	Nitroglycerin (Nitrostat)	Nifedipine (Procardia XL)
Propanolol (Inderal)	Propanolol ER (Inderal)	Spironolactone (Aldactone)
Triamterine/HCTZ (Dyazide)	Valsartan (Diovan)	Verpamil (Verelan)

#### **MENTAL HEALTH**

*Protocol: Patient should be seen every 6 months or as indicated on the last progress note (whatever is sooner). Please refill till next appointment (max 3 months)*

Amitriptyline (Elavil)	Aripiprazole (Abilify)	
Bupropion SR (Wellbutrin)	Buspirone (Buspar)	Acamprosate (Campral)
Citalopram (Celexa)	Desyrel (Trazodone)	Duloxetine (Cymbalta)
Escitalopram (Lexapro)	Fluoxetine (Prozac)	Hydroxyzine HCL (Vistaril, Atarax)
Hydroxyzine Pamoate (Vistaril)		Mirtazapine (Remeron)
Nortriptyline (Pamelor)	Olanzapine (Zyprexa)	Paroxetine (Paxil)
Prazosin (Minipress)		
	Sertraline (Zoloft)	Venlafaxine XR (Effexor)

#### **NEUROLOGY**

**Protocol: Patient should be seen every 6 months or as indicated on the last progress note (whatever is sooner). Please refill till next appointment (max 3 months)**

Carbamazepine (Tegretol)	Divalproex DR (Depakote)	Divalproex ER (Depakote)
Gabapentin (Neurontin)	Lamotrigine (Lamictal)	Levetiracetam (Keppra)
Phenytoin (Dilantin)	Rizatriptan ODT (Maxalt)	Sumatriptan (Imitrex)
Topiramate (Topamax)	Valproic Acid (Valproic)	

### RHEUMATOLOGY

**Protocol: Patient should be seen every 6 months or as indicated on the last progress note (whatever is sooner). Please refill till next appointment (max 3 months)**

Allopurinol (Zyloprim, Alopurinol)		

### THYROID MEDICATION

**Protocol: Patient should be seen every year or as indicated on the last progress note (whatever is sooner). Patients should also have had a TSH in the last year. Please refill till next appointment (max 3 months)**

Armour Thyroid	Levothyroxine (Levoxyl, Levothyroid Synthroid)	Nature Thyroid
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### WOMEN'S HEALTH

**Protocol: All oral contraceptives (all brands and strengths) – If patient has missed more than a week of doses, please refill for one month only and ask them to come into clinic for a pregnancy test. Patients should be seen yearly or as indicated on the last note with their PCP (whatever is sooner). Please refill till next appointment (max 3 months)**

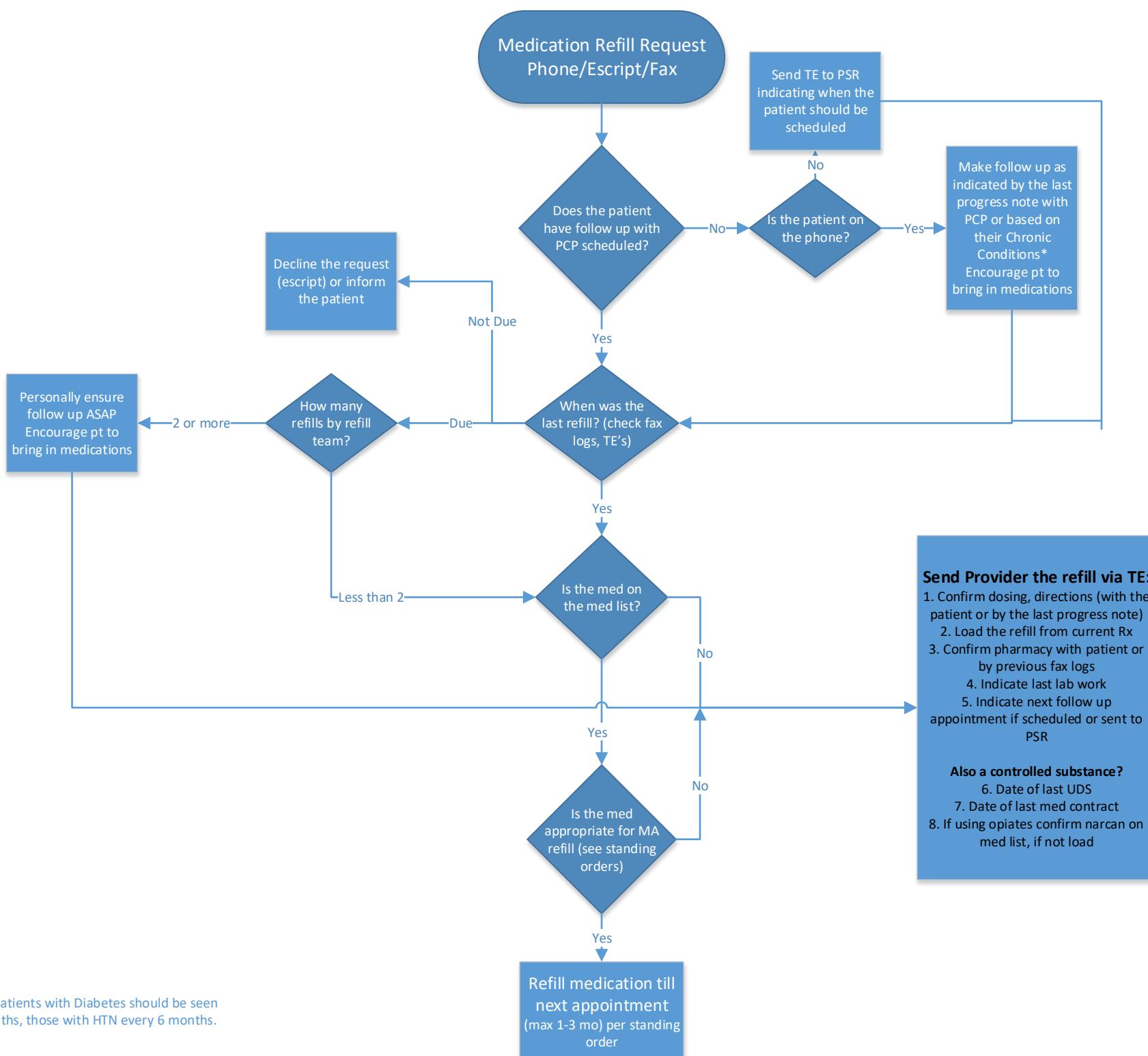
#### Hormone Replacement Therapy

Clotrimazole Cream or Vaginal Suppository	Estriol	Estrace Cream
Premarin Vaginal Cream		
Vagifem		
OCP's		
Balziva	Marzia	Microgestin FE 1/20
Microgestin FE 1.5/30	Micronor	Mili
Seasonique		

### MISCELLANEOUS

**Protocol: Patient needs appointment within the last year or as indicated by the last note with the PCP (whatever is sooner). Please refill till the next appointment (max 3 months)**

Acyclovir (Zovirax, Sitavig) ointment or tablet	Alendronate (Fosamax)	Chantix
Diflucan (May be filled one time only)	Ferrous Sulfate	Finasteride (Proscar)
Folic Acid	Hydrocortisone ointment or cream	Meclizine
Naloxone (Narcan)	Oxybutynin (Ditropan XL, Oxytrol)	Potassium Chloride
Thiamine	Valacyclovir (Valtrex)	Vitamins including fish oil



## Medication Refill Protocol Review Test

1. The patient must have had an appointment in the last \_\_\_\_\_ and regular follow ups as indicated for chronic medical conditions indicated in the protocol.
  - a. 1 year
  - b. 6 months
  - c. 3 months
  - d. As needed
2. A future appointment with a provider should be present or made as indicated by the \_\_\_\_\_.
  - a. Patient's ID card
  - b. As indicated by the patient
  - c. Last progress note
  - d. Lead MA
3. The medication must be present on the most recent medication reconciliation list.
  - a. True
  - b. False
4. The \_\_\_\_\_ should be checked to confirm that no refills are present for the patient.
  - a. Pharmacy
  - b. eScripts log
  - c. Immunization record
  - d. Nurse on duty
5. Medical support staff will authorize only the medication with the original quantities and strength as the original prescription.
  - a. True
  - b. False
6. Dosage and directions should not be confirmed with the patient whenever possible
  - a. True
  - b. False
7. If a patient reports needing an adjustment in their dosage or medication, please make an appointment with \_\_\_\_\_.
  - a. The PSR
  - b. NMDOH
  - c. Their pharmacist
  - d. Their provider
8. The maximum length of refills is \_\_\_\_\_.
  - a. 90 days
  - b. 30 days
  - c. 6 months

- a. 1 year
- 9. Controlled substances should also include \_\_\_\_\_ and \_\_\_\_\_.
  - a. UDS, date of last medication contract
  - b. COVID booster, date of last medication contract
  - c. UDS, date of last progress note
  - d. a1C, date of current rental agreement
- 10. Allergy/Asthma/COPD medications require \_\_\_\_\_ appointments, or as indicated by the last progress note with their PCP (whatever is sooner).
  - a. 1 month
  - b. 3 months
  - c. 6 months
  - d. 12 months
- 11. What is the maximum period an analgesic medication may be refilled?
  - a. 12 months
  - b. 90 days
  - c. 30 days
  - d. 120 days
- 12. What is the maximum period a cholesterol medication may be refilled?
  - a. 12 months
  - b. 90 days
  - c. 30 days
  - d. 120 days
- 13. Patient requiring diabetic medications/supplies should be seen every \_\_\_\_\_ or as indicated by the last progress note.
  - a. 12 months
  - b. 90 days
  - c. 30 days
  - d. 120 days
- 14. Famotidine, lactulose, Nexium and Prilosec can be refilled if the patient has had an appointment with their provider in the last \_\_\_\_\_.
  - a. 12 months
  - b. 90 days
  - c. 30 days
  - d. 120 days
- 15. Atenolol, Metroprolol and Zoloft are categorized as heart/blood pressure medications.
  - a. True
  - b. False

16. The following medication(s) are considered mental health medications:

- Propanolol
- Paroxetine
- Pantoprazole
- Pravastatin

17. The following medication(s) are considered neurology medications

- Carbamazepine
- Lamictal
- Acyclovir
- Rosuvastatin

18. Patients requiring rheumatology medication refills should be seen every \_\_\_\_.

- 180 days
- 120 days
- 90 days
- 30 days

19. Patient must have a normal TSH recorded on a laboratory evaluation within the last 12 months.  
If no TSH within the last year, order lab and schedule lab appointment before provider appointment.

- True
- False

20. If patient has missed more than 30 days of contraceptive dose, please refill for one month only and ask them to come into clinic for a pregnancy test.

- True
- False

**End of test**

**Number of Correct answers:** \_\_\_\_\_

***The trainer/educator has reviewed all incorrect answers with the employee and the employee is able to correctly answer all of the protocol review questions correctly.***

**Trainer/Educator Name:** \_\_\_\_\_

**Trainer/Educator Signature:** \_\_\_\_\_

## Telephone Triage Scenario Activity

This exercise contains 10 different scenarios. There are no right or wrong answers. There are several different protocols that can be used to address the problems described in the scenarios. In general, it is best to choose a protocol that most closely matches the caller's greatest concern. This is strictly a learning experience to introduce you to the protocols and practice assessment and documentation of the telephone triage encounter. Read each scenario and indicate in the space provided:

- the protocol name and page number
- any additional information you want to know
- your disposition decision

Spend only about 5 to 6 minutes per scenario, as if you were on the phone talking with the caller. (This includes looking up the protocol and providing advice and all necessary documentation.) This exercise should take about an hour to complete.

In the space provided for each scenario, describe additional information that would be important to manage the call appropriately. Not all scenarios provide adequate information to thoroughly assess the problem and to reach a disposition. Use this section to identify other questions that you would ask to complete a thorough assessment and choose an appropriate protocol. Based on the information provided, indicate your disposition decision.

Your supervisor will review your worksheets with you after you have completed this exercise. Remember, this is a learning opportunity. This exercise is designed to help you feel more comfortable with the protocols, applying your assessment skills and documenting the encounter.

### **Scenario Practice**

#### **Scenario # 1**

Call received at 23:40 and returned at 23:50 hours. Jeff Smith called regarding his wife Linda. Phone number is 404-444-0202. Linda is 32 years old and a patient of Dr. Allen, who was not called prior to this call. Husband states that his wife has a wasp sting to the forearm that is badly swollen, about six across, and is warm and painful to the touch. She has pain in her arm and shoulder. There is no stinger. She has applied Benadryl lotion to the area. The incident occurred at 18:00 hours today. The wife denies any difficulty breathing, chest pain, rash, or other problems. Jeff wants to know what else can be done or if she should go to the ED.

#### **Scenario #2**

Call received at 20:20 hours. Patty Sing, a 25-year-old woman, is concerned about abdominal cramping and vaginal bleeding. Her phone number is 505-555-6767. Her PCP is Dr. Smitt, whom she has not tried to contact. She states that she is 1½ months pregnant and has abdominal cramping in her lower abdomen. She denies any other pain. She began having vaginal bleeding yesterday and has not passed any clots or tissue. She has saturated 2 to 3 pads this afternoon. She wants to know if she should be seen, as she is afraid she will lose her baby.

#### **Scenario #3**

Call received at 17:30 hours and returned at 18:05 hours. Lisa Kennedy, a 29-year-old woman, is concerned about her abdominal pain and vomiting. Her phone number is 808-845-2002. Dr. Shelby, her PCP, was not called because his office is closed. She states that she has had severe abdominal pain since noon today. The discomfort started as heavy bloating, then vomiting about 15 times this afternoon. No

## Telephone Triage Scenario Activity

diarrhea or gas noted, but light-headed and dizzy for the past 45 minutes. She describes her pain as 8/10, with no relief after vomiting. Patient is asking what she can do at home. She does not want to come to the ER because she thinks that her health-care plan discourages ED use.

### **Scenario #4**

Call received at 02:00 hours and returned at 02:05 hours. The caller is concerned about her 19-year-old daughter living away from home and attending a university. Her daughter's name is Marie Mason, and the caller's name is Jane Nelson. The phone number where she can be reached is 707-777-4242. Her daughter has no PCP. The mother states that her daughter has been sweating off and on since yesterday and has a cough. She developed small water blisters all over her body today and is nauseated. She has had a headache for 4 days and has been dizzy. She describes her rash as 20 to 30 red spots that are fleabite size with blisters in the middle. Some of the spots itch. She does not know if she has a fever, as she does not have a thermometer. There are no scabs. Mom cannot remember if this daughter ever had chickenpox. The daughter wants to know if she has chickenpox, if she should go home rather than continue at school, and if she should make an appointment to see a doctor.

### **Scenario #5**

Call received at 12:00 hours and returned immediately. The caller's name is Paul, and he refuses to give his last name. He states that he does not have a phone, and he is calling from a friend's house and does not want to give out the number. He does not have a PCP because he does not have insurance, and he is unemployed at this time. Paul is 23 years old. He states that he was in a fight about 3 to 4 days ago in a bar. Now, his lower right arm is swollen and very sore. The other guy bit him twice just below the elbow. He has a reddened area about  $3 \times 6$  that is very painful to the touch. There is pus in two areas, with fever of 102°F for 2 days. He describes the area on his arm as very warm to the touch and very painful.

### **Scenario #6**

Call received at 02:00 hours. The caller's name is Barry Haines. He is calling about his 2-year-old daughter Rebecca. His phone number is 404-444-7272. Rebecca's PCP is Dr. Kneehigh, but he did not call him because he did not want to wake up the doctor. His daughter woke up at 01:00 hours, crying with ear pain. Barry gave her Tylenol 15 minutes ago and is asking what else he can do. His daughter is not crying at this time, but is lying on the couch holding her ear.

### **Scenario #7**

Call received at 18:50 hours and returned at 19:03 hours. Peter Hammer is calling about his 3-year-old son, Derek Hammer. The phone number is 808-848-8080. The child does not have a PCP. The father stated that his son was running and fell, striking his head on a coffee table, and has a large abrasion to the forehead, approximately  $1\frac{1}{2}$  inch  $\times$  3 inch. The accident occurred about 30 minutes ago. Peter states that there was no loss of consciousness, and the child cried right away for a few minutes. His son is now playing quietly. The father is worried about a potential head injury and wants to know what he should do or observe.

### **Scenario #8**

Call received at 20:20 hours and returned at 20:50 hours. Sue Shepard is calling about her niece Amanda, who is 2 months old. Her phone number is 444-454-0044. The child's PCP is Dr. Jollet, but she

## Telephone Triage Scenario Activity

has not been called. The aunt states that the child has a fever of 102.5°F rectally and has not been eating or drinking much. She has a runny nose and cough. Further questioning reveals a very fussy baby who had a long nap earlier today. Sue cannot describe any other problems. The fever started last night. The child has been taking Tylenol every 4 to 6 hours, and the last dose was at 20:00 hours. Sue wants to know if she should take her niece to the ER or what else can be done.

### **Scenario #9**

Call received at 18:42 hours and returned at 19:03. The caller's name is Jane Lambo, who is calling about her 6-month-old daughter, Jolyn Bosner. Her home phone number is 404-435-6789. The child does not have a pediatrician. The child has had a fever of up to 102°F for 2 days. Now the temperature is 102.4°F. Mom gave Tylenol at 7:30 this morning. The child is vomiting, "sleeping all the time today," and only waking up to cry or vomit. She has thrown up 6 times since noon and has had diarrhea 4 times. Her last wet diaper was around 11:00, but it was not very wet. Mom states that the child will not eat or drink anything. When questioned further, Mom states that Jolyn only drank 2 ounces of Pedialyte today and will not drink formula. Mom is concerned and wants to know what to do.

### **Scenario #10**

Call received at 23:00 hours and returned at 23:40 hours. Jack Schmidt is calling about his son, John Simms, age 5. He states that his phone number is 310-444-5678 and that they are on vacation in Washington. He does not know his son's pediatrician's (Dr. Band) phone number by memory, so he has not called him. He states that his son has had a bad headache and a high fever. His temperature is now 102.6°F. Tylenol was given 1 hour ago. The child vomited once an hour ago and slept all day today, in addition to last night. Dad states that his son is lying on the couch holding his head. He has had a cold for the past few days with a runny nose. When asked, the child is unwilling to touch his chin to his chest when his dad shows him how and states that "it hurts too much." The dad is concerned and wants to know what he should do.

## Community Resources

[Community resources can be found at SHARE New Mexico.](#)

### Emergency Hotlines

#### [NMDOH Emergency Hotlines](#)

Coronavirus Hotline

1-855-600-3453 (Toll Free)

New Mexicans with health-related questions can call our coronavirus hotline

Poison Control

1-800-222-1222 (Toll Free)

Adult Protective Services

1-866-654-3219 (Toll Free)

Children, Youth and Families

1-800-797-3260 (Toll Free)

505-841-6100 (Local)

Hepatitis C & Buprenorphine Helpline

1-888-DOH-HEPC (Toll Free)

Narcan/Naloxone Opiate Overdose Prevention Helpline

1-855-DOH-NOOD (Toll Free)

Critical Incident Stress Debriefing

505-827-9384 (Local)

### Contact Police & Emergency Numbers

#### [Contact Police & Emergency Numbers](#)

EMERGENCY: 911

NON-EMERGENCY/DISPATCH: (505) 428-3710

Physical Address:

2515 Camino Entrada

Santa Fe, NM 87507

(505) 955-5010 Administration Office

(505) 955-5127 Fax

Office Hours: Monday-Friday 8am-5p



### Medication Refill Orientation Checklist

Name:	Position:
Start Date:	Completion Date:

Performance Criteria	Trainer Initials
<b>Resources</b>	
1. LFMC Protocol: Medication Renewals / Medical Telephone and Walk-in Triage	
2. Telephone Triage Protocols for Nurses (book)	
3. Community Resources	
4. Contact Police & Emergency Numbers	
5. NMDOH Emergency Hotlines	
<b>Workflow</b>	
6. Determine if patient has follow-up with PCP in eCW	
7. Determine when to send telephone encounter to the PSR	
8. Determine when the last refill occurred	
9. Determine when to schedule follow-up with PCP	
10. Determine when the refill is due	
11. Determine when to refill the medication	
12. Identify refill medication in the medication refill protocol / standing order	
<b>Prescription Refill Medications Knowledge</b>	
13. Allergy/asthma/COPD	
14. Analgesics	
15. Diabetic medications/supplies	
16. Gastrointestinal	
17. Heart/blood pressure	
18. Mental Health	
19. Neurology	
20. Rheumatology	
21. Thyroid Medication	
22. Women's Health	
23. Miscellaneous	

**Clinical Practice Validation**

**Topic  
Medication Refill Orientation**

<b>Learning Activity / Assessment</b>	<b>Trainer Initials</b>
<b>Test: LFMC Protocol: Medication Renewals / Medical Telephone and Walk-in Triage</b>	

<b>Observation</b>		
<b>Call #</b>	<b>Date</b>	<b>Observer Initials</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

***I am confident I can apply these competencies to my job. I understand that it is my responsibility to seek guidance or clarify any questions or issues when performing these skills.***

Employee Printed Name:	
Employee Signature:	
Date:	

***This employee has been evaluated and validated to perform the tasks outlined in this competency.***

Trainer Printed Name:	
Trainer Signature:	
Date:	



## Telephone Triage Orientation Checklist

Name:	Position:
Start Date:	Completion Date:

Performance Criteria	Trainer Initials
<b>Resources</b>	
1. LFMC Protocol: Medication Renewals / Medical Telephone and Walk-in Triage	
2. Telephone Triage Protocols for Nurses (book)	
3. Community Resources	
4. Contact Police & Emergency Numbers	
5. NMDOH Emergency Hotlines	
<b>Phone Call Expectations</b>	
<i>Greeting</i>	
6. Greet call courteously	
7. Utilizes proper opening script	
8. Clarifies type of call	
9. Gathers appropriate demographic data	
<i>Protocol Utilization</i>	
10. Identifies emergency signs and symptoms	
11. Selects appropriate protocol	
12. Gathers appropriate patient history	
13. Makes acceptable recommendations	
14. Documents appropriately	
<i>Communication Skills</i>	
15. Conveys positive image of organization	
16. Assumes control of call	
17. Takes time with caller	
18. Uses simple direct language	
19. Uses appropriate Spanish medical terminology	
20. Does not interrupt the caller	
<i>Closing Speech</i>	
21. Ends call efficiently	
22. Offers instructions to call back or seek medical care as appropriate	
23. Obtains feedback from caller to evaluate understanding	
24. Disconnects last	
<b>Telephone Triage Protocols</b>	
25. Neurologic and Head Problems	
26. Eyes, Ears, Nose, and Throat Problems	
27. Back / Neck Problems	
28. Chest / Cardiovascular Problems	

Performance Criteria	Method	Trainer Initials
29. Respiratory Problems		
30. Gastrointestinal Problems		
31. Genital / Obstetrics and Gynecological Problems		
32. Urination Problems		
33. Limb (Arm/Leg) Problems		
34. Skin Problems		
35. Chronic and Infectious Diseases		
36. Behavioral Health Problems		
37. General Problems		
38. Pediatric Specific Problems		
39. Teaching Self-Assessment		
<i><b>Triage Knowledge</b></i>		
40. Abdominal Pain: Causes and Characteristics		
41. Chest Pain: Causes and Characteristics		
42. Headache: Causes and Characteristics		
43. Mental Health Challenges		

**Clinical Practice Validation**

**Topic**  
**Telephone Triage**

<b>Learning Activity / Assessment</b>	<b>Trainer Initials</b>
<b>Scenario Activity:</b> Telephone Triage Protocols for Nurses (book)	

<b>Observation</b>		
<b>Call #</b>	<b>Date</b>	<b>Observer Initials</b>
1		
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Employee Printed Name:	
Employee Signature:	
Date:	

***This employee has been evaluated and validated to perform the tasks outlined in this competency.***

Trainer Printed Name:	
Trainer Signature:	
Date:	