

Guidelines/Expectations for Triage/Walk in, Screening nurse

Purpose of role

- 1) To see walk in patients to triage or treat appropriately
- 2) To see patients before doctors who are overdue or due screening or procedures to remind, schedule or perform procedure.
- 3) To see patients after they have seen the doctor to perform procedures deemed necessary.
- 4) To see patients before doctors who are running late.

Procedure

- 1) Triage is the process of determining the priority of patients' treatments based on the severity of their condition. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately.

See walk in patients and assess urgency. Determine what they need and who is available to provide the service. If no available practitioner and is non-urgent, reschedule at a time convenient for both patient and practitioner.

If needs to be seen that day schedule a time that is available. If no appointments are available, book with cc.

If immediate help required action as appropriate.

- 2) At the beginning of your session take the time to look through appointment books to see if there is anyone coming in who needs opportunistic screening. Eg: look at individual dash boards and check what is in red. With this in mind you could book the patient in with yourself, to see if possible before the doctor or put a reminder on the appointment book for the doctor.

Examples of screening to be undertaken include, updating smoking alcohol status, bp, wt, ht, bmi, blood test, CVD risk, cx screening, immunisation, diabetes check, education. Read and update alerts and check/update recalls. (eg a patient may be on a recall for a blood test but may have had it recently- update the recall. Or they may be on an alert for something from years ago that is no longer relevant – update the alert).

It will not be possible to do all this for every patient but every bit helps. Concentrate on the patients who need more urgent attention. Eg: smokers, diabetics, those with long term conditions and those who visit infrequently or are at high risk.

- 3) Receptionists will book patients who need to see a nurse after they have seen the doctor. This includes those who need blood tests, ECG, ivs , casting, dressings and asthma education.

- 4) If a doctor is running late and you are able to see the patient first this may help prevent further delays. See the patient, document what they are there for and do any necessary observations. Check screening as per no. 2. If you are seeing Colins patient be aware that he will not wait for them if they do not respond immediately he calls their name. Keep an ear open for his voice as patients do not like to miss their turn by being seen by someone else. (You may like to keep the door slightly ajar).

This is a very busy important role which helps keep the practice running smoothly. It is not a time to catch up on paper work. Apart from the patients booked in by receptionists after they have seen the doctor the work is self-generated. If you do not initiate your own work the receptionists will book you up anyway with non-triage patients and this unfortunately defeats the purpose of the role of screening and disadvantages those nurses who want to focus on opportunistic patient care.