

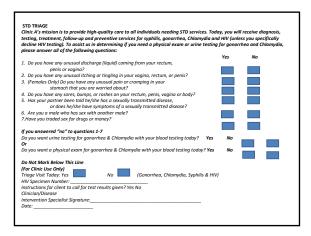


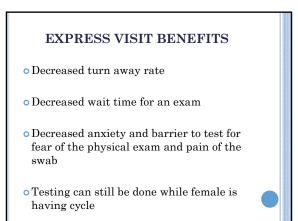
## Triage Visit Protocol

Rationale:

The triage visit protocol sorts STD clinic patients according to the urgency and scope of their need for care. This protocol (and accompanying standing order) will be used by licensed clinicians generally and unlicensed clinicians (DIS) in specific instances. The clinician/DIS may offer urine-based testing for gonorrhea and Chlamydia for clients they triage, instead of a clinician visit with full exam and culture. Triage visits will still incorporate a lab visit for clients, so that they receive syphilis and HIV testing. If a provider discovers a questionable piece of data through the patient questionnaire, provider will discontinue triage visit protocol and revert to male and female exam and history protocol.

## Triage Visit Protocol Continued Triage Visit Stepe: Clients receive the triage visit questionnaire at the time of registration. Customer Service Representatives (CSRs) collect the questionnaire after the client's demographic information is collected or updated. CSR reviews the questionnaire: Questionnaires with any answer marked "YES" trigger male and female exam and history protocol; CSR completes client record for a full exam which culture. Questionnaires with all answers marked "YOS" trigger triage protocol; CSR attaches answer sheet to the client record for review by the clinical or DSL (\*\*\*\*NOTE: on triage visit clients, questionnaire will replace STD Exam sheet in the medical tores they arive in the walk-in box in the same manner as full exam visit records. All records will be addinased in the ore they arivel. ClinicianDSI reviews the triage visit questionnaire to assure client is clightly for triage visit. ClinicianDSI reviews the triage visit questionnaire to go to the bathroom to collect a unine specimen. After collection of unine specimen, clinician must verify whether client has been to lab for synphilis and HIV blood draw. Ibod draw for synphilis and HIV has been completed, clinician gives client to he for blood draw. ClinicianDSI documents HIV CTS number on triage visit questionnaire and triage visit questionnaire in a the lab, along with the completed papervork for gonorhea, Chalans and HIV alond draw. ClinicianDSI documents HIV CTS number on triage visit questionnaire and triage visit questionnaire in the client of performed, and have on triage visit questionnaire in the client for protocol for gonorhea, Chalanse and triage visit questionnaire in the client for treatment.





## **PROBLEM/CONCERN**

- Slowed registration down at front desk
- Clients concerned they were missing something
- Missing trichomoniasis on asymptomatic females
- Clients would complete questionnaire with all NO's –qualifying them for an express visit, urine was collected, and the clients would want to be seen by a clinician
- When the positive clients came back to the clinic for treatment, clinicians were unable to identify those that were express visit and as a result, their past medical histories were missed

## **EVALUATE & REVISE**

- Discontinue questionnaire
- Clinician completes the STD history on everyone
- All females get an exam
- Asymptomatic males can get a urine test if their history meets the criteria that was determined appropriate to receive an express visit



