

Ambulatory Care Nursing Simulation Toolkit

Telephone Triage: Pediatric

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1. Development & Background Information

1.1 Purpose

The **purpose** of this simulation-based activity is to practice a telehealth call that involves triage of a common, non-emergent pediatric health problem, applying a standardized triage protocol while also attending to the full context of family-centered care.

1.2 Learning Objectives

By the end of this simulation-based experience, the learner will be able to...

1. Apply the nursing process to a telehealth encounter concerning a pediatric patient, with emphasis on assessment and decision-making.
2. Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a pediatric patient's care needs.
3. Use technology to deliver quality patient care via a telehealth patient encounter, using active engagement of the family and integrating principles of privacy and confidentiality.
4. Use collaborative communication strategies with the family and other healthcare professionals to facilitate optimal patient care.
5. Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery.

1.3 Scenario Development

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1.4 Brief Summary

A student will play the role of an ambulatory care nurse returning a call from a parent who is concerned about a rash in an 11-month old child. The case is intended to be consistent with roseola (a non-emergent viral infection that usually resolves without intervention), though that information should not be shared with students before the simulation. The nurse will return the parent's call and will gather information using a standardized rash protocol to support assessment and decision-making. The nurse will give a brief SBAR report to the provider before calling the parent back. During the call-back, the learner will use the roseola triage protocol and will give the parent specific instructions on care for the child and when to call or seek care.

Notes:

- This simulation is designed so it could be run **in-person** or **remote** (via video conferencing). Notes throughout this document give instructions for each type of delivery.
- More than one student could play the role of the nurse. For instance, one might complete the first call, another might prepare and give the SBAR report, and a third might complete the second call.

- Triage in this scenario is based on Briggs, J. (2021). *Telephone triage protocols for nursing*. Philadelphia: Wolters Kluwer. Specific protocols used are *Rash, Child* (pp. 505-509) and *Roseola* (pp. 518-519). The protocols are not provided in this guide due to copyright, but the scenario can be adapted to other standardized triage protocols.

1.5 Activity Duration: 60-90 min. If this simulation is used in the same session as *Telephone Triage: Pediatric*, several elements can be combined to save time since the principles are similar.

1.6 Intended Learners

The Ambulatory Care Nursing Simulation Toolkit was designed primarily for pre-licensure nursing students who have completed foundational courses (i.e., pathophysiology, pharmacology, fundamentals of nursing care, and medical-surgical clinical training). The course is also appropriate for RN Residents and for practicing RNs who are new to the ambulatory care setting.

1.7 Skills Required for Learners Prior to the Simulation Session

Psychomotor skills prior to the simulation:

- Collect health history and problem-focused data in an organized and thorough manner
- Use good communication to interview patients
- Communicate professionally via telehealth technologies
- Synthesize information from multiple sources in applying the nursing process
- Communicate using SBAR format

Knowledge prior to the simulation:

- Triage principles and protocols
- Incorporating child development into nursing care
- Nursing process in the context of telehealth nursing practice
- SBAR and SOAP communication formats

2. Simulation Set-up

2.1 Personnel Needed and Responsibilities

- **Facilitator(s):** provide briefing, facilitate the scenario and debriefing, play an acted role if needed.
- **Actor(s):** parent (played by facilitator), provider (both could be played by facilitator or simulation staff)

2.2 Acted Roles (scripted)

Role	Description
<i>Parent</i>	The actor playing the parent will speak with the learner by phone using a script. <ul style="list-style-type: none"> • In-person: The parent role will be played by staff, who will speak with the learner by phone. • Remote: The parent role will be voiced by staff. The staff's video should be turned off to simulate an audio-only call.
<i>Provider</i>	The provider will receive the SBAR report from the nurse and will provide guidance according to a script.

2.3 Set-up Information

Set-up	Set-up information: <u>In-Person</u>	Set-up information: <u>Remote</u>
Setting Ambulatory care office	Set up like a nurse's telehealth workstation (desk, computer, phone)	No physical set-up Open Protocols for reference: Rash, Child and Roseola Learner(s) playing the nurse should be visible/audible to all
Patient Actor/standardized patient (may be the facilitator)	Call with a speaker phone from the debriefing room so observers can listen to the "parent" end of the conversation Student playing the nurse is visible/audible from the simulation room camera (feeding to the screen in the debriefing room)	Actor playing the parent will turn off video to simulate an audio-only call
Usable technology Computer Phone	Computer may be the student's or facilitator's (does not need to be a workstation on wheels) for displaying the triage protocol Working phone with headset	No phone or computer (other than that being used for teleconference) needed

Orders and documentation Care Protocols	Print or show on-screen the triage protocols (Rash, Child and Roseola) for use during the scenario	Open the <i>Rash, Child</i> triage protocol to screen-share. Have <i>Roseola</i> ready to send to the students (or to post a link in chat) after the SBAR.
Other documents Attendance record Actor scripts Observer worksheet	One attendance form per learner group Observer worksheet should be printed and brought by students	One attendance form per learner group Observer worksheets should be filled by students on paper or electronically

2.4 Fidelity

Type of fidelity	Characteristics of the simulation: In person	Characteristics of the simulation: Remote
Physical: Setting, patient/actors, and props are used to create realism.	A desk will be set up with a computer, phone with headset.	Pretend that the nurse and patient are speaking by phone.
Conceptual: Elements of the scenario relate in a realistic way.	The case is structured around a common concern for parents (pediatric rash). Students will apply a triage protocol that is commonly used in clinical practice. The nurse will give an SBAR report to a provider.	
Psychological: Contextual elements. E.g., noise, lighting, distractions, time pressure, etc.	There could be audio-recorded distractions on the patient end of the call (noises of children and TV).	
	The triage call will be done by phone using a headset and will involve a triage protocol as is done in real practice.	Pretend that the nurse and parent are speaking by phone. The actor/facilitator playing the parent should turn off video and keep only audio on the videoconferencing program so the student playing the nurse must focus only on what is audible.

3. Facilitator Orientation

3.1 Scenario Overview (with correct treatment decisions – do not share with students):

The caller is a 28 year old parent (may be mother or father) of two children (5 year old boy and 11 month old girl). They are calling about the 11 month old girl, who has been sick for 3 days. The child had a temperature up to 102.2°F (39.0°C). The parents had been giving Tylenol liquid for comfort. The child had a mild runny nose, poor appetite, and sleepiness, but no other symptoms. Today the child has no fever but has developed a rash (appearance is small pink spots) on her chest, upper back, and neck. The parent does not work outside the home and provides all childcare (other parent works full time); the older child attends kindergarten on mornings during the week. No one else in the home has been sick recently. The parent heard about a local measles outbreak and is wondering if the child needs to be seen. The parent is also a little worried that the child might not be drinking enough but does not know how to tell. The presentation is intended to be consistent with **roseola** (a non-emergent illness that usually resolves with only supportive care), but the student playing the nurse must complete the appropriate steps to determine the correct actions.

- **Act 1:** The student playing the nurse calls the parent. The student is expected to follow the rash protocol but also to ask additional questions to gather clinically and developmentally appropriate information about the patient.
- **Act 2:** The nurse will speak with the provider and review the case using SBAR format. The provider identifies the case as roseola and provides follow-up instructions.
- **Act 3:** The nurse should call the parent again and provide guidance according to the protocol and provider advisement, including when to call back or seek urgent care and how to monitor urine output. The patient's presentation is non-urgent (scenario written to be consistent with roseola), fever is resolved, and the patient is urinating within normal limits.
- **Act 4:** Before debriefing, the whole group should independently take 5-10 minutes to practice how they would document the call in the EHR.

3.2 Facilitator Requirements and Preparation

The facilitator must be competent in the appropriate simulation skills (i.e., briefing, acting in a simulation, and debriefing).

The facilitator should review the full simulation guide (i.e., this document). The facilitator also should review the readings/videos assigned in the Student Guide to incorporate teaching points in briefing and debriefing. Key topics include principles of telehealth nursing and triage, using a triage protocol, using the nursing process in telehealth nursing, pediatric rashes, SBAR, and SOAP note charting. Also review roseola to be able to explain this condition to the learners (here is information from the American Academy of Pediatrics: <https://www.healthychildren.org/English/health-issues/conditions/skin/Pages/Roseola-Infantum.aspx>).

3.3 Level of facilitation during the scenario: Low

Learners have completed a preparatory module, videos, and readings on telehealth. The facilitator should provide any cuing within the context of the acted role (parent or clinician) to the extent possible.

Although students might not have had pediatric didactic and clinical courses, that should not have a substantial impact on their ability to navigate this scenario.

3.4 Simulation evaluation

This simulation was developed as part of a HRSA-funded Nursing Education, Practice, Retention, and Quality Research (NEPQR) project. We request that schools using this simulation ask students to complete the online evaluation form after they have participated in the simulation (including those who were observers). This evaluation includes the Simulation Effectiveness Tool-Modified (SET-M) and evaluation of the learning outcomes. We will gladly share evaluation data with schools at which the students are located, upon request (email Nicole Summerside at nicoles1@uw.edu).

Online evaluation URL: https://docs.google.com/forms/d/e/1FAIpQLSeT5-xG5vHpPzHG3txldb7FiTrGRMOQ-3PhI4Kc8Y4qCAx9nQ/viewform?usp=sf_link

4. Simulation Facilitation Guide

4.1 Simulation Session Suggested Timeline

Time	Event
15 minutes	Table time: review learning objectives, learning preparation & essential scenario information.
5 minutes	Introduction to the simulator and clinical space
30 minutes	Run scenario
10 minutes	Practice documentation
30 minutes	Debriefing (use guide)

4.2 Briefing

- a. **Greet the group and establish a safe learning environment.**
 - a. Review the [Basic Assumption™](#) of simulation: “We believe that everyone participating in activities at (your organization’s name) is intelligent, capable, cares about doing their best and wants to improve.” Review the simulation agreement if you have one.
 - b. Remind them of the ground-rules of simulation: full participation, professional behavior, and confidentiality. Establish a fiction contract. Learners are to engage in a respectful manner, honoring diversity of thought and of personal background.
 - c. **Remote:** If the simulation is conducted over video conferencing, orient the learners to expectations pertaining to communication etiquette and use of audio, video, and mute functions.
- b. **Purpose of the Simulation (read to students).**

“The purpose of this simulation is to practice telephone triage of a common pediatric health problem, in this case, a rash, using a triage protocol. You should also attend to the full context of family-centered care.
- c. **Learning Objectives (review briefly).**

The purpose of reviewing the learning objectives is to orient the students just enough that they know what to do in the simulation. Not all facilitation prompts need to be reviewed; select as needed.

 1. Apply the nursing process to a telehealth encounter concerning a pediatric patient, with emphasis on assessment and decision-making. **Facilitation prompts:** *What kind of assessment data would you collect? What objective data might you need and how could you get it? What might you want to know that’s not on the triage protocol?*
 2. Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a pediatric patient’s care needs. **Facilitation prompts:** *Using the principles of triage that you read about, what assessment data would cause you to treat this call as something that needs care immediately? What would indicate that the problem is urgent but not an emergency?*

3. Use technology to deliver quality patient care via a telehealth patient encounter, using active engagement of the family and integrating principles of privacy and confidentiality. **Facilitation prompts:** *Other than the phone, what technologies might you use to support the patient’s care? [Examples if students have difficulty – patient instruction databases, e-messaging to send a picture of the rash, etc.]*
4. Use collaborative communication strategies with the family and other healthcare professionals to facilitate optimal patient care. **Facilitation prompts:** *How would you establish rapport with this parent? What are some developmental considerations concerning the patient, and her family, that you would factor into family-centered care? [e.g., establishing priorities with the parent, asking the parent’s goals or concerns are, etc.] SBAR is the collaborative format you’ll use with the provider, and we’ll discuss that in debriefing.*
5. Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery. **Facilitation prompts:** *What format would you use to document this encounter? We will practice documenting at the end of the simulation scenario. Everyone will write a nursing focus note.*

d. **Expectations.**

“The caller is the parent of an 11 month old girl. They are calling to ask you about her rash and fever. Normally, you would review the patient’s chart before returning the call, but for this scenario, we’ll assume that has been done and you’ve learned that the patient is healthy, has no known conditions, and is developing appropriately. The student playing the nurse will call the parent and apply the 10 steps for telephone triage. You’ll use the pediatric rash triage protocol that you reviewed in your homework, but you may ask additional questions as you see fit. After you’ve collected the assessment data, you’ll end the phone call by letting the parent know that you’ll speak with the provider and call back. You’ll give an SBAR report to the provider, and call back the parent with instructions as given by the provider. Immediately after the call, everyone will have 5-10 minutes to document the encounter.”

e. **Assign Roles**

Role	Description
<i>Nurse (caller)</i>	The student who plays the nurse in the scenario will be responsible for returning a call from a concerned parent of an 11 month old girl with a rash. The nurse should proceed in an orderly manner through the steps of a telehealth triage call, collecting information, prioritizing, using a triage protocol, and implementing appropriate nursing care.
<i>Nurse (documenting)</i>	All students will practice documenting the call as if they were the nurse.

f. **Orientation to the simulation set-up**

What should be done “for real” (e.g., VS, making phone call)	Make the phone call from the simulation room to the “patient”. If remote , you’ll pretend to call the parent, and I will turn off my video as if I am on the phone only. Give SBAR to the provider.
How will information be obtained	Ask the parent for any assessment data.

What supplies are in the room and what is elsewhere	All resources are in the room/remote.
What do observers do?	Complete the observer form and participate in debriefing.

g. Clinical Case Background/Learner Brief – to be read to the students immediately before the simulation scenario

“We are in a pediatric clinic. The receptionist has received a call from Mr./Ms. Suri, the parent of an 11 year old infant. The parent is asking if they should bring the child in to be seen because of rash and fever. You will now call the parent. **[Remote:** I’m going to turn off my video now so it is as if we are on the phone.”]

4.3 Simulation Facilitation & Operation: Scenario Progression Outline

Act, Timing (approx.)	Performance Expectations	Facilitator Notes
<p>Act I – Patient call (10 min)</p> <p>In-person: Make sure student observers in the debriefing room can hear the student playing the nurse. The “patient” should be in the room with the observers so they can hear.</p> <p>Remote: The facilitator should turn off their video and keep the audio on, and might play the background audio (children’s voices, TV) sounds during the call.</p>	<p>Student should follow the steps of telephone triage:</p> <ol style="list-style-type: none"> 1. Introduce self 2. Verify patient identity 3. Get brief medical history 4. Get history of current illness 5. Identify the chief complaint & most serious symptoms 6. Triage based on the rash protocol <p>Areas of focus should be</p> <ul style="list-style-type: none"> • potential exposures to persons with illness (measles, other) • Pattern of illness (onset and resolution of fever followed by appearance or rash) • Immunization status - up to date? • Feeding & elimination pattern, including breastfeeding & diapers. 	<p>See parent script. Below is just a quick guide.</p> <p>The facilitator should play the mother or father (Nisha Suri or Jay Suri). You are primarily worried that this might be measles. You are also worried that the child might not be drinking enough.</p> <p>Read the initial comment from the script.</p> <p>Do not offer more information unless asked. In particular, the nurse should clarify whether or not the patient is still running a fever (her temp is 98.9°C or 37.2°C).</p> <p>Other info:</p> <ul style="list-style-type: none"> • Still mostly breastfeeding, eats some purees. • Seems happy now, but not nursing much and not eating at all. • Not sure how many wet diapers today – maybe 4. <p>PMH – Uncomplicated full-term birth, “had her tongue clipped” for tongue tie. No other significant history, no allergies, given Vit D/iron and Tylenol as needed.</p>

<p>Act 2 – SBAR. Provider walks over and says “I heard that Mr/Ms. Suri called. What’s up?” (5 min)</p>	<p>Student should provide SBAR to provider. S – 11-month old with rash B – fever x 3d, normal since early yesterday. Reduced intake but adequate – 4 wet diapers today. Rash on upper chest, back, & neck, started last night. A – non-urgent viral illness-related rash R – advise continued home care, Tylenol for comfort. Call on-call provider for fever over 104 or fewer than 3 diapers/day, or if baby doesn’t look right.</p>	<p>See provider script</p> <p>If the student presents the case as non-urgent, state agreement. If the student did not give a specific recommendation for care, ask “what care would you recommend?” Ask the student for information on any major items that were missed (e.g., fever, course of illness).</p> <p>If the student states that the problem is urgent, question (“It doesn’t sound like anything serious to me”). If the student continues, be directive and state, “no, they’re ok monitoring at home for now.”</p> <p>“This sounds like it’s probably roseola, especially since the rash appeared after the fever was gone. Can you pull up the roseola protocol? Review it with Mr./Ms. Suri to make sure we didn’t miss anything. If it fits, follow the roseola protocol recommendations. Tell them to call if the fever spikes or if the rash isn’t mostly faded in 3 days.”</p>
<p>Act 3 – Follow-up call to patient (10 min)</p>	<p>Nurse should complete triage call steps:</p> <ol style="list-style-type: none"> 7. Provide care advice 8. Give clear and specific instructions for call-back or urgent care 9. Wrap up the call and make sure caller has no other questions. 	<p>If these are not addressed, ask about them:</p> <ul style="list-style-type: none"> • “So it’s not measles?” • “Will Michael [the 5 year old] get it?” • “How do I know if Jade is drinking enough?” • “How do I know if Jade needs to be seen by a doctor?” <p>Options for wrap up:</p> <ol style="list-style-type: none"> 1. Thank the nurse for his/her time and end the call. 2. State that you’re just still nervous about Jade not drinking a lot and ask if you can bring her in (nurse should transfer to scheduling to see if there is an appointment).
<p>Act 4 – Documentation (5 min)</p>	<p>All students practice writing a chart note documenting the patient encounter.</p>	<p>Facilitator will signal the end of the acted scenario and give everyone 5 minutes to draft a chart note that will be discussed in debriefing</p>

4.5 Debriefing

LET THE STUDENTS DO MOST OF THE TALKING

First, invite only active scenario participants to debrief, and ask observers to wait to speak until later in the debriefing. Remind students that simulation performance and debriefing are confidential. Briefly review the learning objectives.

Reaction Phase

1. How would you describe your experience? (Alternatively, “How did you feel during the scenario?”)

Analysis

Plus/Delta questions

2. How would you describe your experience?
3. What worked well? What would you do again?
4. If you could do this scenario again, what would you do differently?

Scenario-Specific Questions

Triage

1. How well were you able to apply the 10 steps for telephone triage?
2. What information from your assessment was key to your decision-making?
3. What information do you wish you had obtained?
4. Do you think you made the best triage determination for this patient? Why or why not?
5. How did the triage protocol support evidence-based practice?
6. What are patient safety considerations for this case?

Communication

7. What techniques were used to establish rapport and trust with the parent?
8. How was understanding of the family needs and child development integrated into care?
9. How did the SBAR go? Is there anything you would do differently?

Technology

10. In what ways did technology support or challenge patient-centered care?
11. What are essential points to document, and why would these be important? [Have students share examples of their documentation.]

Application

12. How well did you achieve the learning objectives? What else do you think you need to do to address unmet learning objectives?
13. How would you summarize your experience? What are your “take aways”?

5. Acted Roles

Scripts:

1. Parent
2. Provider

Acted Role: Parent

You are **Nisha/Jay Suri**, the 28 year old mother/father of an 11 month old girl named **Jade**, who has a rash. You also have a 5 year old named **Michael**. Your goal as an actor in the scenario is to lead the student toward thinking about roseola/6th disease without giving too much away early on. The student might not recognize that the situation is roseola, but they should at least realize that the illness is non-emergent then consult the provider. The indicators of roseola are...

- Known or suspected exposure to roseola and no history of the disease
- Fine pink rash on trunk that shows up 3-4 days after onset of a fever (occurring once the fever has resolved)
- Irritability

Also read this description of roseola from the American Academy of Pediatrics:

<https://www.healthychildren.org/English/health-issues/conditions/skin/Pages/Roseola-Infantum.aspx>

First try getting the student to ask about symptoms (e.g., ask the student “Why did the rash show up after the fever?”). Volunteer information once the student’s questions are on track (“She doesn’t seem very sick and doesn’t have a fever anymore”). If the student seems very stuck, you might say, “some people in my PEPS group think it could be 6th disease. I looked that up and it doesn’t seem serious, but I wanted to check with the doctor.”

Mood, demeanor, approach to responding to questions	<p>Pleasant, worried, a little harried (5 year old is being noisy, you’re getting the baby’s bottle ready).</p> <p>Initial comment: “Jade got sick about 5 days ago. Her temperature got up to 102.2. I tried not to give Tylenol. I’ve just given it when she seems really unhappy. She hasn’t been nursing a lot. She seemed better yesterday, but then today she got a rash. I’m a little worried because I know there’s been measles around here. It doesn’t look like pictures of measles on the internet... well, maybe a little, it’s hard to tell. I’m just wondering if she should get seen?”</p> <p>Your main concerns are...</p> <ul style="list-style-type: none"> • Should the child be seen? • Is it measles? • How do you know if she’s drinking enough? • Can your older child get it? <p>Other information:</p> <ul style="list-style-type: none"> • Child is mostly breastfeeding. • Seems happy, but not nursing much and not eating at all. • Not sure how many diapers today – maybe 4.
Course of illness	<ul style="list-style-type: none"> • Child fully healthy, then developed fever 5 days ago, 102.2°F (39.0°C) max. • Temperature normal since yesterday morning. Child seems well. • Rash started yesterday evening.

Rash details in your child:	
Onset	<ul style="list-style-type: none"> • Last night
Location	<ul style="list-style-type: none"> • Mostly upper chest, some on upper back, upper arms, and neck.
Character of rash	<ul style="list-style-type: none"> • Slightly raised • Pink • No blisters, open sores, or hives • Doesn't seem to itch • Rash is not getting worse
Other symptoms	<ul style="list-style-type: none"> • No fever since yesterday morning. • Child was slightly more sleepy, had a runny nose, and was not very interested in nursing.
Possible cause	<ul style="list-style-type: none"> • You don't think it's an allergy. Probably not soap/lotion/food because it's only on the chest. • You think it might be a virus because of the fever, but you don't know what. Worried about measles.
Other relevant information	<ul style="list-style-type: none"> • Child was last at play group 11 days ago. • No known exposures to illnesses or allergens. • Child is playing and sleeping normally but nursing a little less than usual and not interested in eating (normally eats teething crackers and pureed baby food).
Child's Other History	<ul style="list-style-type: none"> • Uncomplicated birth, full term • No known illnesses. Only significant history was frenotomy for ankyloglossia (i.e., clipped the frenulum under the tongue for tongue-tie) • Not in daycare but goes to a play group once a week • Breastfeeding • Immunizations up to date, but has not yet started MMR (measles-mumps-rubella) because the series starts at 12 mo. This is why you are worried.
Family History	No anaphylactic reactions in family members
Medications	<ul style="list-style-type: none"> • Vit D drops with iron. • Acetaminophen as needed based on the chart from the pediatrician (2.5 mL infant Tylenol)
Allergies	None known
Health Insurance	Has group insurance through the working parent. No concerns.

Follow up call:

When the nurse calls you back after speaking to the provider, make sure he/she addresses your concerns. If these are not addressed, ask about them:

- "So it's not measles?"
- "Will Michael [the 5 year old] get it?"
- "How do I know if Jade is drinking enough?"
- "How do I know if Jade needs to be seen by a doctor?"

Acted Role: Provider

Professional role and relationship to patient	You are playing the role of the primary care pediatrician for Jade Suri. You've been her doctor since her birth.
Role in the scenario	Receive the SBAR report from the nurse, provide recommendations.
Mood, demeanor, approach to responding to questions	Pleasant, not too busy. You know the nurse because you've worked together at the pediatric clinic for several years.
SBAR	<p>The SBAR should be something like...</p> <p>S – 11-month old with rash B – fever x 3d, normal since early yesterday. Reduced intake but adequate – 4 wet diapers today. Rash on upper chest, back, & neck, started last night. A – non-urgent viral illness-related rash R – advise continued home care, Tylenol for comfort. Call on-call provider for fever over 104 or fewer than 3 diapers/day, or if baby doesn't look right.</p> <p>Ask for more details if a section is missed or not presented adequately.</p>
Adequate SBAR	<p>If you get enough information (like the SBAR above), make the following recommendations):</p> <p>“This sounds like it's probably roseola, especially since the rash appeared after the fever was gone. Can you pull up the roseola protocol? Review it with Mr./Ms. Suri to make sure we didn't miss anything. If it fits, follow the roseola protocol recommendations. Tell them to call if the fever spikes or if the rash isn't mostly faded in 3 days.”</p> <p>[Facilitator should provide a link to the roseola triage protocol online or in print].</p> <p>If the SBAR included the concern about drinking: “You can tell the parents to watch for at least 3 wet diapers a day. Call if it's less than that.”</p> <p>If the SBAR doesn't include fluid intake, don't address it, and the facilitator will discuss in debriefing.</p>

6. Additional Materials

Other materials this document:

1. Pre-simulation Questions – Facilitator’s Guide
2. Attendance Form

Telephone Triage: Pediatric Pre-simulation Questions – Facilitator’s Guide

1. How would you open the telephone call with the parent? What information would you want to obtain and convey at the beginning of the call?

Introduce yourself. Be clear about role and purpose of the call

Collect demographic/identifying information

Establish rapport

Identify the primary concern

You will apply the **nursing process** to all telehealth encounters. The questions below will prepare you for an organized approach to the patient care scenario.

2. What **assessment** data would you want to collect regarding the parent’s primary concern about the patient?

From Briggs (2021) “Rash, Child” triage protocol: name, age, cause, medications, history, immunization status, associated symptoms.

Specific information will include

- *Signs of emergency – hives, difficulty breathing, chest tightness, throat swelling (call 911)*
- *Appearance of rash – color (red, purple); shape (dots, spots, patches); lesions (sores, blisters, peeling); texture (flat, raised, hive-like, scaly)*
- *Associated symptoms – itching, pain, neck pain/stiffness, vomiting, fever, lack of appetite, sleepiness, swollen lymph nodes, cough, sore throat, swelling, vision changes.*
- *Location, spread*
- *Exposures – others with illness, ticks, new medication, new food, heat*

Constitutional assessment

- *Eating, drinking, sleeping, playing*
- *What is the child doing right now?*
- *General appearance*
- *Too weak or sick to stand?*

3. When you **analyze and plan** your approach to care, what are three things from an assessment that would lead you to make a judgment (i.e., disposition) that the patient’s condition is emergent (i.e., they should call 911)?

Briggs, 2021, p. 636: “Sudden onset of severe hives and rash, and difficulty breathing, chest tightness, or swelling in back of throat or tongue.”

4. When **implementing** the nursing intervention, what general types of information would you want to cover with the patient’s parent?

What to do immediately (be seen, manage at home)

How to manage symptoms

What symptoms are cause for concern

When to call again or seek care

5. What are your main **safety** concerns for this patient?

Fever and dehydration

6. What kind of **support** might you provide to the parent during your call?

Ask if all of their concerns are addressed.

Provide reassurance if the problem is non-urgent.

Help problem-solve if resources are needed.

7. How would you **evaluate** the outcomes of a telehealth nursing intervention?

Did the patient seek care as instructed?

Check back with the patient on implementation of the plan.

Assessment of the patient's understanding and acceptance of plan of care.

Other follow-up nursing plans (e.g., check for improvement).

8. What would you want to **document** after your call?

Use agency's format, or nursing focus note format:

- *Assessment: reason for seeking care, HPI, allergies, PMH, nurse assessment*
- *Plan: decision support tool/protocol used, triaged category, recommendations for further care disposition based on acuity*
- *Intervention: nurse action if done (e.g., call 911); information and/or education provided*
- *Evaluation: Patient's understanding and acceptance of plan of care, follow-up nursing plans*

**Telephone Triage: Pediatric
Attendance Sign-in**

Date: _____ Group _____

Name	Role	<i>Facilitator use – prep done?</i>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
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	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>

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Telephone Triage: Pediatric: Student Guide

Please be sure to complete the [online evaluation](#) after your simulation session!

The **purpose** of this simulation-based activity is to practice a telehealth call that involves triage of a common, non-emergent pediatric health problem, applying a standardized triage protocol while also attending to the full context of family-centered care.

Learning Objectives

By the end of this simulation-based experience, the learner will be able to...

1. Apply the nursing process to a telehealth encounter concerning a pediatric patient, with emphasis on assessment and decision-making.
 2. Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a pediatric patient's care needs.
 3. Use technology to deliver quality patient care via a telehealth patient encounter, using active engagement of the family and integrating principles of privacy and confidentiality.
 4. Use collaborative communication strategies with the family and other healthcare professionals to facilitate optimal patient care.
 5. Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery.
-

Expectations

Learners are expected to arrive having (1) fully reviewed this student guide, (2) completed the assigned readings and videos, and (3) completed the Pre-Simulation Questions. All students are expected to have the "Rash, Child" triage protocol ready to use (if assigned the nurse role) or follow along (if an observer) and the Documentation Practice form to complete at the end of the scenario. Students are also expected to have the Student Observer Form to complete should they be assigned that role.

The clinical scenario will be a telephone triage call to the parent of an 11 month old girl. The parent is calling to ask you about the child's rash and fever. Normally, you would review the patient's chart before returning the call, but for this scenario, we will assume that has been done and you have learned that the patient is healthy, has no known conditions, and is developing appropriately. The student playing the nurse will call the parent and apply the 10 steps for telephone triage (see *Preparation* below). You will use the pediatric rash triage protocol (see below) but may ask additional questions as you see fit. After you have collected the assessment data, you will end the phone call by letting the parent know that you will speak with the provider and call back. You will give an SBAR report to the provider, and

then call back the parent with instructions as given by the provider. Immediately after the call, everyone will have 5 minutes to document the encounter.

The briefing, scenario, and debriefing will take about 60-90 minutes.

Topics

- Telehealth nursing practice
- Telephone triage
- Triage protocols
- Pediatric rash
- Family-centered care
- SBAR communication

Preparation (Readings and Videos)

For the general Telehealth and Telephone Triage Module, you should complete the following preparation. These do not need to be repeated if you completed this preparation for *Telephone Triage: Prenatal*. Instead, skip to *Prep for Telephone Triage: Pediatric* below.

- *Video training featuring Carol Rutenberg.* (n.d.). ClearTriage. Retrieved from <https://www.cleartriage.com/carol-videos/> These 6 videos (about 45 min total) cover the following telephone triage topics: introduction to telephone triage, nursing process, decision support tools, documentation, and common pitfalls.
- Shin, M. (2020). *The Basics of Telehealth Nursing.* https://s3.us-west-2.amazonaws.com/collaborate.uw.edu/AC_Modules/Basics_of_Telehealth_Nursing_APR_2021/story.html This online module provides practical tips on essential components of telehealth nursing.
- *What are the critical steps to a triage call?* (n.d.). TriageLogic. Retrieved from <https://learn.triagelogic.com/what-are-the-critical-steps-to-a-triage-call/>. The video reviews the following steps which you will use if you are playing the nurse in the simulation. It also includes practical tips on conducting a triage call.
 1. Introduce self
 2. Verify patient identity
 3. Get brief medical history
 4. Get history of current illness
 5. Identify the chief complaint & most serious symptoms
 6. Select the appropriate triage protocol (in these simulations, the protocol is selected for you)
 7. Triage based on the pregnancy-related nausea protocol
 8. Provide care advice

9. Give clear and specific instructions for call-back or urgent care
 10. Wrap up the call and make sure caller has no other questions
- Briggs, J. (2021). Introduction: Practicing telehealth nursing safely. In *Telephone triage protocols for nursing* (pp. 1-8). Wolters Kluwer. Skim this chapter to reinforce the information from the videos and modules. Especially focus on *Protocol Structure* (pp. 2-4) and *Using Protocols Safely* (p. 4).

Telephone Triage: Pediatric

- Briggs, J. (2021). Rash, Child. In *Telephone triage protocols for nurses* (pp. 505-509). Wolters Kluwer. [Or another comparable protocol.] This is the protocol you will use during the simulation scenario. Review it and think of how you will ask questions and use the triage protocol when you call the parent. Use this guide to help you answer the Pre-simulation Reflection Questions.

Pre-simulation Questions

1. How would you open the telephone call with the parent? What information would you want to obtain and convey at the beginning of the call?

You will apply the **nursing process** to all telehealth encounters. The questions below will prepare you for an organized approach to the patient care scenario.

2. What **assessment** data would you want to collect regarding the parent's primary concern about the patient?
3. When **implementing** the nursing intervention, what general types of information would you want to cover with the parent?
4. What are your main **safety** concerns for this patient?
5. What kind of **support** might you provide to the parent during your call?
6. How would you **evaluate** the outcomes of a telehealth nursing intervention?
7. What would you want to **document** after your call?

Observer Form

Learners who are not active participants in the scenario are expected to complete an Observer Form. Observers' insights offer key learning opportunities during debriefing. Have this form ready to fill out during the scenario.

Telephone Triage: Pediatric: Student Observer Form & Documentation Practice

Instructions: This Student Observer Form is to help you apply critical thinking as you watch the simulation and to prepare you to actively participate in the debriefing. In the left column, check off the behaviors/performance you observed. In the right column, take notes for the debriefing discussion.

Performance	Notes (What went well? What could have gone differently?)
<p>Learning Objective 1: Apply the nursing process to a telehealth encounter concerning a pediatric patient, prioritizing assessment and decision-making.</p> <p><u>Assessment:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect subjective & objective data <input type="checkbox"/> Determine parent's concern & needs <p><u>Nursing Diagnosis, Outcome Identification, & Plan:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrives at an appropriate nursing diagnosis <p><u>Implementation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Educate on condition, outcome, & follow-up plan <input type="checkbox"/> Provide support <p><u>Evaluation:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assess parent understanding 	
<p>Learning Objective 2: Apply the principles of triage and use of a standardized triage protocol to determine the urgency of a pediatric patient's care needs.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify the urgency of the problem <input type="checkbox"/> Use triage protocol <input type="checkbox"/> Ask additional questions where appropriate 	
<ul style="list-style-type: none"> <input type="checkbox"/> Learning Objective 3: Use technology to deliver quality patient care via a telehealth patient encounter, using active engagement of the family and integrating principles of privacy and confidentiality. <input type="checkbox"/> Establish rapport with parent <input type="checkbox"/> Communicate effectively with parent 	
<p>Learning Objective 4: Use collaborative communication strategies with the family and other healthcare professionals to facilitate optimal patient care.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engage parent as a partner in care <input type="checkbox"/> Effective SBAR 	

Documentation Practice

Learning Objective 5: Complete documentation that accurately reflects the process of care (i.e., the call/video interaction), assessment, decision-making, and care delivery.

Reason for seeking care:

Assessment (data collected by phone): history of the present condition, symptoms, associated symptoms, treatments/management and related outcomes

Plan: Decision support tools used, triaged category, recommendation for further care

Intervention: direct actions taken, patient education and information given

Evaluation: Patient's acceptance and understanding of the plan, follow-up actions and plans for nurse and patient