

ows, Begley, 2022). This program aims to improve prelicensure student awareness of and interest in leadership-focused career paths, hone leadership knowledge and skills to promote the seamless transition to practice, and meaningfully engage current nurse leaders in a shared opportunity to help prepare future nurse leaders.

Finally, the National Student Nurses Association (NSNA) Leadership “U” program provides opportunities for nursing students to enhance their leadership potential and be recognized for leadership. Nursing students learn how to work in cooperative relationships with peers, faculty, students in other disciplines, community service organizations, and the public in a service learning environment (National Student Nurses Association, 2024)

Mentoring our Next Generation

So many nursing students and new nurses show us their potential to lead forward. Are we paying attention? Are we reaching out to “set the stage”? One example is a student nurse leader at the Frances Payne Bolton School of Nursing, Ethan Slocum. Ethan has been involved in our school’s Undergraduate Nursing Student Association all four years of his nursing education. He is now president in the National Student Nurses’ Association in his senior year. I talked with Ethan, and he shared that his mentor is Dr. Janna Kinney. Dr. Kinney inspires Ethan as she practices nursing and is a leader who models excellence. Ethan stands out as a student interested in leadership and is dedicated to the nursing profession. He is a leader now and a leader for nursing’s

future. Thank you to Dr. Kinney for seeing Ethan’s potential and going above and beyond to set the stage for Ethan to lead!

Call to Action to ANA-Ohio Members

As leaders in the ANA-Ohio, take advantage of your opportunity to see the leadership potential in the nurses around you and the students you teach. Let us reach out and mentor our nursing students and new graduates who demonstrate leadership qualities. Let us embrace our power to “set the stage” for the next generation and mentor them into the future. Our healthcare systems need our emerging nurse leaders! ■

References online:
myamericannurse.com/?p=402917

Telephone Triage: A Necessity to Manage Pediatric Patient Flow

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Telephone advice nurses first came into practice in the 1970s. At that time, nurses would talk with patients over the phone to discuss home care for illnesses, man-

age medication refills, and discuss lab results (Mataxen & Webb, 2019). Telephone advice nurses are vital members of the pediatric health care team. By the time a child turns 18 years old, they will have had a minimum of 28 well visits to their pediatrician; this does not include any sick care visits (American Academy of Pediatrics, 2023). The American Academy of Pediatrics (2023) emphasizes the need for preventative care. Parents seek guidance and advice from the pediatric team while caring for their growing children.

Not every concern or illness requires a visit to the office; triage nurses can assist parents with decision-making and provide advice on managing care.

They can also guide a parent to the most appropriate level of care when an evaluation is warranted (American Academy of Ambulatory Care, 2018). Telephone triage requires that the nurse collect the necessary information to guide a family regarding the child’s care. Since the start of the COVID-19 pandemic in 2020 and a brutal Respiratory Syncytial Virus (RSV) and influenza season in late 2022, remote triage has become increasingly necessary and integral to the patient care experience (Farzandipour et al., 2023).

With the onset of the Covid-19 pandemic, waivers were put in place allowing for increased remote interactions between the patient and healthcare

Documentation Example

Spoke with Mother regarding fever concerns. Child is a 3-year-old male with no PMH. Fever began 2 days ago. Fevers ranging from 100-103. No other symptoms at this time and no recent vaccinations. Mom reports child is not eating well, but drinking enough fluids that he continues to urinate at least every 6 hours. Fevers respond to Tylenol when given, mom states she is administering 5ml (160mg/5ml concentration) every 4 hours as needed. Mother asking when she should have child evaluated for continued fevers.

Advised Mother to continue using Tylenol as needed, dosage she is giving is appropriate for child's weight. Instructed to dress child in a single light layer of clothing, push fluids, allow for plenty of rest. Monitor urine output closely, if not urinating a minimum of every 8 hours child needs to be evaluated. Discussed fevers should resolve after 72 hours, if they continue to persist have child evaluated. Mother expressed understanding. Utilized teach back method to confirm understanding of instructions.

team. The value of these interactions was seen and now many insurance companies continue to provide reimbursement for complex or lengthy management of a patient through telephone triage (Centers for Medicare & Medicaid Services, 2023). The goals of the triage call include collecting necessary information, selecting a proper disposition, providing care advice, and verifying understanding.

Telephone advice can improve access to care. Staffing shortages, lack of access, and hospital closings are significant issues facing the country. Remote access can help close some of these gaps that exist. A patient or caregiver can contact their provider's office for medical advice using the telephone, no matter where they are. If they are away on vacation, the child is at school, or the family cannot travel to the office for an appointment, a nurse can guide them by determining the most appropriate level of care needed (American Telehealth Association, 2021).

Telephone triage has many benefits. It reduces costs. Telephone triage nurses can provide care advice to keep patients from unnecessary emergency room use (American Telehealth Association, 2021).

Discussing symptoms allows the nurse to identify urgent concerns and guide the patient to the most appropriate disposition (Schmitt, 2018). Primary care office visit needs are anticipated to increase to 565 million by 2025, requiring 52,000 more full-time primary care providers (Agency for Healthcare Research and Quality, 2017). In a survey conducted of healthcare workers, Sinsky et al. (2021) determined that one out every three physicians and advance practice nurses planned to reduce their hours worked while one of five of physicians planned to retire soon. In addition, the shortage of primary care providers is projected to be between 17,800 and 48,800 by 2035 (IHS Markit Ltd., 2021). Patients and caregivers have reported feeling a sense of support and reassurance after receiving telephone advice from a triage nurse (Mataxen & Webb, 2019). Triage nurses can educate patients on home care and reassure them if an in-office visit can wait due to limited access to an appointment in the office.

Steps in the triage process include:

- 1) Collecting needed information, such as caller phone number and patient health information.

- 2) Having the family member describe the reason for the call, being a good listener (Mataxen & Webb, 2019).
- 3) Identifying and prioritizing symptoms, triaging the most acute symptoms first. While collecting information, ask questions in easy-to-understand terms and try to ask yes/no questions. For example, instead of asking, "Is the child retracting?" you should describe retractions "Do you see the muscles around the belly and ribcage sucking in when breathing in or out?" You will also need to determine when the symptoms started. Have they been present for hours, days, or weeks? One of the most important questions to ask during intake is "How is the child acting?" or "Is this symptom affecting the child's activity level, and if so, how?"
- 4) Using the resources available. Resources include telephone triage books and computer software products with protocols built into the electronic medical record. These resources help guide nurses throughout the triage process in asking the right questions, assessing acuity level, determining disposition, and recommending care advice.
- 5) Deciding on the most appropriate steps to take. It is always a good idea to ask what the parent has tried at home to guide your instruction. For example, maybe they have attempted bulb suction but without saline. Praise them for using suction but instruct them to use saline in addition to the suction, which may help make suctioning more effective. This reinforces confidence in the parent's ability to care for their child's symptoms at home (Schmitt, 2018).
- 6) Ensuring the family member understands using the teach-back

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