

## **Urgent Triage**

1. Check the Triage List every day. Urgent referrals will be marked as high priority with a red exclamation mark.
2. The referral will either be under BCHS referral template, Record Attachments, or Communications and Letters. You can also look in the journal for when the document was added if it is proving elusive! It may also be attached to the referral, although SPOA should no longer accept this form of e-referral.
3. Establish if the referral is actually 'urgent'. Many simple IGTN, overgrown toenails etc are incorrectly marked as urgent.
4. Sometimes it is helpful to put the patient on the Callback list so someone can speak to the patient and clarify what is going on. If you do so, change the note on the waiting list to say "Added to Callback list for discussion". You'll then need to go in and check the outcome on another day.
5. **CHECK PHOTOS**
6. **If inadequate information has been provided, and referral is clearly URGENT:**
  - a. Complete Journal note to explain that referral information is inadequate but that referral reason is clearly very urgent.
  - b. Follow process for urgent referral.
  - c. Task admin to contact referrer and provide additional information as matter of urgency.
7. **If inadequate information has been provided, and referral is not clearly very urgent:**
  - a. Amend Referral status to 'More Info Requested'.
  - b. Save Record.
  - c. Change note on waiting list to request appropriate MORE INFO letter, with a brief summary of what is required (e.g. Neuro and vascular assessment information).
  - d. Move to Waiting List "More Info / Discharge Letters". Admin will send a letter and return the referral for triage once information received.
8. **If adequate information provided and the referral is non urgent:**
  - a. If appropriate, make a note on the journal to advise that referral has been reviewed and non-urgent. Save Record if note made.

- b. Change note on waiting list to "To Be Triage"
- c. Amend priority to normal priority.
- d. Triage Clinicians will triage as normal.

9. **If referral is urgent**, it should fall into one of the following categories:

**Biomechanics:**

- a) Make a note on the journal to advise that you have tasked Bio Leads.
- b) Send Bio Lead a task to review referral.
- c) Change the note on the waiting list to "Task sent to Bio Leads".
- d) Leave on waiting list with priority as High.
- e) Bio Lead to triage.

**Home Visit Patients** - Regardless of the Reason for Referral, follow the same process for any patient requiring a home visit. As long as the patient appears to meet home visit criteria, you are not required to double check home visit status at this stage; this is done after initial triage.

- a) Make a note on the record to clarify why the referral is urgent and reason for referral.
- b) Amend referral:
  - a. Service offered: Check this is correct.
  - b. Referral reason: Tick Ulcer OR Routine Care as primary UNLESS DIABETIC, in which case, primary reason is diabetes and secondary reason is as above.
  - c. Referral status: Waiting for assessment
  - d. Default contact location: Home of patient / Residential home (as appropriate)
  - e. Caseload: Luton / Bedford Domiciliary
- c) Make appointment on ledger for next available Dom Triage Clinic with note 'New Referral'.
- d) Save Record
- e) Amend note on waiting list to DOM TRIAGE.
- f) Move to appropriate DOM ACTIVE Waiting List

### **Low Risk Nail Surgery**

- a) Make a note on journal to confirm why referral is urgent.
- b) Amend referral:
  - a. Service Offered: Nail Surgery
  - b. Referral reason: Tick Nail Surgery
  - c. Referral status: Waiting for assessment
  - d. Default contact location: Community Clinic
  - e. Caseload: Luton Nail Surgery
- c) Save record.
- d) Amend note on waiting list to "IGTN with FCA" (These notes do need to be right as they indicate to admin what needs to be done!). Keep Priority as 'High'.
- e) Move to waiting list "Area as per patient location - NS ASSESS FCA"

### **More Complex Nail Surgery Candidates e.g. patients with diabetes, anticoagulants, RhA etc.**

- a) Make a note on journal to confirm why referral is urgent.
- b) Amend Referral:
  - a. Service Offered: Nail Surgery
  - b. Referral reason: Tick Nail Surgery as primary UNLESS DIABETIC, in which case, primary reason is diabetes and secondary reason is nail surgery.
  - c. Referral status: Waiting for assessment
  - d. Default contact location: Community Clinic
  - e. Caseload: Luton / Bedford Nail Surgery.
- c) Save record.
- d) Amend note on waiting list to IGTN URGENT. Keep Priority as 'High'.
- e) Move to Waiting List "Area as per patient location - NS ASSESS Podiatrist"

### **Other Urgent Referrals e.g. ulcer patients**

- a) Make a note on journal to confirm the referral reason, and why the referral is urgent. It is helpful if this gives any info that Admin might need when booking.

For example, the level of urgency, if patient should be booked with a band 6 or 7 due to level of complexity etc.

b) Amend Referral:

- a. Service Offered: Community Podiatry / Community Podiatry Diabetes.
  - b. Referral reason: Tick Ulcer or Routine Podiatry (as appropriate) as primary UNLESS DIABETIC, in which case, primary reason is diabetes and secondary reason is Ulcer / Routine.
  - c. Referral status: Waiting for assessment
  - d. Default contact location: Community Clinic
  - e. Caseload (depending on patient location): Assessment clinic based on patient location.
- c) Add to next available Callback Ledger to be contacted. If concerns regarding time until next available slot, please speak to Team Lead.
- d) Save record.
- e) Amend note on waiting list to "Added to Callback List for Urgent Appointment".
- f) Callback Staff member to take off waiting list when appointment is booked.