

TRIAGE SUPPORT GUIDELINES



Practice Emergency Guidelines (PEG) – advice for staff in cases of an unexpected emergency presentation.

Nurse Triage Guidelines (NTG) – decision support advice for nurses triaging patients face-to-face or by phone.

DISCLAIMER

These guidelines have been formulated to assist practice staff in establishing the broad risk patients based on their chief complaint and/or situation. It is not designed to be diagnostic but to assist practice staff in the timely referral to practice clinical staff and other places of care for emergency matters. This system is based on a variety of clinical guidelines and evidence from general practice feedback. The authors have prepared this resource for practices based on the information available at the time. As the authors cannot control how the resource is used in practices, they accept no liability for using or not using this information.

Abdominal Pain

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Assist patient into most comfortable position (usually with knees bent)
4. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
5. Watch for deteriorating level of consciousness
6. Stay with patient until assistance arrives
7. Retrieve patient record for further information
8. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Severe Pain or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Abuse or Assault (actual or suspected)

1. **Discuss with the Practice Nurse and/or GP within 30 minutes** for additional triage and advice (unless severity of injury suggests higher priority)
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present and sexual assault/abuse is suspected advise the patient not to shower, wash or change clothing
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g.
Uncontrollable Bleeding, Head Injury, Limb Injury, Collapse/Semi-Conscious or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Allergic Reactions

(with widespread rash and/or breathing (speech) difficulties and/or facial swelling)

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice.
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present.
3. If no Clinical Staff present and if patient has a history of severe allergic reaction or *anaphylaxis* and is carrying an *Epipen*® or equivalent, assist patient to use.
4. If trained apply oxygen if available via a therapy mask.
5. Watch for deteriorating level of consciousness.
6. Watch for increasing difficulty in breathing and airway obstruction.
7. Stay with patient until assistance arrives.
8. Retrieve patient record for additional information.
9. Consult appropriate guidelines for additional guidance e.g. **“Collapse/Semi-Conscious”, “Breathing Difficulties” or CPR chart.**

- The Epipen® is available in an Adult and Child versions and is administered in the middle of the outer side of the thigh
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice or when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Extremely Anxious

(patient or carer)

1. **Discuss with the Practice Nurse and/or GP within 30 minutes** for additional triage and advice
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present direct patient to a quiet room if possible
4. Address issue that may be causing concern
5. Watch for deteriorating level of consciousness (e.g. fainting)
6. Watch for increasing difficulty in breathing including “over-breathing”
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Severe Pain, Breathing Difficulties, Mental Health Problems or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Back Pain (Sudden onset and severe)

1. Discuss with the Practice Nurse and/or GP within 30 minutes for additional triage and advice
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present (if the patient has suffered an injury and cannot sit an Ambulance may be required)
3. If no Clinical Staff present assist the patient into a comfortable position (this may be sitting in a firm chair, lying on their back with knees bent or lying on their side with knees flexed and a pillow between their knees)
4. Watch for deteriorating level of consciousness
5. Watch for associated symptoms including the onset of chest pain
6. Watch for increasing difficulty in breathing and sit patient up if this occurs
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g. **Severe Pain, Chest Pain, Unable to Urinate, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given
- Generally, back pain not resulting from an injury (either recent or a aggravation of an old injury) is rarely an emergency unless the patient has associated loss of feeling or function of a foot or leg or abdominal pain. The onset of severe back pain where there is no history of a back injury is almost always an emergency

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Bites and Stings

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. If no Clinical Staff present contact Poisons Information Centre 131126 and follow recommendations. If patient has a history of severe allergic reaction or *anaphylaxis* and is carrying an Epipen® assist patient to use. If suspected bite by venomous snake or funnel web apply *pressure immobilization bandage* to entire limb
DO NOT ELEVATE
3. If trained apply oxygen if available via a therapy mask ($\leq 94\% \text{ SaO}_2$)
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing and airway obstruction
6. Watch for associated symptoms such as vomiting and abdominal pain
7. Stay with patient until assistance arrives
8. Retrieve patient record for more information
9. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties, Allergic Reactions or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given
- A large black spider should be considered to be a funnel web until proven otherwise

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 or when the patient is at the practice or when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Bleeding persistent or heavy

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present
3. Sit or lay patient down
4. Apply constant firm pressure to the site with gloved hands and a large pad
5. Elevate limb above heart
6. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
7. Watch for deteriorating level of consciousness
8. If the patient is dizzy lay the patient down and elevate legs
9. Stay with patient until assistance arrives
10. Retrieve patient record for further information
11. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Breathing Difficulties

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Sit patient comfortably and loosen any tight clothing
4. If patient is known to have asthma and no clinical staff present, suggest patient administers reliever medication (blue puffer) and assist patient if needed (spacer preferred)
5. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
6. If asthmatic episode consider sustained lateral expiratory chest thrusts if little air movement
7. Watch for deteriorating level of consciousness
8. Watch for increasing difficulty in breathing
9. Stay with patient until assistance arrives
10. Retrieve patient record for further information
11. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties, Allergic Reaction or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Using a spacer for both adults and children can increase the effectiveness of reliever medication
- Give no food or drink
- Document all incident details and advice given
- **Consider Communicable Disease**

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Burns

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Direct patient to ED or Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present irrigate burns with cold running water for at least 20 minutes, wrap burned area in cling wrap or non-adherent type dressing for large areas a wet sheet and kept moist
4. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂), high concentrations if inhalation is suspected.
5. Watch for increasing difficulty in breathing and airway obstruction especially with facial burns
6. Stay with patient until assistance arrives
7. Retrieve patient record for further information
8. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Chest Pain

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Make patient comfortable preferably semi-sitting (sitting if short of breath)
4. If no clinical staff present, and patient has heart medication, assist them to administer
5. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
6. Watch for deteriorating level of consciousness
7. Watch for increasing difficulty in breathing
8. Stay with patient until assistance arrives
9. Retrieve patient record for additional information
10. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Chest Pain medication is usually taken as a spray or tablet under the tongue and can cause dizziness and fainting
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Choking

1. **Alert the Practice Nurse and/or GP immediately for additional triage and advice**
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Watch for increasing difficulty in breathing and airway obstruction, indicated by an ineffective cough
4. If no Clinical Staff present and patient is short of breath, turning blue or is becoming drowsy administer back blows (between the shoulder blades) in a head down position
5. If this fails consider chest or abdominal thrusts. Repeat both techniques if first attempt fails
6. If patient able to cough effectively and trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
7. Watch for deteriorating level of consciousness
8. Stay with patient until assistance arrives
9. Retrieve patient record for further information
10. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Collapse or Semi-Conscious

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present and if patient has a history of severe allergic reaction or *anaphylaxis* and is carrying an Epipen® assist patient to use
4. If no Clinical Staff present and if patient has a history of diabetes give sweetened drink if able to cough
5. If trained apply Oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
6. Watch for deteriorating level of consciousness
7. Watch for increasing difficulty in breathing and airway obstruction
8. Stay with patient until assistance arrives
9. Retrieve patient record for further information
10. Look for any obvious cause e.g. bite, overdose
11. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties, Fitting or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Death (reported by caller)

1. **Discuss with the Practice Nurse and/or GP NOW for additional triage and advice**
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Retrieve patient record for additional information
4. Consider current emotional state of relatives as they may also require treatment by GP

- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Eye Injury

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Sit the patient down
3. Watch for vomiting
4. Advise the patient not to touch or rub the eye
5. If no clinical staff present do not attempt to remove foreign bodies in the eye, flush chemicals in eye gently with running water (ensure flush well under eyelids) or saline, pad eye carefully.
6. If chemical in the eye flush with water or saline
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g. **Visual Disturbance**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 or when the patient is at the practice or when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Eye Problems or Earache

1. **Make an appointment today if possible or within 24 hours**
2. **Inform the Practice Nurse and/or GP** for additional triage and advice unless patient is distressed then **ask patient to come to the practice NOW**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
4. If no Clinical Staff present do not attempt to remove any foreign body from the ear or eye
5. Watch for deteriorating level of consciousness or dizziness
6. Watch for increasing difficulty in breathing **or** airway obstruction
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g. **Eye Injury, Visual Disturbance, Unwell Child, Severe Pain or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Fever in Adult (otherwise well)

Persistent fever that has not responded to Paracetamol **and/or** persisting for > 72 hours

1. **Make an appointment today if possible or within 24 hours**
2. **Inform the Practice Nurse and/or GP** for additional triage and advice unless patient is distressed then **ask patient to come to the practice NOW**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing **or** airway obstruction
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties, Rash or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink (unless instructed to do so)
- Document all incident details and advice given
- **Consider Communicable Disease**

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Fitting

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Ensure patient is safe and clear of obstacles **DO NOT RESTRAIN**
4. Turn patient onto their side when possible and check airway
5. If trained apply Oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
6. Watch for deteriorating level of consciousness
7. Watch for increasing difficulty in breathing and airway obstruction
8. Stay with patient until assistance arrives
9. Retrieve patient record for further information
10. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- **DO NOT PLACE ANYTHING INTO THE MOUTH OF A FITTING PATIENT**
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Flu-like Symptoms

(persistent or risk factors present)

1. **Make an appointment today if possible or within 24 hours or refer to current Public Health advice**
2. **Inform the Practice Nurse and/or GP** for additional triage and advice unless patient is distressed then **ask the patient to come to the practice NOW**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
4. If no Clinical Staff present ensure that the patient is placed at least 1m of other patients and maintain hygiene procedures
5. Watch for deteriorating level of consciousness
6. Watch for increasing difficulty in breathing **or** airway obstruction
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g.
Collapse/Semi-Conscious, Breathing Difficulties, Allergic Reaction or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given
- **Consider Communicable Disease**

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance booking on 131 233 ; it is better that the patient themselves make the 000 Ambulance call.

Head Injury (with suspected brain injury)

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Sit or lay the patient down and watch for vomiting and fitting
4. Treat any bleeding wounds with pad and gentle pressure
5. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
6. Watch for deteriorating level of consciousness
7. Watch for increasing confusion or sleepiness
8. Stay with patient until assistance arrives
9. Retrieve patient record for further information
10. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Fitting or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Heart Palpitations

(sensation of heart beating rapidly or pounding or irregularly)

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Place patient in semi-sitting position or sitting if short of breath
4. If trained apply Oxygen if available via a therapy mask (94% saO₂)
5. Watch for deteriorating level of consciousness, chest pain or vomiting
6. Stay with patient until assistance arrives
7. Retrieve patient record for further information
8. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Lacerations

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Direct patient ED if requested by Practice Nurse/ GP **or** if no GP present
3. Generally lacerations that are too large, deep or in locations difficult to suture will probably be referred to ED, this includes:
 - Lacerations where white matter is visible in the wound
 - Loss of feeling to the area
 - Lacerations > 30mm in length **or** located on the face (check with individual GP who will provide treatment)
 - Lacerations with very ragged edges
4. Watch for fainting
5. Stay with patient until assistance arrives
6. Retrieve patient record for additional information
7. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Uncontrollable Bleeding

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Limb Injury (possible fracture)

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present
3. Support limb in most comfortable position
4. If trained apply oxygen if available via a therapy mask($\leq 94\%$ SaO₂)
5. Stay with patient until assistance arrives
6. Retrieve patient record for additional information
7. Consult appropriate guidelines for additional guidance
e.g. **Severe Pain, Limb Numbness**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Limb or Facial Numbness/Weakness (sudden onset)

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present
3. Assist patient into most comfortable position
4. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
5. Watch for deteriorating level of consciousness
6. Protect affected limb
7. Stay with patient until assistance arrives
8. Retrieve patient record for further information
9. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Limb Pain (sudden onset)

1. **Discuss with the Practice Nurse and/or GP** for additional triage and advice unless patient is distressed then **ask patient to come to the practice NOW**
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. Watch for deteriorating level of consciousness
4. Watch for increasing difficulty in breathing **or** airway obstruction
5. Stay with patient until assistance arrives
6. Retrieve patient record for additional information
7. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Chest Pain, Breathing Difficulties, or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Loss of Speech (sudden onset)

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Direct Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. If trained apply Oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
4. Watch for deteriorating level of consciousness
5. Stay with patient until assistance arrives
6. Retrieve patient record for further information
7. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Meningitis (suspected)

There is a genuine concern in the community that common symptoms may be something more serious like meningitis or meningococcal disease. Care should be taken to ensure that any suspicions are assessed clinically and followed up quickly.

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present
3. Some of the common symptoms of a more serious illness may include:
 - Fever but **with** cold hands and feet
 - Severe leg pain (preventing standing or walking)
 - Pale, blue or dusky around lips
 - Possible neck stiffness (unable to touch chin to chest)
 - Purple rash that doesn't pale when pressed
 - Sore eyes when looking into light
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Mental Health Problems

(inc. depression, anxiety, behaving strangely/aggressive)

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Direct patient to ED (or appropriate mental health service) if requested by Practice Nurse/ GP **or** if no GP present
3. Ensure your safety, withdraw if in danger
4. If not aggressive, escort patient to quiet, safe room
 - Assess risk of harm to person or others.
 - Listen non-judgmentally.
 - Give reassurance and information.
 - Encourage person to get appropriate professional help if needed.
 - Encourage self-help strategies.
5. Do not leave the patient alone
6. Retrieve patient record for additional information
7. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties, Severe Pain

- Always wear gloves if there is a risk of exposure to body fluids
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Other Non-Urgent Problems

Undiagnosed lump or change in lump:

- Assess level of concern of patient
- Generally patient should be seen within 48 hours

Regular screening or review:

- If exposure to reportable disease discuss with Practice Nurse or GP
- Generally patient should be seen within 48 hours

Repeat prescription:

- Establish medication remaining
- If patient does not have sufficient medication for the next 48 hours discuss with Practice Nurse or GP regarding the need for possible alternative arrangements

Vaccination:

- Establish if vaccination is required because of recent exposure or for future contact (e.g. overseas travel)
- Generally there is no urgency in relation to vaccination regarding future travel unless timeframes prohibit delay, in such cases discuss with Practice Nurse or GP

Generally other patients should be seen within 48 hours except for:

- Tetanus within 72 hours of injury (unless the wound is 'dirty' e.g. soil, manure, animal/ human bite...then the patient needs to be seen today)
- Pregnant women (actual **or** suspected) and babies < 1 month old exposed to an infective disease, need to be seen today
- Needle stick injury or blood (body fluid) exposure to known carrier of HIV or Hepatitis need to be seen today
- Bat bite (or any mammal scratch/bite in an overseas country) need to be seen today
- Patient directed by the Public Health Unit 'needs to be seen today'
- Any other patient with a suspected infective disease, refer to RN or GP
- If you have any concerns about the patient's condition or level of anxiety discuss with Practice Nurse or GP
- Retrieve patient record for additional information

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Poisoning (inc. overdose)

Establish:

- What has been taken?
 - How much has been taken?
 - By what route was it taken?
 - When was it taken?
 - Was it intentional or accidental?
1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
 2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present (or Ambulance via 000 if symptoms severe)
 3. If no Clinical Staff present check with **Poisons Information Centre 131126**
 4. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
 5. Watch for deteriorating level of consciousness
 6. Watch for increasing difficulty in breathing
 7. Stay with patient until assistance arrives
 8. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**
 9. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink (unless instructed to do so)
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Post Operative Problems (inc. wound infection)

1. **Discuss with the Practice Nurse and/or GP now** for additional triage and advice unless patient is distressed then **ask patient to come to the practice NOW**
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present manage any bleeding
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing **or** airway obstruction
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g.
Collapse/Semi-Conscious, Breathing Difficulties, Uncontrollable Bleeding or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Pregnancy Problems

(inc. pain or bleeding, ruptured membranes, reduced movement)

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Direct patient to ED (Ambulance via 000 if symptoms severe) if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present sit patient down or lie on side (not on back if > 28 weeks) and offer sanitary pads if needed
4. If trained apply oxygen if available via a therapy mask ($\leq 94\%$ SaO₂)
5. Watch for deteriorating level of consciousness
6. Watch for increasing difficulty in breathing
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g.

Uncontrollable Bleeding, Collapse/Semi-Conscious, Breathing Difficulties or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Rash (sudden recent onset)

1. **Discuss with GP and/or Nurse within 30 minutes**
2. **Inform the Practice Nurse and/or GP** for additional triage and advice unless patient has breathing difficulties then **discuss with Practice Nurse or GP immediately**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
4. If no Clinical Staff present and if patient has associated breathing difficulties **and** has a history of severe allergic reaction or *anaphylaxis* and is carrying an Epipen® or equivalent assist patient to use
5. Watch for deteriorating level of consciousness
6. Watch for increasing difficulty in breathing and airway obstruction
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g.
Collapse/Semi-Conscious, Breathing Difficulties, Allergic Reaction
or **CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given
- **Consider Communicable Disease**

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Severe Pain (inc. headache and testicular)

1. **Discuss with the Practice Nurse and/or GP NOW** for additional triage and advice
2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present consider Ambulance via 000 if very patient distressed
3. If no Clinical Staff present assist patient to sit or lay in the most comfortable position
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing or vomiting
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g. **Chest Pain, Abdominal Pain, Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Spinal Injury or Trauma

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Call Ambulance via 000 if requested by Practice Nurse/ GP **or** if no GP present
3. Do not move the patient unless in extreme danger or if resuscitation is necessary
4. If trained apply oxygen if available via a therapy mask (94% saO₂)
5. Watch for deteriorating level of consciousness
6. Watch for increasing difficulty in breathing
7. Stay with patient until assistance arrives
8. Retrieve patient record for further information
9. Consult appropriate guidelines for additional guidance e.g.

Collapse/Semi-Conscious, Breathing Difficulties or CPR chart

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Swollen Limb

1. **Discuss with the Practice Nurse and/or GP within 30 minutes** for additional triage and advice
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. Protect the affected limb/s
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing and airway obstruction
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties, Chest Pain or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Unable to Urinate

1. **Alert the Practice Nurse and/or GP immediately** for additional triage and advice
2. Direct patient to ED if requested by Practice Nurse/ GP **or** if no GP present
3. Stay with patient until assistance arrives
4. Retrieve patient record for further information
5. Consult appropriate guidelines for additional guidance e.g. **Severe Pain**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Underdose

(inc. missed dose of prescription medication)

1. **Discuss with the Practice Nurse and/or GP within 30 minutes** for additional triage and advice
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. Watch for the development of symptoms resulting from the missed dose or underdose
4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Unwell Child or elderly patient

(with persistent symptoms > 48 hrs such as fever or vomiting or diarrhoea or cough or other symptoms)

1. Ask the patient to come to the practice **NOW**
2. Inform the Practice Nurse and/or GP for additional triage and advice unless patient has breathing difficulties **or** is difficult to rouse **or** has stopped drinking then **discuss with Practice Nurse or GP immediately**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present

If no Clinical Staff present

4. Watch for deteriorating level of consciousness
5. Watch for increasing difficulty in breathing **or** airway obstruction
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g. **Rash, Collapse/Semi-Conscious, Breathing Difficulties, Allergic Reaction, Rash or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given
- **Consider Communicable Disease**

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Urinary Problems

(able to urinate)

1. **Make an appointment today if possible or within 24 hours**
2. **Inform the Practice Nurse and/or GP** for additional triage and advice unless patient is distressed then **ask the patient to come to the practice NOW**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
4. Stay with patient until assistance arrives
5. Retrieve patient record for additional information
6. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Uncontrollable Bleeding, Severe Pain or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Visual Disturbance

1. **Discuss with the Practice Nurse and/or GP within 30 minutes** for additional triage and advice
2. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
3. If no Clinical Staff present escort patient to a darkened room if possible
4. Watch for deteriorating level of consciousness or other symptoms such as headache and vomiting
5. Watch for increasing difficulty in breathing
6. Stay with patient until assistance arrives
7. Retrieve patient record for additional information
8. Consult appropriate guidelines for additional guidance e.g. **Eye Injuries, Collapse/Semi-Conscious, Severe Pain, Vomiting, Head Injury, Limb Numbness, Breathing Difficulties or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink
- Document all incident details and advice given

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Vomiting and/or Diarrhoea

(Persistent symptoms in adults >72 hours)

1. **Ask the patient to come to the practice NOW**
2. **Inform the Practice Nurse and/or GP** for additional triage and advice unless patient has breathing difficulties or is difficult to rouse or has stopped drinking then **discuss with Practice Nurse or GP immediately**
3. Direct patient to ED or After Hours GP Service if requested by Practice Nurse/ GP **or** if no GP present
4. If no Clinical Staff present and if patient has associated breathing difficulties **and** has a history of severe allergic reaction or *anaphylaxis* and is carrying an Epipen® or equivalent assist patient to use
5. Watch for deteriorating level of consciousness
6. Watch for increasing difficulty in breathing **or** airway obstruction
7. Stay with patient until assistance arrives
8. Retrieve patient record for additional information
9. Consult appropriate guidelines for additional guidance e.g. **Collapse/Semi-Conscious, Breathing Difficulties, Allergic Reaction or CPR chart**

- Always wear gloves if there is a risk of exposure to body fluids
- Give no food or drink (unless instructed to do so)
- Document all incident details and advice given
- **Consider Communicable Disease**

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Abdominal Pain

(including testicular pain)

If **any** of the following symptoms **call Ambulance via 000**:

- Gasping for breath at rest
- Leg/s numb, cold and pale
- Cool, clammy or lightheaded
- Associated sudden back pain without injury

If **any** of the following symptoms present, **Direct patient to ED** consider **Ambulance via 000** if symptoms severe:

- Doubled over in pain or must lay with legs drawn to chest
- Abdomen swollen and tense
- Passing or vomiting blood
- Heavy vaginal bleeding ≥ 1 sanitary pad or tampon per hour for last 4hrs
- Continuous pain > 2 hours (1 hour in paediatric)
- Recent abdominal surgery (< 6 mths) **or** trauma
- Localised pain that is worsening (particularly right lower quadrant pain)
- Lump suddenly tender
- No urine passed in last 6 hours (paediatric)
- Female > 20 weeks gestation (consider labour ward)

If none of these symptoms present and pregnancy excluded, patient appointment can be made **(Cat. 6)**

If severe pain, unrelieved by appropriate analgesia consider instructing patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **Referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Laying with the knees bent (and a pillow under the knees) may relieve pain
- Discuss with pharmacist regarding appropriate pain relief and/or muscle relaxant medication

- Generally abdominal pain that is so severe that the patient has to walk bent over or lay with their knees to their chest needs to be assessed in an ED rather than general practice
- Beware of patients with associated fever **or** rebound tenderness (one of the most important signs of peritonitis) **or** guarding **or** swelling **or** a sudden change to their abdominal pain (including sudden unexplained relief)

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Abuse or Assault (actual or suspected)

If **any** of the following symptoms **direct patient to ED** or **call Ambulance via 000** if symptoms severe:

- Injuries requiring emergency treatment **or** immediate radiological investigation
- History indicates possible loss of consciousness
- Alleged sexual assault for the purpose of evidence collection, security and custody

REFER TO SPECIFIC NURSE TRIAGE GUIDELINES/PRACTICE EMERGENCY GUIDELINES FOR MANAGEMENT OF INJURIES IDENTIFIED

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

- All allegations or suspicion of sexual, physical or emotional abuse or neglect of children **must** be reported to the relevant state child protection authority immediately
- Reports of violent assaults should be reported to Police especially if a victim is in danger of further harm
- Forensic investigation or the collection of evidence should be done at an appropriate facility e.g. designated Emergency Department. To preserve such evidence advise the patient not to shower, wash or change clothing

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Allergic Reactions

If **any** of the following symptoms present **call Ambulance via 000**:

- Gasping for breath at rest or speech difficulties
- Pale/Red or cold/clammy skin
- Throat, mouth swelling or patient difficulty swallowing
- Continuous, unrelieved wheezing
- Sudden onset of abdominal cramps or diarrhoea or faintness
- History of anaphylaxis or severe allergic reaction requiring hospitalisation

If none of these symptoms present instruct patient to **Come to the Practice Now (Cat. 5)**; if unable to comply **direct patient to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Minor adverse reactions from medications are fairly common and the product information sheet or manufacture's website can provide detail of this information
- Initial relief of suspected anaphylaxis symptoms is **not** a reason **not** to call an Ambulance via 000

- The indications for the patient using an Epipen®, Epipen Jnr® are a patient with a diagnosed history of anaphylaxis presenting with any respiratory or pre-syncopal symptoms and should be injected in the upper outer thigh.
- Patients taking Beta Blockers and ACE Inhibitors often have more severe symptoms of anaphylaxis or be less responsive to Adrenaline. Monitor blood pressure following administration of adrenaline.

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 or when the patient is at the practice or when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Extremely Anxious

(patient or carer)

Assess for underlying cause:

- Organic causes including pain **or** underlying illness **or** medication issues
- Psychological factors
- Social factors

Depending on causative factors, presenting symptoms and level of anxiety or distress consider asking the patient to **Come to the Practice Now (Cat. 5)**; if unable to comply consider **referral to ED or After Hours GP Service < 2 Hour**

If patient/care anxiety causing distress to other patients, consider removing patient from waiting area and expediting consultation

- Always believe the worried parent about unusual behavior or presentation of a child until proven otherwise

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Back Pain

If **any** of the following symptoms **call Ambulance via 000**:

- Patient cold, clammy or lightheaded
- Associated chest pain **or** severe abdominal pain **or** shortness of breath
- Acute onset of severe back pain **without** a history of trauma

If **any** of the following symptoms present, **direct patient to ED** consider **Ambulance via 000** if symptoms severe:

- Inability to urinate
- Traumatic back pain **with** a sudden loss of feeling **or** strength in a limb

If **none** of these symptoms present **and** pregnancy is excluded consider patient appointment today or within 24 hours (**Cat. 6**)

If severe pain, unrelieved by appropriate analgesia consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Getting comfortable can be difficult but may include sitting in a firm chair with adequate lumbar support, lying on your back with your knees bent or lying on your side with knees flexed and sleeping with a pillow between your knees
- Cold packs followed by warm packs after 48 hours may provide some relief
- Avoid lifting (of any weight). Let pain be your guide
- Remaining immobile or complete bed rest can increase recovery time

- Generally, back pain which is associated with trauma (either recent or an exacerbation of an existing injury e.g. 'lifting injury') is rarely an emergency unless there is foot drop, paralysis or urinary problems. However the onset of acute back pain which is **not** associated with trauma is almost always an emergency
- In the days following a back injury adequate rest, regular gentle movement (to maintain mobility) pain relief and anti-inflammatory medications will assist in reducing acute inflammation and if pain persists further investigation may be required

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Bites and Stings

If possible establish what patient was bitten by and contact **PIC on 131126**

If **any** of the following symptoms present **call Ambulance via 000**:

- Bite by known venomous snake, spider or sea creature
- Bite by unknown snake, spider, sea creature or insect with any symptoms of:
 - Decreased level of consciousness
 - Gasping for breath at rest or wheezing
 - Stung in mouth or throat
 - Cool and clammy
 - Throat swelling **or** difficulty swallowing
 - Abdominal pain or vomiting
 - Uncontrolled bleeding
- Patient history of previous severe allergic reaction to similar bite or sting
- Multiple insect sting attack (especially in the old or very young)
- Bite by larger animal to face **or** neck or suspected damage to underlying structures

If **any** of the following consider instructing patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 2 Hours**

- Wound requiring dressing **or** topical treatment **or** pain relief
- Bite requiring minor suturing

If none of the above but patient requires immunization, **make appointment for today**

SELF CARE

- Try not to scratch or touch the bite
- Consult with pharmacist for appropriate pain relief, anti-histamines and topical pain relieving agents
- Applying cold pack to the site of a sting may help relieve pain
- Check site daily for signs of infection

- Infection in insect stings should be considered if there is evidence of drainage, fever, red streaks or pus > 24 hours after the sting
- Bee stingers should be removed by scraping rather than pulling

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Bleeding (Persistent or Heavy)

If **any** of the following symptoms **call Ambulance via 000**:

- Significant frank blood from any body orifice e.g.
 - $\geq 60\text{mls}$ PR in an Adult
 - Epistaxis for > 30 mins despite control measures
- PV bleeding in patient > 20 weeks gestation
- Decreased alertness **or** pre-syncopal on standing

If **any** of the following symptoms consider **referral to ED**

- Patient taking anti-coagulants or undergoing chemotherapy
- Consistent traces of blood in urine, faeces or vomitus
- Bleeding not controlled with home measures
- Intermittent nose-bleeds for >24 hours
- PV bleeding in patient < 20 weeks gestation **or** history of miscarriage, abortion **or** childbirth within 1 month

If none of these symptoms present patient **Appointment can be made today or within 24 hours (Cat. 6)**. Ask patient to **Come to the Practice Now (Cat. 5)** if concerned about history.

REFER TO NURSE TRIAGE GUIDELINE 'PREGNANCY PROBLEMS' FOR SPECIFIC DETAIL

SELF CARE

- It is important to monitor the quantity, frequency and nature of any persistent bleeding
- Breakthrough bleeding in early pregnancy is common but should be assessed if accompanied by cramping or abdominal pain or continues to worsen

- Patient on anti-coagulant therapy or aspirin need to be assessed carefully
- Small amounts of bleeding can occur without significance, including: early pregnancy breakthrough bleeding, after sexual intercourse, during the first 3 months of commencing oral contraceptives, a missed contraceptive dose mid-cycle and in post-menopausal women

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Breathing Difficulties

If **any** of the following symptoms present **call Ambulance via 000**:

- Gasping for breath at rest **or** difficulty speaking (phrases only) **or** unexplained rapid breathing rate (see below for detail)
- Decreased level of consciousness
- Associated onset of chest pain
- Colour change in patient (cyanosis)
- Continuous, unrelieved wheezing
- Sudden onset unrelieved within 15 minutes by rest and/or appropriate medication
- History of severe allergic reaction **or** anaphylaxis

If **any** of the following symptoms present, **Direct Patient to ED** consider **Ambulance via 000** if symptoms severe:

- Coughing up red, pink froth or sputum
- History of recent surgery
- Sudden onset post a blow to chest
- Sudden onset of pain on inspiration

If **none** of these symptoms consider instructing patient to **come to the practice now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Increase fluid intake unless on restriction
- Avoid NSAID drugs e.g. Aspirin particularly in children or teenagers with flu like symptoms
- Institute Asthma Plan as required
- Don't wait to seek help if normal reliever is not providing sufficient relief

- Generally, a child who is pink and can sleep comfortably is not in respiratory distress
- Almost all patients with symptoms of shortness of breath should be reviewed
- Care should be taken with patients with a history of CCF who may present with asthma like symptoms that are masking pulmonary oedema
- Respiratory rates of > 29 in Adults, > 30 in 6 – 12 yrs, > 35 in 1-5 yrs, > 60 in first year, are always abnormal and a significant indication of seriousness (regardless of the absence of other symptoms)

REMEMBER – DOCUMENT ALL ADVICE GIVEN

Advise all callers to ring back if there are any changes in their condition that causes them concern
Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Burns

If **any** of the following symptoms **call Ambulance via 000**:

- Gasping for breath at rest **or** difficulty speaking (phrases only)
- Stridor (both loud and quiet are significant)
- Colour change in patient (cyanosis)
- Continuous, unrelieved wheezing
- Facial burns **or** risk of inhalation injury
- Severe unrelieved pain
- Burns relating to electrocution
- All circumferential burns

If **any** of the following symptoms present, **direct patient to ED** consider **Ambulance via 000** if symptoms severe:

- Burns to the hands, feet or genitals
- Any full thickness burns (white black or charred)
- Partial thickness burns (reddening and blistering) burns > size of equivalent to full arm or full leg or surface of abdomen

If **none** of these symptoms consider asking patient to **Come to the Practice Now** (Cat. 5) if unable to comply consider **referral to ED or After Hours GP Service**

SELF CARE

- Leave blisters intact to prevent infection
- Only topical treatment specifically designed for the treatment of burns (after initial cooling) should be used e.g. Burn Aid®
- Check burns frequently for signs of infection i.e. discoloration, foul smell

- Chemical burns need to be irrigated with running water or saline for at least 20 minutes or longer if chemical residue remains
- For extensive burns consider a large sterile burns sheet to cover affected area which is kept moist with saline (water if not available)

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Chest Pain

Chest Pain has many causes and needs to be assessed carefully to rule out life threatening pathology. Remember **PQRST**:

- **Provocation** – what was the patient doing when the pain started?
- **Quality** – how does the patient describe the pain?
- **Radiation** – where is the pain located and does it radiate?
- **Severity** – how severe is the pain and what makes it worse?
- **Timing** – when did the pain start and how long has it lasted?

If **any** of the following associated symptoms present, **call Ambulance via 000**:

- Short of breath at rest
- Present crushing pain or tightness
- Radiation of pain to neck, jaw, shoulder or arm
- Cold and clammy or sweating > 2 minutes
- Patient feels like passing out **or** vomiting
- Chest pain lasting longer than 20 minutes not relieved by rest and/or appropriate medication

If **none** of these symptoms present instruct patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral of patient to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Indigestion pain that is not relieved by antacid medication needs to be investigated
- Vasodilators should only be administered when you are seated or lying down as they tend to drop blood pressure, which can lead to fainting

- AMI and PE can occur at any age – do not rule out these based on age alone
- It is estimated that 20-40% of patients having an AMI are unrecognised
- Females have a higher rate of 'silent infarction' i.e. no atypical symptoms
- Vasodilators are non-selective and can cause syncope in administered whilst patient is standing or **hypotensive**

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Choking

If **any** of the following symptoms **call Ambulance via 000**:

- Gasping for breath
- Unable to cough effectively **or** unable to speak
- Decreasing level of consciousness
- Deteriorating perfusion e.g. cyanosis
- Stridor (both loud and quiet stridor are significant)

REFER TO PRACTICE STAFF EMERGENCY GUIDELINE 'CHOKING' FOR ACTIONS

If **any** of the following symptoms, **Direct Patient to ED**. If symptoms have progressed rapidly **contacting Ambulance via 000**

- Significant bleeding from mouth or nose following choking episode
- Sensation of 'object in throat' **and** unable to swallow
- Child with associated drooling **or** leaning forward to breath

If none of these symptoms, consider asking the patient to **Come to the Practice Now (Cat. 5) or After Hours GP Service < 1 Hour**

SELF CARE

- If the patient has any persistent minor bleeding from the mouth or a persistent cough after they have choked then they need to be assessed

- Evidence of trauma such as bleeding after a choking episode needs to be assessed
- Persistent coughing after a relieved choking episode may indicate that a foreign body is lodged in the lung
- As well as foreign bodies choking can be as a result of conditions such as anaphylaxis, croup and epiglottitis

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Collapse or Semi-Conscious

If **any** of the following **call Ambulance via 000**:

- Gasping for breath
- Onset of severe chest, abdominal pain or headache immediately prior to collapse
- Sudden back pain without injury
- Sudden PV bleeding in pregnant patient > 20 weeks

REFER TO PRACTICE STAFF EMERGENCY GUIDELINE 'COLLAPSE or SEMI-CONSCIOUS' FOR ACTIONS

If **any** of the following symptoms present **Direct patient to ED**:

- Failure to rapidly recover completely

There are many causes of collapse, utilize AEIOUTIPS to determine cause:

Alcohol	Intoxication and check for drug use also
Epilepsy	REFER TO PRACTICE STAFF EMERGENCY GUIDELINE "FITTING" FOR ACTIONS
Insulin	BSL < 4mmol/L give glucose by mouth if gag intact, otherwise Glucagon® SCI or glucose gel
Overdose	Consider prescribed medications. If narcotic administer Naloxone
Uraemia	Due to waste accumulation in blood due to renal impairment
Trauma	Head injury, hypovolaemia, hypoxia, hypothermia and heart problems
Infection	Meningitis, encephalitis
Psychosis/Poisoning -	REFER TO PRACTICE STAFF EMERGENCY GUIDELINE "MENTAL HEALTH PROBLEMS" or "POISONING" FOR ACTIONS
Stroke/Syncope	If no signs or history of CVA posture supine with legs elevated, if poor response consider other causes. Pregnant patients > 28 wks should not be postured supine but rather left lateral

SELF CARE

- An unconscious or semi-conscious person is best placed laying down on their side so that ant fluids in the airway can drain out
- Don't give the person any food or drink
- Fainting can often involve the person shaking and this should stop quickly

- Seizure like shaking is common in syncopal episodes due to hypoxia but should resolve on collapse
- MedicAlert ® or similar bracelets may provide valuable information about the cause of the episode
- Low BSL is more likely to cause rapid collapse than a raised BSL

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Death

If **any** of the following **call Ambulance via 000**:

- Uncertainty as whether the patient is deceased

Police (who will liaise with the Coroner) will need to be involved if death occurred and was:

- Unexpected i.e. patient not elderly > 72yo and/or not currently being treated for any illness was likely to be a significant causative factor
- Involving a minor (≤ 15 years of age)
- Suspicious i.e. the presence of a weapon and/or injuries inconsistent with a natural cause of death
- In a public place or in public view
- A result of suspected suicide
- A result of an accident (in any setting except a nursing home in a patient > 72 yo)

If **none** of these circumstances and GP has treated the patient with the last 6 months, the treating GP may be able to issue a “Death Certificate” stating cause of death. If no treating GP available or circumstances are as above a ‘Life Extinct’ certificate will need to be issued by any GP, RN (e.g. in NSW a registered nurse in a residential aged care facility).

If relative/s are very distressed consider asking to **Come to the Practice Now (Cat. 5)** or contact practice if grief reaction is causing ongoing distress or sleep disturbance

- The legislation and requirements for the management and reporting of deaths, varies between states e.g. in NSW palliative care nurses and ambulance staff cannot issue a ‘life extinct’ certificate but a registered nurse in a residential aged care facility can
- Consider the wellbeing of grieving relatives who may or may not have medical issues that may be compromised by additional stress
- Sedatives may be appropriate for relatives who are suffering anxiety preventing normal sleep

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Eye Injury

If **any** of the following symptoms present **call Ambulance via 000**:

- Penetrating injury to the eye
- Chemical substance in the eye
- Blow to the eye with decreased visual acuity **or** 'blood' in the eye
- Sudden loss of sight in an eye
- Headache with loss of vision (unless previously diagnosed migraine with similar symptoms)

If any of the following symptoms present, **Direct to ED** and consider **Ambulance via 000** if symptoms severe:

- Foreign body in the eye (whereby the position, depth, size or likely damage is such that it requires more specialised equipment)

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply **consider referral to ED or After Hours GP Service < 2 Hour**

SELF CARE

- Do not rub the injured eye
- Flush chemicals in eye with gently running water (or saline), especially under eyelids
- A darkened room may help to relieve pain
- Contact pharmacist for pain relief options or topical treatments including OTC anti-biotic drops

- Ensure that under the eyelids is checked and flushed if foreign bodies or substances are suspected
- When faced with serious penetrating trauma to the eye it is better that examination is avoided and both eyes are padded to prevent sympathetic eye movement in the damaged eye
- Patient cannot flush their own eye very effectively
- A patient with an eye injury or who has received treatment should not drive themselves to care

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Eye Problems or Earache

If **any** of the following symptoms call **Ambulance via 000** if symptoms severe:

- Foreign body in the eye with loss of vision
- Associated history of head injury
- Sudden loss of quality of sight
- Severe headache with decreased visual acuity (without diagnosed history of migraine)

If any of the following symptoms present consider asking the patient to **Come the Practice Now (Cat. 5)** if unable to comply **direct to ED or After Hours GP Service < 2 hours**

- Foreign body in the eye **without** loss of vision
- Earache persisting for > 48 hours **despite** home treatment measures including appropriate analgesia
- Foreign body in the ear **despite** attempts to remove
- Severe unrelieved pain in ear or eye **despite** appropriate analgesia
- Swelling and redness to one side of face or behind ear

If none of these symptoms present consider make patient **Appointment for today or within 24 hours (Cat. 6)** if symptoms persist.

SELF CARE

- Consider pain relief, contact pharmacist regarding various preparations and strengths available
- Speak to pharmacist regarding OTC eye and ear preparations
- Heat packs may assist in reducing pain in ear ache

- The difference in the duration of illness in patients presenting with typical otitis media/externa, between those who receive antibiotics and those who don't is approximately 12 hours. Symptomatic relief is preferred unless symptoms persist beyond 72 hours
- Consider pain relief e.g. Paracetamol 15mg/kg 4 - 6 hourly up to 48 hours
- Chloromyceton eye drops are available OTC in some states

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Fever in Adult (otherwise well)

If **any** of the following symptoms **call Ambulance via 000**:

- Decreased alertness **or** confusion **or** difficult to rouse

If **any** of the following symptoms present, **direct patient to ED** consider **Ambulance via 000** if patient condition worsening:

- Immunosuppressed patient undergoing chemotherapy
- Renal Dialysis patient
- Recent major surgery
- Recent transfusion of blood products

If **any** of the following symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 hour**

- Unresolved fever that is unresponsive to antipyretics **and/or** persisting for > 72 hours
- Any complaint of urinary dysfunction
- Associated pleuritic chest pain **or** shortness of breath

If **none** of these symptoms consider making an **Appointment today or within 24 hours (Cat. 6)** if symptoms persist or worsen.

Provide information regarding symptoms Meningitis/Meningococcal Disease to all Adults with fever if not receiving immediate face-to-face care

SELF CARE

- Drink plenty of water and avoid tea, coffee and alcohol.
- Watch for development of other symptoms and re-contact practice i.e. rash, involuntary shivering, hot but not sweating, neck stiffness, severe headache or overseas travel.
- Paracetamol is not generally required to treat fever < 38.5°C in adults, gastroenteritis or as a sedative. Dosage for Adults is 500mg – 1000mg (500mg tablet) every 4-6 hours (maximum 8 tablets or 4g in any 24 hours). For 665mg slow release tablet, 2 tablets every 6-8 hours (maximum 6 tablets or 4g in 24 hours)

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Fitting

If **any** of the following symptoms **call Ambulance via 000**:

- First instance of fitting in adult or child (without fever)
- Diabetic patient
- Seizure occurred in water
- Another seizure quickly follows the first
- Jerking (tonic-clonic) seizure lasting > 5 mins
- Complex partial seizure (altered awareness, confusion, repetitive movements) lasting longer than 15 mins
- Unresolved breathing difficulties
- Signs of CVA and BSL > 4mmol/L

If **any** of the following symptoms present, **Direct Patient to ED** consider **Ambulance via 000** if symptoms severe:

- Injuries requiring x-ray or CT investigation e.g. suspected fractures

If **none** of these symptoms consider instructing patient to **Come to the Practice Now (Cat. 5)** if concerned, if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Do not restrain or place anything in mouth of a person who is having a seizure
- For the person who has a diagnosed history of seizures the Ambulance via 000 should be called if the person still has breathing problems after they have stopped fitting, they immediately go into another seizure, the fit occurred in water, a generalised seizure lasts longer than 5 mins

- Febrile convulsions in children (usually under 5 years of age) are not likely to cause brain damage as in epilepsy
- First instance of any seizure activity needs clinical assessment to exclude more serious causes
- Paracetamol or Ibuprofen will not prevent febrile convulsions
- An Ambulance should be called via 000 if there is a suspicion of aspiration (including fitting in water), another seizure commences quickly, a tonic-clonic seizure lasts longer than 5 mins, a complex partial seizure lasts longer than 15 mins or the patient has breathing difficulties

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Flu-like Symptoms

(with persistent or risk factors present)

If **any** of the following symptoms **call Ambulance via 000**:

- Gasping for breath at rest **or** difficulty speaking (phrases only)
- Colour change in patient (cyanosis)
- Continuous, unrelieved wheezing

If patient has the indicators of influenza which include a fever $> 38^{\circ}\text{C}$ or a good history of fever with cough and sore throat, consider asking patient to **Come to the Practice NOW (Cat. 5)** or follow to **Current Public Health Advice**.

Additional symptoms with fever to be concerned about are fatigue, muscle-pain, joint-pain, shaking when feverish, chills, diarrhoea or vomiting (if any of these present or patient in the high-risk group* discuss with GP)

*High-risk group patients include:

- Chronic respiratory conditions including asthma and COPD
- Pregnant women, particularly in second or third trimester
- Morbidly obese patients
- Indigenous persons of any age
- Other possible predisposing conditions such as:
 - cardiac disease (not simple hypertension)
 - chronic illnesses including diabetes mellitus
 - metabolic diseases
 - renal failure
 - haemoglobinopathies
 - immunosuppression (including cancer, HIV/AIDS infection, drugs)
 - neurological conditions
- Other groups who, whilst not regarded as vulnerable require active monitoring for deterioration if they have an acute respiratory illness. These include: smokers, obstructive sleep apnoea, children under the age of 5 years, pregnant women in their first trimester

SELF CARE

- The best way to prevent the spread of infections is to practice cough etiquette (cough into a tissue or your elbow rather than your hands or the air), wash hands frequently, use tissues rather than a handkerchief or better still consider wearing a mask
- Hard surfaces can harbour a flu virus for up to 48 hours under the right conditions, so hard surfaces should be wiped down frequently

• Consider Communicable Disease

- Take necessary infection control actions in the practice, including separation $>1\text{m}$, issuing masks and tissues to infective patients and wiping hard contact surfaces down after each patient

Advise all callers to ring back if there are any changes in their condition that causes them concern

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Head Injury (with suspected brain injury)

If **any** of the following symptoms present or significant mechanism of injury (MOI) **Direct Patient to ED** advise to **call Ambulance via 000** if decreased level of consciousness **or** visual acuity:

- High-risk mechanism of injury
 - Fall from a horse or quadbike/all terrain vehicle
 - Motorbike/pushbike accident > 30 km/h
 - Object dropped on head (consider height and mass of object)
 - Fall from more than 1m or 5 stairs (or from standing height if >65 yrs). In children a fall > twice their height is significant
 - Passenger or driver of vehicle in collision >60 km/h
 - A pedestrian or cyclist hit by motor vehicle
- Associated severe headache worsening over last hour
- Vomiting (2 or more times post injury)
- Significant neck tenderness
- Any of the following at any time in the 48 hours after injury:
 - Confusion
 - Difficulty walking
 - Convulsion
 - Slurred speech
 - Unusually sleepy and difficulty waking
 - Vision problems
 - Weakness or loss of sensation in face or limbs
 - Clear or bloody drainage from nose or ear

If **none of these symptoms**, however patient requires suturing for scalp or facial lacerations instruct patient to **Come to the Practice Now (Cat. 5)** or if unable to comply **Direct to ED or After Hours GP Service < 2 Hour**

SELF CARE

- If parent or carer is observing the patient for worsening symptoms, reasons for concern of concussion or more serious brain injury would include: severe and increasing headache, persistent vomiting (≥ 2 times post injury), dizziness or unsteady when walking, excessive or persistent drowsiness, slurred speech, clear or bloody discharge from the ear or nose, visual disturbance.
- It is safe to allow children to sleep after an injury provided they are woken every 2 hours (during the next 24 hours) to check for alertness and responsiveness

- If there is to be any delay in face to face care, be sure that parent or carer understands the indicators of more serious pathology
- Avoid NSAID's or sedatives
- An associated spinal injury should be suspected with any significant head injury or impact

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Heart Palpitations

(sensation of heart beating rapidly or pounding or irregularly)

If **any** of the following symptoms **Call Ambulance via 000**:

- Gasping for breath at rest **or** difficulty speaking (phrases only)
- Decreased level of consciousness
- Associated onset of chest pain
- Dizziness
- Related sweating
- Colour change in patient (cyanosis **or** pallor)

If **any** of the following symptoms present, **Direct patient to ED** consider **Ambulance via 000** if symptoms severe:

- History of SVT **and** failure to resolve with valsalva manoeuvre
- History of persistent episodic atrial fibrillation

If **none** of these symptoms or history present consider instructing patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Valsalva to relieve very fast heart rate (SVT) can be achieved by several methods including; taking a deep breath pinching the nose and trying to exhale through the nose, trying to blow up a balloon, blowing into a glass of water using a straw
- Avoid alcohol, caffeine and tobacco

- Patients with diagnosed history of SVT should be encouraged to carry out valsalva manoeuvre to encourage spontaneous reversion
- Ingestion of diuretics, diet pills, medicines containing pseudo-ephedrine, some recreational drugs, excessive caffeine or tobacco – may all precipitate arrhythmias including irregular or rapid heart beat
- Persistent tachycardia >150bpm for > 30mins needs to be assessed
- Any fast heart rate that causes shortness of breath or dizziness needs to be assessed as soon as possible

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Lacerations

If **any** of the following symptoms **call Ambulance via 000**:

- Patient cold, clammy **or** lightheaded
- Decreased level of consciousness
- Uncontrollable bleeding **despite** direct pressure and elevation
- Laceration of major vessel
- Penetrating injury from a weapon **or** that may involve underlying structures e.g. organs

If **any** of the following symptoms present, **Direct Patient to ED** consider **Ambulance via 000** if symptoms severe:

- Damage to underlying connective tissue e.g. tendons, ligaments **or** muscle (white matter visible in wound)
- Loss of feeling to area indicating nerve damage
- Lacerations > 30mm in length **or** located on the face (check with individual GP who will provide treatment)
- Lacerations that have very uneven borders that will be difficult to close

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 2 Hour**

SELF CARE

- Bleeding is best controlled using direct pressure, elevation and rest
- Check the wound daily for signs of infection
- Minor lacerations in the mouth may be controlled by sucking on ice cubes
- Once bleeding has stopped change dressings regularly

- If a laceration or suture line is not healing well after 7 – 10 days it needs to be assessed
- Check tetanus status as consider vaccination if more than 5 years have elapsed since the last dose. Tetanus prone injuries include compound fractures, bites, penetrating wounds and foreign bodies, infected wounds, burns or superficial wounds contaminated with soil, dust or manure or the reimplantation of an avulsed tooth

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Limb Injury (possible fracture)

If **any** of the following symptoms **call Ambulance via 000**:

- Limb injury with circulatory compromise (i.e. limb is cold/blue **or** pale, absent or poor distal pulses)
- Two or more fractures to two or more body regions
- Severe pain requiring immediate pain relief (unless at the practice **and** appropriate analgesia is on hand)
- Suspected long bone fractures **or** fractures near **or** on a joint
- Significant associated tissue damage **or** bleeding
- Injuries resulting from high-risk mechanism of injury (MOI)

High-risk mechanism of injury

- Fall from a horse or quadbike/all terrain vehicle
- Motorbike/pushbike accident > 30 km/h
- Fall from more than 1m or 5 stairs (from a standing height if >65 yrs). In children a fall > twice their height is significant
- Passenger or driver of vehicle in collision >60 km/h
- A pedestrian or cyclist hit by motor vehicle

If **any** of the following symptoms present, **Direct Patient to ED** consider **Ambulance via 000** if symptoms severe:

- Loss of sensation
- Loss of distal function
- Obvious deformity requiring surgical review and/or intervention
- Associated dislocation

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- Soft tissue injuries can be treated with **RICE** – Rest the injured part, Ice the affected area for 20 mins at a time, Compress using an elasticized bandage, Elevate the limb.
- Exercise gently until fully recovered after 48 hours heat packs

- High risk mechanisms require a detailed trauma assessment regardless of the patient's stated injuries or denial of significant pain

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Contacting Ambulance 000 - Except in cases where you feel the patient is not able or willing to contact 000 **or** when the patient is at the practice **or** when making a Ambulance medical booking; it is better that the patient themselves make the 000 Ambulance call.

Limb or Facial Numbness/Weakness (sudden/acute)

If **any** of the following symptoms present, **Direct Patient to ED** consider **Ambulance via 000** if symptoms severe:

- Foot drop with history of back injury/surgery
- Sudden unexplained loss of bladder or bowels
- Facial numbness with loss **or** change of speech
- Hemiplegia
- Decreased level of consciousness
- Bluish skin discoloration **or** cold limb

If any of the following symptoms consider asking patient to **come to the practice now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

- Tenderness in the calf
- Swelling of a limb
- Increased warmth **or** redness of a limb

If **none** of these symptoms present **make appointment today or within 24 hours (Cat. 6)**

SELF CARE

- Protect any numb areas from injury

- Consider CVA with numbness. Utilise **FAST** stroke assessment in determining these symptoms:
 - Facial weakness
 - Arm weakness
 - Speech difficulties
 - Time – get patient to ED quickly

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Limb Pain

If **any** of the following symptoms **call Ambulance via 000**:

- Short of breath at rest
- Associated chest pain
- Cold and clammy or sweating > 2 minutes
- Dizziness or decreased level of consciousness
- Unexplained cold limb
- No pulse **or** feeling present in limb

If none of these symptoms present, make **Appointment today or within 24 hours (Cat. 6)** if symptoms persist

SELF CARE

- Soft tissue injuries can be treated with **RICE** – **R**est the injured part, **I**ce the affected area for 20 mins at a time, **C**ompress using an elasticized bandage, **E**levate the limb.
- Exercise gently until fully recovered after 48 hours heat packs
- If no improvement in 48 hours contact the practice

- Arm pain that comes on after exertion should be treated as chest pain
- Limb pain affecting the movement of a joint may need further investigation
- If no improvement in 48 hours the patient probably needs to be assessed

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Loss of Speech

Call Ambulance via 000

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USE EMERGENCY GUIDELINES AS REQUIRED

- Utilise **FAST** stroke assessment in determining these symptoms:
 - Facial weakness
 - Arm weakness
 - Speech difficulties
 - Time – get patient to ED quickly

REMEMBER – DOCUMENT ALL ADVICE GIVEN

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Meningitis (suspected)

Meningitis and particularly meningococcal disease are difficult to diagnose and there is a genuine concern in the community that common symptoms may be indicators of the more serious illness. Care should be taken to ensure that any suspicions are followed up quickly.

If **any combination** of the following symptoms present call **Ambulance via 000** if symptoms severe:

Earlier Symptoms

- Fever **with** cold hands and feet
- Severe leg pain (preventing standing or walking)
- Pale, blue or dusky around lips

Later Symptoms

- Neck stiffness (unable to touch chin to chest). This may not be present in children
- Purple non-blanching rash
- Severe continuing headache
- Photophobia
- Rapid breathing
- Less responsive or drowsy
- Vomiting

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

SELF CARE

- As the disease can get worse very quickly it is important to check the patient regularly
- In babies and toddlers other symptoms may include a bulging soft spot on the head, refusing feeds, fretful or dislike for being handled, crying in bright lights

- Symptoms may appear in any order and rapidly progress
- Meningitis and septicaemia often appear together
- A fever and spots or rash that do not fade under pressure is a medical emergency

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Mental Health Problems

If **any** of the following symptoms **call Ambulance via 000 and** provide risk detail:

- Stated intention **and** means to harm self or others
- Violent **or** aggressive behavior
- Significant self-harm requiring treatment (inc. overdose or poisoning)
- Acute psychosis

If requiring Schedule 2 under Mental Health Act **and** no immediate danger discuss with GP and contact ambulance via medical booking number regarding transport and risk factors

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED** or specialist mental health service

Tips for dealing with mental health patients

1. Introduce yourself and explain why you are present
2. Remain courteous and non-threatening, but be honest and direct
3. Listen to the person in a non-judgmental way
4. Avoid confrontation at all costs - be prepared to "agree to differ" with the person's perspective
5. Clarify and address what the person sees as the major issues first (not what you, the helper, see as the major concerns)
6. Do not attempt to manhandle the patient, except to prevent serious assault or suicide attempts
7. Encourage / assist person to receive professional mental health help
8. Finally, if the incident was traumatic for you, or you feel anxious or distressed, discuss these issues with a friend or a professional service

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- Patients should be asked directly if they have plans to harm themselves or others, if so how and when?

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Other Non-Urgent Problems

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USE EMERGENCY GUIDELINES AS REQUIRED

- Practice staff will approach you from time-to-time for advice and direction regarding patient appointments and concerns they have about patient welfare. Part of the role of a practice nurse is to support and encourage these staff in the team management of patients seeking primary medical care.
- Generally other patients should be seen within 48 hours except for those with more urgent symptoms.

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Pain [Severe] (inc. headache and testicular)

If **any** of the following symptoms **call Ambulance via 000**:

- Headache **with** symptoms of CVA e.g. facial drooping **or** limb weakness **or** slurred speech
- Sudden onset of a severe (worst ever) headache
- Headache with symptoms of persistent fever and neck stiffness or photophobia

If **any** of the following symptoms present **direct to ED** suggest **Ambulance via 000** if interim pain relief required or altered alertness:

- Persistent severe pain despite home measures i.e. icepack and appropriate analgesia **or** changes the patient's posture
- Severe headache following recent head injury
- Severe Headache

If **any** of the following symptoms present instruct patient to **Come to the Practice Now (Cat. 5)** if unable to comply **direct to ED or After Hours GP Service < 1 Hour**

- Headache with persistent vomiting
- Withdrawal from barbiturates, benzodiazepines or alcohol
- Home measures have failed and symptoms worsening

If **none** of these symptoms consider making **appointment for patient today or within 24 hours (Cat. 6)** if symptoms unresolved with appropriate analgesia

- Testicular torsion if suspected is an emergency and is the primary reason for the loss of a testicle; salvage rate of 90-100% is found in patients who undergo detorsion within 6 hours of pain; the viability rate falls to 20% - 50% after 12 hours
- Patients with a history of migraine may require IV pain relief and anti-emetics

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Poisoning (inc. overdose)

Establish:

- What has been taken?
- How much has been taken?
- By what route was it taken?
- When was it taken?
- Was it intentional or accidental?

Check with **Poisons Information Centre – 131126** or **eMIMS** and GP for detail

If **any** of the following features **call Ambulance via 000**:

- Ingestion of prescription medication in significant quantities to be life threatening
- History of severe allergic reaction **or** anaphylaxis to ingested substance
- Toxic substance requiring emergency treatment
- As advised by Poisons Information Centre

If **none** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED** if pathology required e.g. INR post anti-coagulant overdose **or** specific symptoms develop

SELF CARE

- Swallowed chemicals that burn the mouth or throat will burn again if the person vomits and should be given water to drink rather than milk
- Remove any clothing contaminated with poisons and wash the area well

- DO NOT INDUCE VOMITING
- Substances and objects swallowed that may be able to be managed conservatively at home include: coins and smooth objects provided there is no abdominal pain or respiratory problems, most soaps except caustic types such as dishwasher detergent, general cosmetics such as powders and creams with the exception of hair dyes and nail polish and acetone based remover, vitamin pills not containing iron, contraceptive pills (< 6 taken)
- Substances such as eucalyptus oil and iron tablets are extremely toxic to children

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Post-Operative Problems

If **any** of the following symptoms **call Ambulance via 000**:

- Onset of shortness of breath
- Chest pain
- Colour change in patient (cyanosis)
- Significant bleeding from wound **or** body orifice
- Wound dehiscing with visible or protruding viscera

If **any** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 2 hours**

- Fever
- Unusual Pain
- Smelly discharge from wound
- Unusual amount of bleeding or discharge from a wound
- Unilateral limb pain **or** swelling **or** color change

If none of these symptoms present make **Appointment today or within 24 hours (Cat. 6)** if symptoms persist

SELF CARE

- Itching on the sides of a wound are a sign of healing
- Follow post surgical instructions provided by your specialist or the hospital service
- General symptoms that need to be checked out include muscle aches (not associated with the surgery), headaches may commonly develop after a general anaesthetic especially if your use of caffeine has been suspended but not if they persist despite medication or are associated with a fever

- The main concerns post operatively are infection, bleeding (internal or external) and a clot
- Symptoms of wound infection include redness, swelling, pain, a foul-smelling odour or discharge, heat over or around the area or red streaks extending from the wound

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Pregnancy Problems

If **any** of the following symptoms **call Ambulance via 000**:

- PV bleeding **with** severe abdominal or back pain
- Onset of labour in patient with known **or** history of placenta previa
- Decreased alertness **or** pre-syncopal on standing
- Severe headache **or** throbbing head and history of pre-eclampsia

If **any** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

- Severe headache **or** throbbing head with history of hypertension

Determine how many weeks gestation:

If patient < 20 weeks gestation

If patient has any of the following symptoms, ask patient to come to the surgery now (**Cat. 5**) if unable to comply direct to **ED**

- Pain or cramping in the lower back or abdomen
- Soaking 1 sanitary pad per hour for last 3 hours

If none of the above consider making an **appointment today or within 24 hours (Cat.6)**

If patient > 20 weeks gestation

If **any** of the following symptoms present direct **patient to ED**

- Soaking 1 sanitary pad per hour for the last 3 hours
- Abdominal pain or regular cramping
- Ruptured membranes
- No perceived movement of foetus

If none of the above make **Appointment today or within 24 hours (Cat.6)** unless anxiety level suggests, asking patient **Come to the Practice Now (Cat. 5)**

- Patient anxiety is an important factor in decision making
- Consider referral to an appropriate maternity unit

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Rash (sudden onset)

If **any** of the following symptoms present instruct patient to **call Ambulance via 000**:

- Associated symptoms of severe allergic reaction/anaphylaxis
- Decreased level of consciousness

If **any** of the following symptoms present, direct **patient to ED**

- **Meningitis (Suspected)** – refer to guideline for detail

If patient has any of the following symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable **consider referral to ED**

- Generally unwell child **with** new rash
- Medication course commenced
- Associated fever **or** lethargy **or** pallor **or** vomiting
- Widespread **or** localised red area (with or without pain/fever)
- Spreading red streaks **and** fever
- Recent history of cat scratch

If none of these symptoms present make an **Appointment today or within 24 hrs (Cat. 6)** if symptoms persist

SELF CARE

- Apply cold packs for 20 mins every 3-4 hours to reduce itching and pain
- Heat rashes can be relieved with cool baths
- Avoid contact with pregnant women
- Consult with pharmacist for topical relief agents and antihistamines
- All new clothing should be washed before wearing, especially if manufactured offshore

- Consider pain relief e.g. paracetamol 15mg/kg 4-6 hourly for associated fever or discomfort (maximum dosage for children 60mg/kg/day and for adults 4mg/day)
- Non-blanching purple rash is a late sign of meningococcal septicaemia and should not be used as the sole determinate of suspicion
- Most viral rashes are contagious, especially when a temperature is present

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Spinal Injury/Trauma

(For “lifting injury” or onset of back pain without trauma see “Back Pain” Guideline)

If **any** of the following symptoms present or significant mechanism of injury (MOI) **call Ambulance via 000**:

- Significant neck tenderness
- Evidence of paraplegia **or** quadriplegia
- Numbness or tingling in extremities **or** unexplained loss of limb strength/function
- Priapism (penile erection in a male following trauma)

High-risk mechanism of injury

- Fall from a horse or quadbike/all terrain vehicle
- Motorbike/pushbike accident > 30 km/h
- Object dropped on head (consider height and mass of object)
- Fall from more than 1m or 5 stairs (particularly if >65 yrs). In children a fall > twice their height is significant
- Passenger or driver of vehicle in collision >60 km/h
- A pedestrian or cyclist hit by motor vehicle
- Penetrating injury to spine area

If none of these symptoms, Direct Patient to ED

SELF CARE

- Do not move the patient unnecessarily i.e. only if needed to maintain an airway or for resuscitation

- An associated spinal injury should be suspected with any significant head injury or impact
- If airway management required use ‘jaw thrust’ rather than ‘head tilt’. NB: in the absence of airway adjuncts, ‘head tilt’ may be indicated after failure of ‘jaw thrust’ procedure

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Swollen Limb

If **any** of the following symptoms **call Ambulance via 000**:

- Gasping for breath at rest **or** difficulty speaking (phrases only)
- Associated onset of chest pain
- History of severe allergic reaction **or** anaphylaxis
- Coughing up red/pink froth

If **any** of the following symptoms present, **direct patient to ED** consider **Ambulance via 000** if symptoms severe:

- History of recent surgery to the affected limb
- Sudden onset of a cold limb
- No pulse **or** feeling present in limb

If none of these symptoms present consider making an **Appointment for the patient today or within 24 hours (Cat. 6)**

If unilateral leg pain in the absence of injury consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 2 Hours**

SELF CARE

- Soft tissue injuries can be treated with **RICE** – Rest the injured part, Ice the affected area for 20 mins at a time, Compress using an elasticized bandage, Elevate the limb.
- Exercise gently until fully recovered after 48 hours heat packs

- If limb plaster cast is suspected of being too tight causing distal swelling, arrange for cast removal and replacement without delay
- Swelling due to bites can be reduced by the application of cold packs
- Cellulitis and the bacteria that cause the condition is spread via skin to skin contact and patients and carers need to have specific instructions on how to minimise cross infection

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Unable to Urinate

Direct patient to ED

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Uncontrollable Bleeding

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- A pulse rate > 120, systolic blood pressure < 90mmHg in an Adult requires urgent resuscitation
- Paediatrics may lose up to 30% of blood volume before any changes in vital signs
- Vital Signs in a paediatric indicative of life-threatening hypovolaemia include:

	1 st Year	1 – 5 yrs	6 – 12 years
Heart Rate (HR)	> 160	> 140	> 120
Systolic Blood Pressure (SBP)	< 60	< 70	< 80
Respiratory Rate (RR)	>60	> 35	>30

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Underdose (inc. missed dose)

If **any** of the following symptoms **call Ambulance via 000**:

- Gasping for breath at rest **or** difficulty speaking (phrases only)
- Associated onset of chest pain
- Colour change in patient (cyanosis)
- Dizziness **or** pre-syncope on standing
- Any significant symptoms as a result of acute withdrawal

Check with **eMIMS or PIC 131126** for detail and specific advice

If no significant symptoms or danger identified, give patient interim care instructions e.g. if contraceptive pill then advice regarding next dose and use of other forms of contraception

If patient lacks script resulting in underdose or missed dose, or requires testing as a result of underdose (e.g. Warfarin), consider asking patient to **Come to the Practice Now (Cat. 5)**. If unable to comply consider **referral to ED or After Hours GP Service < 2 Hours** if significant symptoms likely from sudden withdrawal otherwise make **Appointment today or within 24 hours (Cat. 6)**

SELF CARE

- Generally if you forget to take one or more doses: take your next dose at the normal time and in the normal amount. Do not take any more than your doctor prescribed.
- For the vast majority of patients an occasional missed dose will have little impact on the outcome of therapy

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Unwell Child (or elderly patient)

(with persistent symptoms > 48 hrs)

If **any** symptoms of ‘**Meningitis**’ or if any of the following symptoms **call Ambulance via 000**:

- Fever > 38.5°C (or ‘hot to touch’) – unrelieved by antipyretic **with** decreased alertness. A child with a fever of >41°C is at risk of serious illness
- Decreased level of consciousness
- Vomiting – frequent vomiting **and** decreased urine output/unable to drink
- Diarrhoea – frequent **and** decreased urine output
- Cough – barking cough **or** constant cough with obvious distress
- Wheeze – known asthmatic with **any** of the following:
 - Poor response to blue reliever
 - Previous hospitalisation for asthma with similar presentation now
 - Peak flow < 75% of patient’s baseline
 - Cyanosis to lips
 - Can only speak in phrases **or** unable to speak

If **any** of the following symptoms, consider asking the patient to **come to the practice now (Cat. 5)**:

- Fever (> 38.5°C or ‘hot to touch’) unrelieved with antipyretic **or** associated earache **or** rash **or** family history of febrile convulsions
- Baby < 6 months of age **with** at least one significant symptom
- Decreased or increased frequency, offensive smell **or** pain on urination
- Patient with history of diabetes

If **none** of the above and for symptoms below consider making an **appointment today or within 24 hours (Cat.6)**, unless anxiety level suggests **Come to the Practice Now (Cat. 5) or After Hours GP Service < 2 Hours**

- Vomiting - frequent vomiting **but** able to drink and **with** normal urine output
- Diarrhoea - frequent **but** normal urine output
- Cough - nocturnal **or** painful to swallow

- Paracetamol and Ibuprofen should not be given in combination unless under medical supervision
- Fever (i.e. $\geq 38.5^{\circ}\text{C}$) in the absence of lethargy or other significant pain need not be treated with antipyretics
- In children single dose Paracetamol 15mg/kg is most effective in fever < 41°C and should not exceed 60mg/kg/day or continued for more than 48 hours without medical review.
- Paracetamol/ibuprofen do not prevent febrile convulsions
- Signs of dehydration that may require IV re-hydration include listlessness, dry tongue, absent tears, sunken eyes, depressed fontanelle in babies, skin tenting little or no urine for previous 8 hours

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Urinary Problems

(patient able to urinate)

If **any** of the following symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable consider direct **patient to ED**; consider **Ambulance via 000** if symptoms severe:

- Only able to pass small amounts of urine
- Severe pain on urination
- Blood in urine
- Fever $>38^{\circ}\text{C}$ **and** flank pain **or** chills **or** nausea/vomiting
- Recent back trauma
- Pus or bloody discharge from penis

If none of these symptoms present make **Appointment today or within 24 hours (Cat. 6)** if symptoms persist.

If severe pain, unrelieved by appropriate analgesia consider asking the patient to **Come to the Practice Now (Cat 5)** if unable to comply **direct patient to ED or After Hours GP Service < 2 Hours**

SELF CARE

- For retention of urine try urinating whilst immersed in a warm bath
- Consistent cloudy or foul smelling urine in a child $< 3\text{yo}$ is something to be very concerned about and a reason to call the practice immediately
- Blue or green urine is usually caused by foods or medications. Some foods that can change urine colour include: beetroot, rhubarb, blackberries and vitamin B supplements.

- The blockage or dislodgement of a urinary catheter is to be treated as an inability to urinate
- Flank pain associated with urinary symptoms almost always means kidney problems i.e. infection, stones or abscess
- A history of excessive thirst (polydipsia) and frequent urination (polyuria) in an otherwise well patient should always be investigated

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Visual Disturbance

If **any** of the following symptoms **call Ambulance via 000**:

- Sudden loss of vision
- Onset of unusual severe headache with a visual disturbance

If **any** of the following symptoms present, **direct patient to ED** consider **Ambulance via 000** if symptoms severe:

- Sudden loss in the quality of sight

If **any** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 1 Hour**

- Suspected foreign body in eye
- Associated pain causing distress

If **none** of these symptoms present consider making an **Appointment today or within 24 hours (Cat. 6)**

SELF CARE

- Avoid rubbing or touching the eyes and if there is drainage from the eye avoid sharing towels and washcloths
- Infrequent and vague symptoms should be documented as reported to your GP next time you see them

- Sudden changes in the quality of sight that have not cleared in an hour usually are an indicate of an urgent situation
- Visual migraines are typically described as a continuous visual disturbance (involving active shimmering or kaleidoscope effect) that last between 10 to 30 minutes and then resolve
- Patients with flashes and floaters need to be assessed by an eye specialist
- A dark shadow in a portion of vision may indicate a retinal detachment
- Temporary loss of vision like a curtain being drawn down could indicate a TIA

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Vomiting and/or Diarrhoea

Persistent symptoms in adults >72 hours (unless severe or elderly)

If **any** of the following symptoms present, **direct patient to ED** consider **Ambulance via 000** if symptoms severe or paediatric patient (see 'Unwell Child' Guideline as required:

- Frequent vomiting **and** decreased urine output **or** unable to drink
- Frequent diarrhoea (> 10 episodes in previous 12 hours) **with** decreased urine output
- Decreased alertness **or** pre-syncope on standing
- Exposure to a toxic substance/vapour or suspected food poisoning
- Signs of dehydration requiring IV re-hydration (listlessness **or** dry tongue **or** absent tears **or** sunken eyes **or** depressed fontanelle in babies **or** no urine output for last 8 hours **or** skin tenting)

If **any** of the following symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 2 Hours**

- Vomiting that is frequent and persistent **but** able to drink and **with** good normal urine output **and** failure of home measures
- Diarrhoea that is frequent and persistent **but** able to drink and **with** normal urine output **and** failure of home measures
- Patient with a history of diabetes **or** immunosuppressed **or** pregnant

SELF CARE

- For diarrhoea clear liquid diet for first 12 – 24 hours then dry diet without dairy/high in starch for next 12 hours. Avoid dairy, fried, fatty and spicy foods for 2-5 days after diarrhoea ceases.
- Maintain adequate fluid intake: breastfeed at more frequent intervals, formula is OK up to 24 hours for mild diarrhoea, children < 1yo cordial (not diet) drinks and dilute mixed up solution with 6 parts tap water (unless Giardia warning issued), carbonated drinks diluted with 4 parts water, unsweetened fruit juice or fruit juice drink diluted in 4 parts water. A simple rehydration mixture can be made using mixing 6 teaspoons of sugar and ½ teaspoon of salt into one (1) litre of cooled boiled water.
- Contact pharmacist regarding rehydration products e.g. Gastrolyte®, Hydrolyte® and OTC anti-diarrhoeal medications
- Maintain hygiene measures to prevent spread to other family members

- Consider appointment for anti-emetic/anti-diarrhoeal drugs in patients unable to manage fluid intake or persistent symptoms

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Wound Infection

REFER TO NURSE TRIAGE GUIDELINE “POST-OPERATIVE PROBLEMS” FOR SPECIFIC DETAIL IF RELEVANT

If **any** of these symptoms consider asking patient to **Come to the Practice Now (Cat. 5)** if unable to comply consider **referral to ED or After Hours GP Service < 6 hours**

- Red streaks extending from the site
- Discolored **or** smelly discharge
- Brown or black discoloration to tissue around site
- Infestation by larvae
- Significant swelling around wound
- Heat **or** pain to the wound area
- Fever in the patient with no other identifiable origin

If none of these symptoms present make **Appointment today or within 24 hours (Cat. 6)** if symptoms persist

SELF CARE

- It is most important to keep wounds clean and dry
- Change dressings often (unless instructed by clinical staff managing the wound care)
- Watch wounds for signs of infection inc. reddening, swelling, warmth, red-streaks and smelly discharge
- Check Tetanus status as consider vaccination if more than 5 years have elapsed since the last dose. Tetanus prone injuries include compound fractures, bites, penetrating wounds and foreign bodies, infected wounds, burns or superficial wounds contaminated with soil, dust or manure or the reimplantation of an avulsed tooth

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