

	<b>020.601.035 Nursing Advice for Labour and Delivery Telephone Triage</b>
Location: Childbirth and Childrens Services\Antepartum - Triage	Version: 3.50
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**POLICY:**

Patients greater than 20 weeks gestation who call into Childbirth and Children’s Services (CCS) triage line will receive a telephone assessment by an experienced labour and delivery clinical nurse. Patient advice will only be given if the patient’s antenatal file is available and an accurate patient history can be obtained.

**GUIDELINE(S):**

If the antenatal files not available at the time of call, the patient will be advised to call her primary provider or come to hospital for assessment.

All telephone advice will be documented on OBS Telephone Advise Record (M-CHICCOTA).

**EXPECTED OUTCOME(S):**

Pregnant women (greater than 20 weeks gestation) will be provided thorough indicated assessment, intervention (advice, counseling, referrals, etc.) and evaluation from an experienced clinical nurse when calling the CCS telephone triage line.

**PROCEDURE(S):**

The unit secretary will:

- Retrieve the antenatal file for a patient who calls the triage line to prepare for nurse
- Send White copy of completed OBS Telephone Advise Record (M-CHICCOTA) to Health Records
- Register the patient’s visit

The Nurse will:

- Review client’s antenatal file before giving advice.

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- Endeavour to speak directly with woman. If assessment cannot be directly with woman due to a language barrier, or patient condition request patient to go to physician's office, or come to hospital for assessment.
- Identify herself by name and designation.
- Determine if this is first telephone call for advice and reason for call
- If this call is a repeat call for the same complaint/concern, patient will be directed to come for in-person assessment
- Complete questions on Telephone Advice Record
- Advise patient to go for in-person assessment by primary provider or to hospital if telephone assessment is incomplete. See criteria on OBS Telephone Advise Record (M-CHICCOTA).
- Provide advise appropriate to patient's presenting complaint/concern (i.e. pain management strategies, fetal movement counting, monitoring labour)
- Consult with FN or OB-on-call if indicated
- Confirm with patient and document that the patient:
  - understands advice provided
  - agrees with suggested plan of care
  - understands when to call back, go to primary provider or come for in-person assessment
  - has no travel concerns
- Inform the patient that she may choose to come in for an in-person assessment if she is not comfortable with plan of care and primary provider not accessible.
- Place completed Telephone Advice Record in patient's antenatal file for review on next presentation. If patient is advised to come to the hospital, this form is placed in "incoming patients" holder. The yellow duplicate copy is placed in patient's antenatal file.
- Notify unit secretary to register telephone consult as a visit.

### Documentation

Complete all sections of the Obstetrical Assessment Unit Telephone Record (M-CHICCOTA)

### REFERENCE(S):

College of Nurses of Ontario Practice Guidelines: Telephone Practice (2004).

Canadian Nurses Protective Society: Telephone Advice (1997), 6 (1).

### ENDORSEMENT(S):

Childbirth Services Operations – 14-Feb-18

### PREVIOUS REVIEWED/REVISED DATE(S):

REVISED 07-Dec-06; 14-Feb-18

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