

PRO*TRIAGE*HUB

Telephone triage protocols for your women's health practice.

As these protocols are intended for daytime use, the first question in every protocol will ask the user if the patient is calling during normal office hours, if the answer is 'no' the user will not be able to advance.

The screenshot shows a web-based triage protocol interface. At the top, there is a blue header bar with the word "Triage" on the left and a minus sign icon on the right. Below the header, there is a yellow "Clear" button. The main content area is a light gray box with a thin border. Inside this box, there is a text field containing the target description: "Target: Term OB patient who reports contractions and/or signs and symptoms of labor." Below this, there is a question: "1 . Is the patient calling during normal office hours? *". There are two radio button options: "Yes" (unselected) and "No" (selected). Below the radio buttons is a green "Clear" button. At the bottom of the main content area, there is a text field containing the note: "The use of this protocol after-hours is prohibited." and a green "Complete" button.

In addition, users are able to log in to the application at any time, but protocol access is only available between 0700 and 1800 Monday through Friday, excluding holidays.

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As the user navigates through the protocol, they will encounter some questions that are excluded from the report results. The information in these questions is information that would already be contained in the patient's chart and is not necessary to include in the triage notes.

In the example below, the excluded question is the patient's gestational age. This is a logic/branching question that will take the user down the appropriate pathway based on the selected gestational age.

The screenshot shows a web interface titled "Triage" with a blue header and a grey sidebar. A yellow "Clear" button is in the top right. Below the header is a grey box with the text "Target: Term OB patient who reports contractions and/or signs and symptoms of labor." Below this is question 1: "1. Is the patient calling during normal office hours? *". It has two radio buttons: "Yes" (selected) and "No". A green "Clear" button is below it. Question 2 is "2. Gestational Age *" with a red arrow pointing to it. It has a sub-label "{#ExcludedFromReport#}" and three radio buttons: "0w1d-19w6d", "20w0d-36w6d", and "37w0d or greater". A green "Clear" button is below it. A green "Complete" button is in the bottom right corner.

Use the next button to continue to advance in the protocol.

This screenshot is identical to the one above, but the "Next" button in the bottom right corner is circled in red. The "Gestational Age" question now has the "37w0d or greater" radio button selected.

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Questions that contain an asterisk are required and must be answered before the protocol can be completed.

The screenshot shows a digital form with two sections. The first section is titled "3 . Rupture of Membranes; Patient Reports *" and has two radio button options: "Yes" and "No". The "No" option is selected. Below the options is a green "Clear" button. The second section is titled "4 . Anticipated Delivery Type; Patient Reports *" and includes explanatory text: "TOLAC: Trial of Labor After Caesarean. This is the designation for a patient who has had a previous C-section and will be attempting a vaginal delivery. VBAC: Vaginal Birth After Caesarean. This is the designation for a patient who has had a successful vaginally delivery after a previous C-section. If your patient states that she plans to attempt a VBAC choose the TOLAC option." Below this text are three radio button options: "Vaginal", "C-section", and "TOLAC". The "TOLAC" option is selected. Below the options is a green "Clear" button. A red arrow points to the asterisk in the title of the first section.

Many protocols contain a quick call question. This is what we refer to as a quick out for the nurse and patient. These are patients who meet all the criteria for evaluation.

The screenshot shows a digital form with a single section titled "5 . Labor Quick Call; Anticipated Vaginal Delivery; Patient Reports". The section contains three numbered criteria: "1) contractions every 3-5 minutes for 1 hour or longer, and", "2) lasting 45-60 seconds in duration, and", and "3) inability to walk, talk, and breathe through contractions *". Below the criteria is explanatory text: "A 'yes' answer will lead to recommended evaluation." There are two radio button options: "Yes" and "No". The "Yes" option is selected. Below the options is a green "Clear" button. At the bottom of the section, a green button labeled "Evaluation Recommended" is circled in red. A red arrow points to the asterisk in the title of the section. In the top right corner of the form, there is a yellow "Clear" button.

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A 'no' answer to the quick call question will allow the user to continue to navigate through the protocol flow. As the user proceeds through the protocol, there are other areas where evaluation may be recommended

[Clear](#)

5 . Labor Quick Call; Anticipated Vaginal Delivery; Patient Reports

1) contractions every 3-5 minutes for 1 hour or longer, and
2) lasting 45-60 seconds in duration, and
3) inability to walk, talk, and breathe through contractions *

A 'yes' answer will lead to recommended evaluation.

Yes

No

[Clear](#)

6 . Vaginal Bleeding; Patient Reports *

Yes

No

[Clear](#)

Many questions contain logic. For instance, if 'yes' is selected in the vaginal bleeding question, additional evaluation questions regarding bleeding will display.

6 . Vaginal Bleeding; Patient Reports *

Yes

No

[Clear](#)

7 . Bleeding Onset; Patient Reports *

Now

Within the last 6 hours

Within the last 6-12 hours

Within the last 12-24 hours

24 hours or greater

[Clear](#)

If 'no' is selected, the protocol will bypass additional questions related to vaginal bleeding.

6 . Vaginal Bleeding; Patient Reports *

- Yes
 No

Clear

7 . Fetal Movement; Patient Reports *

- Normal fetal movement
 Decreased fetal movement
 Increased fetal movement

Clear

To allow for flexibility and the use of nursing judgment, many protocols have a Nursing Judgment Override question.

12 . Nursing Judgment/Labor Parameter Override; Patient Reports *

It stands to reason that any patient experiencing symptoms with more pain than anticipated should be evaluated.

- History of rapid labor and/or precipitous delivery
 Alternate contraction parameters were given to the patient
 Maternal pregnancy complications which require intervention during labor
 Fetal abnormalities which require intervention at delivery
 Multiple gestation pregnancy
 Non-vertex fetal presentation
 Patient is a significant distance from the hospital
 Nursing judgment has determined that the patient should seek evaluation



Patient denies that she has a history of rapid labor/precipitous delivery, was given alternate contraction parameters, has fetal or maternal complications, is a significant distance from the hospital, has a non-vertex fetal presentation, or is carrying multiples.

Clear

The user is able to use the 'previous' button to navigate back to a previous page and/or set of questions, however, they must clear all of their previously selected answers so that they are not included on the generated report.

12. Nursing Judgment/Labor Parameter Override; Patient Reports *
It stands to reason that any patient experiencing symptoms with more pain than anticipated should be evaluated.

- History of rapid labor and/or precipitous delivery
- Alternate contraction parameters were given to the patient
- Maternal pregnancy complications which require intervention during labor
- Fetal abnormalities which require intervention at delivery
- Multiple gestation pregnancy
- Non-vertex fetal presentation
- Patient is a significant distance from the hospital
- Nursing judgment has determined that the patient should seek evaluation
- Patient denies that she has a history of rapid labor/precipitous delivery, was given alternate contraction parameters, has fetal or maternal complications, is a significant distance from the hospital, has a non-vertex fetal presentation, or is carrying multiples.

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To clear a question, for single select questions, use the green 'clear' button and for multi-select questions, uncheck the selected answer. To clear the answers to all questions and start the protocol over, click the yellow 'clear' button near the top right.

The screenshot displays the PRO*TRIAGE*HUB interface. At the top, there are two blue navigation bars: 'Protocols' and 'Triage'. A yellow 'Clear' button is located in the top right corner of the 'Triage' bar, with a red arrow pointing to it. Below the navigation bars, a grey box contains the target text: 'Target: Term OB patient who reports contractions and/or signs and symptoms of labor.' The main content area contains two questions:

1 . Is the patient calling during normal office hours? *

- Yes
- No

A green 'Clear' button is positioned below the 'No' option and is circled in red.

2 . Gestational Age *
{#ExcludedFromReport#}

- 0w1d-19w6d
- 20w0d-36w6d
- 37w0d or greater

A green 'Clear' button is positioned below the '37w0d or greater' option.

A green 'Next' button is located at the bottom right of the form area.

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Every protocol includes required and optional teaching blocks. Teaching blocks that are not required will have an associated preamble directing the user.

We include a significant amount of teaching in every protocol. The user does not need to select all teaching statements. They should only select teaching that is appropriate for their patient.

In addition, every teaching block includes an ‘other’ option where the user can add additional teaching as needed.

13. Anticipated Vaginal Delivery Patient Instructions *

- Comfort measures reviewed and encouraged.
- Information provided on early labor, prodromal labor, and Braxton Hicks contractions.
- Patient to call back for (1) contractions every 3-5 min x 1 hour or more; (2) inability to walk/talk/breathe through contractions; (3) any amount of vaginal bleeding; (4) decreased fetal movement; (5) suspected rupture of membranes or leaking of fluid.
- Other

Freehand additional teaching

14. OB Vaginal Bleeding Patient Instructions
This teaching is not required. Bypass if not applicable for your patient.

- Teaching provided regarding the increase in blood supply to the cervix and vagina during pregnancy.
- It is normal to experience some vaginal spotting after intercourse, a vaginal exam, or with an active vaginal infection.

Once the protocol assessment is complete, the user will select the ‘continue’ button to proceed to the Call Handling/Disposition portion of the protocol.

17. General OB Patient Instructions
This teaching is not required. Bypass if not applicable for your patient.

- Patient encouraged to set target water intake at 80-120 ounces per day.
- Informed that loss of mucus plug is not a definite indicator that labor will start. Mucus plug may be clear, blood-streaked, brown, pink, yellow, green and lost in one piece or in several small pieces; informed that there are no activity restrictions.
- Other

Continue

1 . Follow Up Patient Instructions *

This question addresses teaching you provided to the patient.

- Patient instructed to keep next scheduled appointment
- Same day appointment scheduled
- Future appointment scheduled
- Patient to present to the hospital for treatment and evaluation
- Present to urgent care for treatment and evaluation
- Call PCP or alternate provider for treatment and evaluation
- Referral provided
- Other

Clear

At the end of the protocol, the user can use the Nursing Notes section to add additional information, however, this is not required, and the user can bypass.

3 . Call Disposition *

- RN Resolved
- Triage Staff Resolved
- Provider Consult

Clear

4 . Nursing Notes

This question is not required. Bypass if not applicable.

Selecting the 'complete' button will complete the protocol flow.

If a required question is not answered, the user will receive an alert and must make a selection before they can complete the call.

13 . Anticipated Vaginal Delivery Patient Instructions *

Please answer the question.

- Comfort measures reviewed and encouraged.
- Information provided on early labor, prodromal labor, and Braxton Hicks contractions.
- Patient to call back for (1) contractions every 3-5 min x 1 hour or more; (2) inability to walk/talk/breathe through contractions; (3) any amount of vaginal bleeding; (4) decreased fetal movement; (5) suspected rupture of membranes or leaking of fluid.
- Other

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The outcome of the protocol will generate in a separate browser tab/window.

You can view as a PDF and save to file for import into the patient's chart.



Labor Assessment

Is the patient calling during normal office hours?

- Yes

Rupture of Membranes; Patient Reports

- No

Anticipated Delivery Type; Patient Reports

- Vaginal

Labor Quick Call; Anticipated Vaginal Delivery; Patient Reports

1) contractions every 3-5 minutes for 1 hour or longer, and

2) lasting 45-60 seconds in duration, and

3) inability to walk, talk, and breathe through contractions

- No

Vaginal Bleeding; Patient Reports

- No

Fetal Movement; Patient Reports

- Normal fetal movement

Contraction Frequency; Patient Reports

- Irregular contractions

Contraction Onset; Patient Reports

- Less than an hour

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You can copy the protocol questions and answer and paste into the notepad in the patient's chart.

[View PDF](#)

Labor Assessment

Is the patient calling during normal office hours?

- Yes

Rupture of Membranes; Patient Reports

- No

Anticipated Delivery Type; Patient Reports

- Vaginal

Labor Quick Call; Anticipated Vaginal Delivery; Patient Reports

1) contractions every 3-5 minutes for 1 hour or longer, and

2) lasting 45-60 seconds in duration, and

3) inability to walk, talk, and breathe through contractions

- No

Vaginal Bleeding; Patient Reports

- No

Fetal Movement; Patient Reports

- Normal fetal movement

Contraction Frequency; Patient Reports

- Irregular contractions

Contraction Onset; Patient Reports

- Less than an hour