Compass SHARP

Phone Call Triage Form

COMPASS HEALTHCARE COLLABORATIVE
Sustainable Healthcare Transformation

Date and Time of Call-
Name-
Date of Birth-
Surgical Procedure and Date-
Date and Time of Appointment-

Assessment Questions

- What symptoms are you experiencing?
- When did the symptoms start?
- Are any of your symptoms concerning you?
- Have you done anything to relieve them? (For example, laxatives for constipation)
- Do you have any history of opioid reactions or allergies?

Symptom	Questions	Next Steps
Constipation	Last bowel movement? Using stool softeners? Adequate fluid intake?	Reinforce bowel regimen. (Stool softeners, fluids, and fiber)
Nausea/Vomiting	Frequency? Able to keep fluids down?	Encourage sips of fluids to maintain hydration and small meals.
Dry Mouth	Impacting eating or drinking?	Encourage frequent fluids, sugar-free hard candy or gum.
Sweating	New or severe? Associated with Fever?	Mild is common. Assess for signs of infection or fever.
Drowsiness/Sedation	Level of alertness? Worsening? Slowed breathing?	Assess safety. If severe or associated with slow breathing have patient contact 911.
Dizziness/ Lightheadedness	Occurs when standing? Other neurological changes such as drowsiness?	Encourage slow position changes. Encourage hydration. If associated with fainting or confusion have patient contact 911.

NOTIFY PROVIDER of ALL CALLS

Report the following symptoms, **advise the caller to hang up and call 911 immediately.**

- Severe difficulty breathing or slowed respirations
- Blue lips or fingertips
- Unresponsiveness or unable to wake
- Chest pain, confusion, or seizures
- Swelling of the face, lips, or throat