



queste sono note aggiuntive da lowcode

[illegible]

Topic: 500 - CONTACT PRIMARY CARE PHYSICIAN:

- From the symptoms you have described to me, you need to contact your primary care physician for further advice and management.

Call ID: 73

Caller Name:	Rossa Luna	Call Received:	10/19/2022 12:17:19 PM
Call Taker:	CTTNName CTTNSurname	Call Start:	10/19/2022 12:17:20 PM
Nurse Name:	CTTNName CTTNSurname	Call End:	
Relationship:	Self	Call Duration:	0:00:00
Caller Telephone:	+393495304652	Call Type:	Medical (ECN Protocol)
Callback Telephone:		Call Status:	Open
Caller Location:	Turin - Via Maria Adelaide		
Complaint:	pain throat		

Name: Rossa Luna

Age:	35 years
DOB:	10/19/1987
Sex:	Female
Primary Address:	Turin - Via Maria Adelaide, TURIN, ITALY
Primary Phone:	+393495304652 (Home Phone)
Email:	n.daurora@regola.it
Primary Provider:	JIMMY PROVIDER
Provider Groups:	

Origin: New Call (LowCode)

Initial Call Taker: CTTNName CTTNSurname

Caller identification questions

What is your last name?	Luna	12:17:37 PM
What is your first name?	Rossa	12:17:40 PM
What is the address you are calling from?	Turin - Via Maria Adelaide	12:17:53 PM
What is the phone number you are calling from?	+393495304652	12:18:05 PM
What is your RELATIONSHIP to person requiring assistance?	Self	12:18:07 PM

Description of problem questions

What's the problem, tell me what's happening?	pain throat	12:19:28 PM
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Call Transferred: From CCCallTakers to CCTeleguideNurses

Case Intake questions

How long has the problem been there?	5 days	12:19:34 PM
Have you seen a doctor about this problem?	No	12:19:36 PM
Has any home treatment been attempted?	No	12:19:36 PM
Is this a recurring problem?	No	12:19:36 PM
Health Advisor: Classify the chief complaint.	Not Classified	12:19:36 PM
If necessary, are you in a position to use a car, taxi or public transport?	Yes	12:19:37 PM

Protocol Set Selected ACADEMY ECNS Protocols V4.1 (NAE(20200305))

Protocol : Cough

Sequence No.	Question No.	Question Description	Answer	Time
1	176	Do you have any of the following symptoms? <input type="checkbox"/> 1. Gasping for breath at rest <input type="checkbox"/> 2. Unable to speak sentences without taking a breath <input type="checkbox"/> 3. Continuous wheezing <input type="checkbox"/> 4. Short of breath with minimal activity <input type="checkbox"/> 5. Turning blue or pale around lips or nail beds	No	12:21:35 PM
2	743	Are you totally unable to swallow saliva or any liquid or is drooling excessively (YES=Not able to swallow, NO=Able to Swallow)? Do you have any of the following symptoms?	No	12:21:40 PM
3	619	<input type="checkbox"/> 1. Trouble breathing with a high pitched or croaking sound when breathing <input type="checkbox"/> 2. Throat swelling or feeling like the throat is closing off <input type="checkbox"/> 3. Tongue swelling up	No	12:21:44 PM
4	522	Could you have inhaled a foreign object, like a small piece of food? Do you have any of the following symptoms?	No	12:21:51 PM
5	12	<input type="checkbox"/> 1. Pale, cool, mottled or clammy skin (cold sweats) <input type="checkbox"/> 2. Fainting or feeling like they are going to pass out <input type="checkbox"/> 3. Lightheadedness on standing <input type="checkbox"/> 4. Drowsy or decreased responsiveness	No	12:22:08 PM
6	524	Do you have any of the following symptoms? <input type="checkbox"/> 1. Having trouble catching their breath <input type="checkbox"/> 2. Having trouble taking in enough air	Unsure	12:22:41 PM
12	521	Have you been coughing up blood?	No	12:22:47 PM
17	49	Do you have a fever (temperature over 101F/38.3C) or do you feel feverish? Do you have any medical conditions that might cause immune system compromise or	No	12:22:51 PM

		deficiency (for example)?		
		<input type="checkbox"/> 4. Cancer		
		<input type="checkbox"/> 2. Human Immunodeficiency Virus infection or Acquired Immune Deficiency Syndrome		
		<input type="checkbox"/> 3. Lymphoma or Leukemia		
25	446	<input type="checkbox"/> 5. Organ transplantation recipient	No	12:23:07 PM
		<input type="checkbox"/> 6. Absent spleen		
		<input type="checkbox"/> 8. Sickle cell disease		
		<input type="checkbox"/> 9. Treatment with immunosuppressive or chemotherapeutic medications		
		<input type="checkbox"/> 1. Diabetes Mellitus (poorly controlled)		
		<input type="checkbox"/> 7. Chronic alcohol abuse		
26	1266	Does taking in a deep breath, breathing in and out, coughing or moving cause pain?	Yes	12:23:40 PM

Recommendation: Schedule an Appointment to be Seen by the Doctor within the Next 1-3 Days

Disposition Instructions: **Topic: Schedule an Appointment to be Seen by the Doctor within the Next 1-3 Days (5)**
1. Please stay on the line with me and I will give you further information on what the next steps are.

Point of care Instructions: **Topic: 500 - CONTACT PRIMARY CARE PHYSICIAN: (11)**
1. From the symptoms you have described to me, you need to contact your primary care physician for further advice and management.

Case Exit questions

Do you understand the advice I have given you?	Yes	12:27:09 PM
Do you give permission for me to pass the details of this call to our researcher who is evaluating this service?	No	12:27:13 PM

