



# Clinical Update

## For Telephone Triage Nurses

March 2019

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**In this Issue:**  
**Important Strategies**  
**for Triageing the**  
**Anxious Caller**

**Anxiety Stats**

It is estimated that 19.1% of US adults have been diagnosed with an anxiety disorder, and about 31% of US adults have had an anxiety disorder at some point in their life (NIMH, 2019).

### **Triage of the Anxious Caller – Communication is Key!**

Telephone triage orientation programs often focus on teaching the important tasks of identifying red flag (emergent) symptoms and directing patients to the right level of care. Review of guidelines and practice scenarios help novice nurses fine tune these important fundamental triage skills. However, triaging the anxious caller poses additional challenges. After triagers have learned the triage basics, we recommend further training on how to manage the “emotionally acute” caller.

There may be a mismatch in the anxious caller’s perceived urgency of his or her symptoms and the actual severity (acuity) of the symptoms. In these situations, the anxious caller may sometimes perceive the triager as insensitive, impatient, or lacking concern.

A successful triage call outcome requires careful validation of symptom acuity and effective communication skills. Learning these skills can improve patient satisfaction and decrease over-referrals. *Here are some important strategies for triaging the anxious caller.*

#### ***Use the symptom-based triage guidelines***

Be cautious about jumping to conclusions that the caller's concerns are related to the patient’s emotional stress. This is especially true if the caller has called several times. Use the correct guideline based on reported symptoms.

Take what the caller says at face value, and triage accordingly.

#### ***Listen for key words and cues indicating increased anxiety/concern***

Listen for key words such as: “I was scared”; “Should I be scared?”; “Should I be nervous?”; “Should I be worried?”; or “I know this sounds silly, but . . .”

Callers may give other cues, such as laughter, to let the triage know they are concerned or scared. They often look for validation: *Is it “safe” to talk about this issue with this nurse?* How the nurse handles the call from this point forward is key. It can make the difference between a positive, satisfying caller experience or an isolating, emotionally unsafe caller experience.

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### **Name the feeling, reassure, and acknowledge caller's self-care decisions**

Name the caller's feelings, concerns and fears. Reassure the caller it was important to call. Acknowledge positive self-care decisions. Examples are:

- *"That sounds like that was a scary situation for you. Let's go ahead and review what you are experiencing."*
- *"I'm so glad you called. It must have been difficult (scary, alarming)."*
- *"Sounds like you are keeping a close watch on that."*
- *"Writing those symptoms down along with the times is very helpful information. Thank you for doing that."*
- *"You washed out your eyes right away. That was very important."*

### **Use active listening and a gentle, respectful and moderate pace**

Use a reassuring, calm voice. This can help decrease caller anxiety. Use active listening responses. Examples are:

- *"Um hmmm,"*
- *"I see, go on."*

These responses let the caller know you are listening to the caller's concerns. Avoid using these too frequently. Avoid talking over the patient. This may come across as hurried, impatient or rude. It may escalate an anxious patient, and signal to the patient this is an emotionally unsafe call situation.

### **If you think you have lost the therapeutic connection mid-call**

Acknowledge it, apologize, and seek re-connection. Examples are:

- *"I think I have misunderstood or have not captured what you were telling me. I apologize. Can we back up to the part where you were telling me about \_\_\_?"*
- *"I apologize. I think I may have missed some important information. Can we talk more about (specific symptom)?"*

*"In my 24 years of doing triage QA, never once have I had a caller call me to state that someone was too kind, offered too much reassurance or over-validated their concerns. The importance of reassurance and validation can't be overemphasized!"*

- Cheryl Patterson RN BSN

*A good reminder is that anxiety is "individual and personalized as pain is."*

- Lawing, 2017

*"Cure sometimes, alleviate often, comfort always."*

- Unknown



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### References

Lawing, Marcia. Tips for triage nurses and telehealth professionals with anxious callers. May 15, 2017. Accessed at: <https://triagelogic.com/tips-for-triage-nurses-and-telehealth-professionals-with-anxious-callers/>

National Institute of Mental Health (NIMH). Any anxiety disorder. Accessed 2/15/19 at: <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>

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### ***Use a calm, non-judgmental, genuine tone of voice***

Use a calm, non-judgmental, genuine tone of voice. Use neutral, objective, non-punitive or non-shaming words and phrases. Examples are:

- *“Let’s go ahead and talk about what happened”*
- *“Can you describe for me what you are feeling?”*

### ***Help the caller to make a short-term plan***

An anxious caller may start to think about the “what ifs” down the road. Help the caller focus on short-term goals. Offer concrete actions. Examples are:

- *“Those are some valid concerns, and it might help you to write those down and discuss with your provider.*
- *For now, how about we have you focus on your fluid intake and getting some rest tonight. Do you think you could manage taking 8 oz fluid before bedtime?”*

Offer follow-up calls to reassess status or instruct caller to call back to report how things are going. Offer to email care advice instructions for symptom management. When someone is anxious it is harder to remember advice given over the phone.

### ***Provide a warm closing and safety net information***

Review **Call Back If** information for non-emergency dispositions. Thank the caller for calling. Let them know that they are welcome to call back at any time.

A good rule is “three calls equal a visit”. If a patient calls seeking advice about the same problem 3 times, arrange for the patient to be seen. In fact, if the caller phones in twice in 12 hours about the same or a worsening condition, the triager needs to be concerned and should consider referring patient in to be seen.

### ***Keep your coworkers in the loop***

Sometimes you will find a phrase or technique that was very helpful with a specific caller. Add this information to the confidential part of that caller’s chart. This information will be helpful to the next triager who talks with the patient.