

LRI Children's Hospital

Standard Procedure (SOP): Oncology/Haematology Telephone Triage Toolkit for Children and Young People

Staff relevant to:	Registered Nursing Staff trained in using the oncology/haematology telephone triage toolkit
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Written by:	D Jones
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1. Introduction and who this standard operating procedure (SOP) applies to

The Oncology/Haematology Telephone Triage Toolkit for Children and Young People is a national assessment tool which has been developed as a guide to assist staff in the triage assessment of patients and the advice they will provide when answering telephone calls from concerned parents/carers.

2. Authorised Personnel/Training required

2.1 All registered nursing staff must have been on the Children and Young Persons (CYP) oncology/haematology ward or CYP day-care unit for more than 6 months and completed the 'Full Internal' training as set within the Children's and Young Person's Cancer Measures (2014) and measured annually via the Children's Quality Indicators (2014)

2.2 All registered nursing staff require training in the Telephone Triage Toolkit which will be conducted primarily by the CYPICS clinical educator and disseminated training through allocated members of the nursing team. These allocated trainers must be 'full internal' trained and be signed off to the administrator chemotherapy for more than one year.

2.3 All registered nursing staff will be required to read and sign the toolkit manual and this SOP as part of their training, they will be required to have competencies signed off before they can provide telephone advice using toolkit.

2.4 Competence of using the telephone triage toolkit will be assessed annually during the staff member's annual chemotherapy update or annual appraisal. A copy of the signed competencies and annual assessment will be kept in personal files held by the CYPICS clinical educator, in the staff member's personal HR file held by the ward manager and a copy given to the member of staff to keep.

2.5 Exclusion; nurse associates, rotational staff and nurses only trained to foundation level (asset in the CYP Cancer Measures) will be excluded from performing this telephone triage.

3. Procedure

N.B. The Telephone Triage Toolkit should be used in conjunction with the triage practitioners (registered nurse) own clinical judgement. The assessment of the patients follows a RAG scoring system (Red, Amber, and Green).

3.1 Paper copies of the log sheets will be kept in a telephone triage folder with the phone and held by the allocated member of staff within the oncology/haematology day-care unit.

3.2 All sections of the log sheets must be fully completed. Ensure callers details are recorded accurately if a call back is required.

3.3 The trained triage nurse taking the call is responsible for gathering the assessment information. If they have any concerns they must discuss this with the nurse in charge (NIC) and the medical team (Oncology registrar or Consultant)

3.4 Once the patient assessment has been conducted an outcome is agreed following the toolkits actions:

- All Green – no further action required (caller advised to call back if continued or new concerns)
- 1 Amber – next day follow-up phone call made to parent/carer
- 2 Ambers/Red – advise the patient to attend for review (consider the need for paramedic support)

3.5 If a review is required consider bed availability, acuity and staffing within the day-care unit, inform NIC and Oncology Registrar or Consultant. Liaise with the emergency department if review is required there and bed manager if a bed is required elsewhere.

3.6 If a follow-up phone call is required the next day this will be conducted by the allocated triage nurse on shift within day-care or liaison nurse.

3.7 Overnight and at the weekend the triage folder will be transferred to Ward 27 for all calls. The day-care triage nurse will discuss any phone calls received in the day with the NIC on Ward 27 when the folder and phone are handed over. It is the responsibility of the NIC on the ward to allocate any follow-up calls required over the weekend.

The triage nurse in day-care will collect the triage folder and any completed log sheets first thing on a Monday morning and organise any further follow-up calls.

3.8 Staffing levels – if staffing levels in the oncology/haematology day-care unit can't facilitate the follow up calls the following steps should be taken;

Step 1 – Day-care can't facilitate the calls the Ward 27 NIC completes the follow up calls

Step 2 – Day-care/ward 27 can't facilitate the follow up calls then escalate to the ward manager to conduct the phone calls

Step 3 – Ward manager can't complete the calls then the lead nurse/educator for CYPICS will complete the follow up calls if on site

3.9 The log sheets should be placed in the front of the folder until the review/further action sections is signed off.

3.10 All log sheets must be reviewed within 24 hours by the triage nurse and any concerns must be raised to the Oncology registrar or Consultant

3.11 At the beginning of each week the past weeks log sheets should be photo copied, the original sheet should be filed in the patients' medical notes by the ward clerk and the photocopied sheet kept in the back of the folder in chronological order for fortnightly/monthly audits. Audits will primarily be conducted by the CYPICS clinical educator then this task will

be assigned to a member of staff on Day-care/Ward 27 (**N.B.** a registered nurse should not audit their own log sheet).

3.12 The Oncology Registrar or Consultant should be informed daily during morning handover of any phone calls that have taken place.

4. Supporting References

NHS England (2014) Manual for Cancer Services 2014: Childrens Cancer Measures

NICE (2014) Cancer Services for Children and Young People Quality Standard (Quality Indicators) <https://www.nice.org.uk/guidance/qs55>

RCN/CCLG CYPCN (2020) Oncology/Haematology Telephone Triage Toolkit for Children's Cancer Services (2nd Ed.) CLIC Sargent & CCLG Available at

<https://www.cclg.org.uk/triagetool> last accessed 16/09/2020

[Systemic Anti-Cancer Therapy \(SACT\) Passport: Oral, intravenous, intramuscular, subcutaneous SACT administration for Children and Young People \(cclg.org.uk\)](https://www.cclg.org.uk/systemic-anti-cancer-therapy-sact-passport)

5. Key Words

Cancer, CYPICS

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
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Details of Changes made during review: Re-format Link to SCAT website added	