

Clinical Newsletter for Telehealth Triage Nurses

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KEY POINTS

- Triage of adults with respiratory symptoms can be challenging.
- Ruling out emergency symptoms is the first priority.
- Focusing on "context clues" helps the triager select the most appropriate triage guideline.
- Identifying high risk people remains important.
- Testing for influenza and COVID-19 at the same time is common when both viruses are circulating.

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Breathe Easy: A Guide to Sorting Respiratory Infection Symptoms

Triaging adults with a suspected respiratory infection can be challenging. There may be multiple respiratory viruses circulating at the same time. Examples are the common cold, COVID-19, influenza, and RSV. These viral infections often present with similar symptoms. Triage may be further complicated when adults have an underlying disease such as COPD, asthma, or heart failure which can also cause respiratory symptoms.

There are multiple STCC triage guidelines available to triage respiratory symptoms. Influenza season is just around the corner. We thought it would be a good time to review tips on how to select the most appropriate guideline when an adult may have a respiratory illness. We also provide answers to some frequently asked questions about influenza and COVID-19.

Respiratory Infection Symptoms Definition:

- Upper respiratory infection symptoms stem from the upper part of the respiratory system including your sinuses, nose, and throat. Symptoms are runny nose or congestion, sore throat, and cough.
- Lower respiratory infection symptoms stem from deeper in the airways and lungs. The main symptom is cough. Breathing difficulty, chest tightness, and wheezing can also occur.
- Fever may be present with an upper or lower respiratory infection.

Sounds like a respiratory infection: Which guideline should I use?

As with all triage, it is important to pinpoint the patient's symptoms. Ask: "What is your main symptom or concern?" If there are multiple symptoms ask, "Which symptom is most concerning?"

The first priority is to identify serious or life-threatening symptoms. If these symptoms are present, the triager should use that symptom guideline and promptly refer the patient to emergency care if indicated.

Chest Pain: Chest pain can occur with a respiratory infection; however, other serious causes must be considered (e.g., heart attack). Exception: If there is only mild chest pain while coughing, the triager may consider also using another symptom guideline (e.g., cough).

Breathing Difficulty: Most patients with new breathing difficulty need to be seen emergently. Exception: If breathing difficulty is mild or not new, the triager may consider also using another symptom-based guideline.

The triager should also pay attention to "context" clues. These clues can help the triager select an appropriate guideline. See the main types of context clues in the table below.

Context Clue	Examples	
Exposure	 Recent exposure to a person with a known infection (e.g., influenza, COVID-19, TB, strep throat) Influenza or COVID-19 is prevalent in the community 	
Medical History and Recent Care	 Underlying medical problems (e.g., asthma, COPD, heart failure, allergies) Recent medical visits (diagnosis) or hospitalizations 	
Symptom Onset/Pattern	 Presence of fever (which suggests infectious cause) Symptom onset (e.g., suddenly, slowly over a few days) Pattern or combination of symptoms The type of symptoms and onset give clues to possible cause. For example, influenza often starts more abruptly than a common cold. Loss of taste or smell is much more likely with COVID-19 than other common viral respiratory illnesses. 	

When multiple symptoms are present, the triager may consider using the STCC After-Hours guideline: **Respiratory Multiple Symptoms – Guideline Selection**. Here are further examples of how **context clues** can help with guideline selection:

Context Clue: Exposure				
Symptoms/Concerns	Triage Guideline			
 COVID-19 suspected Symptoms: flu-like symptoms + diarrhea, loss of taste/smell COVID-19 suspected if there are COVID-19 Symptoms AND recent Exposure to someone with COVID-19 or high level of COVID-19 in the community. 	Covid-19 - Diagnosed or Suspected			
 Influenza suspected Symptoms: cough, body aches, fever (often rapid onset) Influenza suspected if there are influenza Symptoms AND Exposure to someone with influenza or high level of influenza in the community. 	Influenza (Flu) - Seasonal			
Triage Tip: If both COVID-19 and influenza are widespread in the community, a triager should use their judgment, but can generally use the COVID-19 - Diagnosed or Suspected guideline. This guideline includes influenza related triage questions.				
Strep throat suspected Main symptom is sore throat and recent exposure to someone with strep throat.	Strep Throat Exposure			
Other exposures (more rare) Examples: measles, TB, Avian (Bird) Flu	See appropriate guideline			

Context Clue: Recently diagnosed with a respiratory infection			
Symptoms/Concerns	Triage Guideline		
Concern about recently diagnosed respiratory	COVID-19 - Diagnosed or Suspected		
infection:	Infection on Antibiotic Follow-up Call		
Recently diagnosed with respiratory infection AND	Influenza (Flu) - Seasonal		
Calling about symptoms or treatment*	Pneumonia Follow-up Call		
*Most often, the caller is concerned that the respiratory symptoms or fever are worse or not	Pneumonia on Antibiotic Post-Hospitalization Follow-up Call		
improving fast enough.	Sinus Infection on Antibiotic Follow-up Call		
	Strep Throat Infection on Antibiotic Follow-up Call		

Triage Tip: The triager's task in a follow-up call is to assess whether symptoms are getting better (improving), staying the same, or getting worse compared to how they felt at discharge from hospital or when last seen.

Symptoms/Concerns	Triage Guideline
 Respiratory symptoms: Focus on the primary (most concerning) symptom. Common cold symptoms (runny nose, scratchy throat, cough) Cough Sinus congestion, pressure or pain Sore throat 	Select an appropriate symptom-based guideline(s).

Context Clue: Underlying medical problem			
Triage Guideline			
Nasal Allergies (Hay Fever)			
Asthma Attack			
COPD Oxygen Monitoring and Hypoxia			
Heart Failure on Treatment Follow-up Call			

Triage Tip: In some cases, the triager may want to use more than one guideline to access additional targeted care advice. For example, for a caller with flu and history of asthma, consider using both the **Influenza (Flu) - Seasonal** and the **Asthma Attack guidelines.** When using more than one guideline, the triager should recommend the higher acuity disposition (most conservative).

Frequently Asked Questions - COVID-19 and Influenza

Is COVID-19 still a major concern?



- Advances in both management (such as antivirals) and prevention (vaccines) of COVID-19 have decreased the risk of severe disease and death.
- However, COVID-19 still poses a threat, especially to those who are at high risk for severe disease.

 1,2 It is important to remember, people at high risk should seek care early as antiviral medicines may help reduce the risk of severe disease.
- Encouraging all people to stay up-to-date with vaccines remains important for continued public safety.

According to the Centers for Disease Control and Prevention (CDC):

- "More than 98% of the U.S. population now has some protective immunity against COVID-19 from vaccinations, prior infection, or both."²
- The health impacts of COVID-19 "are now similar to other respiratory viruses, like flu, which are also important causes of illness and death, especially for people at higher risk."²

Has the CDC made any predictions on how bad the flu season will be this year?

- Predicting the severity of a flu season in advance is challenging. Several factors impact
 the severity of a flu season, such as the circulating viruses, the percent of people who
 are vaccinated, and the effectiveness of the flu vaccines.
- The CDC will be able to make better predictions as the 2024-2025 season evolves.

How do I know if there is an outbreak of COVID-19 or influenza in my community?

The CDC tracks COVID-19 and influenza activity. State and local health departments often post this information on their websites. Note: Influenza season in North America runs from fall to winter (peaking in December – February). With COVID-19, there is no distinct season. COVID-19 surges may occur in winter and late summer.³

- COVID-19: COVID-19 Data Tracker: https://covid.cdc.gov/covid-data-tracker/#maps_percent-covid-deaths
- Influenza: Weekly CDC influenza activity reports: https://www.cdc.gov/flu/weekly/index.htm

TIP: It may be helpful for call center leaders to monitor this information and communicate trends and activity to triage staff.

What are the current recommendations for COVID-19 isolation and how to protect others when you are sick?

- The CDC now recommends a "unified approach" to protect oneself and others from getting sick due to the common viral respiratory illnesses.^{2,4} This includes changes in guidance for how long a person should isolate at home.
- The STCC triage guideline care advice has been updated with these new recommendations. These updates are found in the adult influenza and COVID-19 triage guidelines:

Stay at home until the fever is gone and you are feeling better. You can go back to your normal activities when, for at least 24 hours, both are true:

- Your symptoms are getting better overall, and
- You have not had a fever (and are not using fever-reducing medicine)

After going back to your normal activities, help protect others for the next 5 days.

- Wear a well-fitted mask any time you are around others
- Wash your hands well with soap and water.



Exceptions:

- Those who are severely ill with COVID-19 or have a weak immune system should talk with their provider before ending isolation.
- Also, return to work recommendations may be different for healthcare workers who have influenza or COVID-19. Healthcare workers should talk with their employee health department regarding return to work requirements.

Is it still important to test for COVID-19 or influenza?

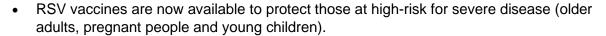
Yes, testing is important, especially for those at risk for severe disease.

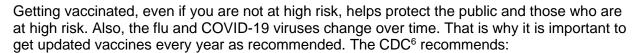
- Differentiating respiratory viruses on the basis of symptoms alone is not possible. Only testing can diagnose a respiratory infection such as the flu or COVID-19.
- Testing may not be necessary in all situations. However, testing is recommended for high-risk people, even if symptoms are mild. Testing for both flu and COVID-19 is recommended when both viruses are circulating, as antivirals are available to reduce severe disease in both cases.⁵ Testing may also be beneficial for healthcare workers and those who live with or have close contact with people who are at high risk.

Why is it so important to stay up-to-date with vaccinations?

Vaccinations help save lives! According to the CDC²:

- COVID-19 vaccines reduce severe disease by about 50%.
 In the fall of 2023, more than 95% of hospitalized adults were not up-to-date with their COVID-19 vaccine.
- Influenza vaccines cut the risk of severe disease by about 50%.





- COVID-19 Vaccine: All people 6 months or older get the updated 2024-2025 COVID-19 vaccine, regardless of whether they have ever been vaccinated with a COVID-19 vaccine.
- **Influenza Vaccine:** All people 6 months or older, with rare exceptions, get the updated 2024-2025 influenza vaccine when it is available this fall.
- Pneumonia and RSV Vaccines: These one-time vaccines are also recommended for people who are at risk for severe disease. A second shot may be needed in some situations.

References

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⁶CDC. Media Statement. CDC Recommends Updated 2024-2025 COVID-19 and Flu Vaccines for Fall/Winter Virus Season (June 27, 2024). Accessed 8/5/2024 at: https://www.cdc.gov/media/releases/2024/s-t0627-vaccine-recommendations.html

