

Receptionist Programme

Module 3:

Taking History Training Manual

Name of Employee: _____

Date of Training: _____

Trainers Name: _____

Date Training Completed: _____

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RECEPTIONIST TRAINING

MODULE 3 TAKING HISTORY FRAMEWORK

When the Receptionists performance is audited they are scored on documented evidence of: -
Presenting complaint / past medical history / any allergies / correct observations / correct priority

Rules of thumb

1. State who is taking the history (Receptionist)
2. Document who patient is with especially if a child under 16 or a vulnerable adult- Mum, aunty?
3. Take a relevant history (a) Presenting complaint
(b) When did it first start?
(c) Any other symptoms?
4. Ask if the patient has any allergies (medication, food etc)
5. Any past medical history? E.g. asthma, diabetes, heart problems, high blood pressure etc
6. Do they take any regular medication, inhalers, tablets etc? If they are on a lot of medication document this, there is no need to write them all down - the clinician will do this. If they have a repeat prescription with them, document this too.
7. Perform the right observations for the presenting symptoms - you will find them listed on your observation chart e.g. oxygen saturations if a cough etc.
8. In the case of a patient with a temperature, ask if they have taken any medication and if so, when and ask what they have taken and how much? Please ensure you document this

N.B

- A. The ideal consultation should be approx 5 minutes long but, this may vary dependent on the patients presenting complaint. I.e. if you need to gain a urine sample etc
- B. Changing priority - The Receptionists should change the priority from routine to urgent if they feel that the patient needs to be seen urgently however, this is a skill that comes with experience, if a call is highlighted as urgent Receptionists can no longer change the priority from urgent to a routine call, if you feel the patient's condition does not need to be urgent after your triage and observations. You will then need to identify a clinician on duty, to read you're triaging and look at your observation, and discuss with you if you have any concerns. If there are no concerns relating to the presenting complaint the clinician will advise to down grade the call to routine. When this has been authorised by a clinician you are advised to document the clinicians name (*e.g. d/w Dr J Doe no concerns with observations call downgraded from urgent to routine*).

Triage Notes

HX from HCSW

Patient with.... (if child or vulnerable adult)

Presenting symptoms

Symptoms since...record length of time suffered

Meds taken for presenting symptoms...inclusive of pain relief

Is patient taking any other medication?

Unwell child only:

Eating and drinking

Loose stool or vomiting

Rash

Allergies

Past medical history (PMH)

Record your history in the above order and in separate sentences.

INFORMATION FOR RECEPTIONIST REGARDING OBSERVATIONS OF PATIENTS

Please use the following information as a guide on what is required when patients attend the treatment centre. Additional observations/tests may be required by the clinician who sees the patient.

Presenting symptom	Observations to be carried out
Chest pain	BP, pulse, temperature Oxygen saturations, respirations Peak flow (if suspected respiratory problem) patient facial colour, sweating ect to be noted
Abdominal pain	BP, pulse, temperature O2 Saturations, respirations Urinalysis Women- note first day last menstrual period (LMP) pregnancy test if appropriate
Upper respiratory problem i.e. cough, cold, sore throat	Temp, pulse, peak flow, respiratory rate and if short of breath or noisy breathing ie wheezy- oxygen saturations, observe for tracheal tug and abdominal recession.(child)
Rash	Check rash fades with pressure or (glass test) if available Temp, pulse, O2 saturations respirations neck stiffness Ask about other symptoms (ie sore throat any products changed at home eaten any thing differently)
Unwell child	Temp, pulse, respirations, heart rate, O2 saturations check for rash up to date with immunisations Eating and drinking ok? Vomiting or diarrhoea? Passed urine Document who is with the child, and relationship to child Observe rapport between carer and child Consider Child Protection issues
Light headed/dizzy	BP, pulse, temp, O2 saturations, Blood glucose, urine analyst, Taking fluids, has eaten
Headache	BP, pulse, temp,O2 sats respiration – ask if any blurred vision carry out Blood Glucose, urinalysis
Leg pain	BP, Pulse, O2 sats respirations Temp (Adults) PTO Continued Check for swelling of limb, pain , tenderness, sensation, warmth , colour change to limb e.g redness, hardness to calf (child) Temp,O2 sats resp pulse :- check for rash discolouration of limb any limping, or none weight bearing
Short of breath or difficulty in breathing	Temp, pulse, BP, respirations, peak flow if appropriate Oxygen saturations Observe skin colour for greyness or blueness around lips and examine finger nails where appropriate
Pregnancy and Post vaginal bleeding	BP, pulse, respirations, urinalysis, O2 saturations pregnancy test Vaginal loss/bleeding? When was last LMP (Last Menstrual Period) How many weeks pregnant? First pregnancy?

Presenting symptom	Observations to be carried out
Skin infections- boils, abscesses	Temp, pulse O2 saturations, respirations blood glucose, Pulse, if recurrent infection, urinalysis
Diarrhoea and vomiting	Temp, pulse, BP, O2 saturations urinalysis, respiration Blood glucose if diabetic urinalysis any foreign travel eaten any take away food
Back pain	Urinalysis, b/p respirations O2 saturation Temp Pulse pain score 1-10 Colour of limbs? Able to move without difficulty? Any trauma, any exercise or lifting
Mental health	Observe generally- inform clinician if worried about behaviour b/p pulse O2 saturations Temp respirations if needed
Diabetes	Blood glucose b/p respirations O2 saturations Pulse Urinalysis Temp eaten and drank recently
Urinary problems	Temperature b/p O2 saturations Temp Urinalysis Pulse respirations abdo pains and back pains Ladies- LMP any Post Vaginal bleeding

OBSERVATIONS

This is a Guide to Normal Values

Temperature

Celsius only is used to record temperature clinically.

Normal temperature	37°C.
Mildly elevated	37.5°C - 38°C
Significantly raised	38.5°C - 39°C
Very high	39.5°C – or more

Normal Respiratory Rate – breaths per minute (bpm)

Age	Respiratory Rate
< 1 year	30 – 40 bpm
1 – 2 years	25 – 35 bpm
2 – 5 years	25 – 30 bpm
5 – 12 years	20 – 25 bpm
> 12 years	15 – 20 bpm
ADULT	12 – 20 bpm

Pulse Oximetry

Oxygen saturation (O₂ sats) beware nail varnish may give falsely low readings

Oxygen saturation of haemoglobin spans a very **NARROW NORMAL RANGE.**

96 – 100% O₂ sats

Readings below this range are significant.

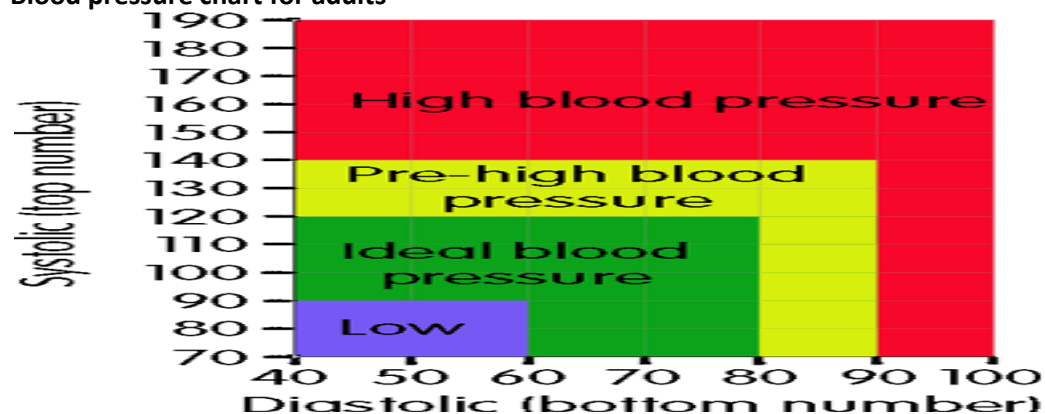
Heart Rate – pulse (beats per minute)

Age	Heart Rate
< 1 year	110 – 160 bpm
1 – 2 years	100 – 150 bpm
2 – 5 years	95 – 140 bpm
5 – 12 years	80 – 120 bpm
> 12 years	60 – 100 bpm
ADULT	Over 120 bpm is significant

Blood Glucose

Normal blood glucose IN A NON DIABETIC range around 3.5 – 6mmol/l however following a meal the reading may transiently rise to > 10mmol/l

Blood pressure chart for adults



Predicted Average Peak Expiratory Flow (liters per minute)

Normal Males

Age (Years)	Height				
	60"	65"	70"	75"	80"
20	554	602	649	693	740
25	543	590	636	679	725
30	532	577	622	664	710
35	521	565	609	651	695
40	509	552	596	636	680
45	498	540	583	622	665
50	486	527	569	607	649
55	475	515	556	593	634
60	463	502	542	578	618
65	452	490	529	564	603
70	440	477	515	550	587

Normal Females

Age (Years)	Height				
	55"	60"	65"	70"	75"
20	390	423	460	496	529
25	385	418	454	490	523
30	380	413	448	483	516
35	375	408	442	476	509
40	370	402	436	470	502
45	365	397	430	464	495
50	360	391	424	457	488
55	355	386	418	451	482
60	350	380	412	445	475
65	345	375	406	439	468
70	340	369	400	432	461

Normal Children and Adolescents

Height (inches)	Males & Females
43"	147
44"	160
45"	173
46"	187
47"	200
48"	214
49"	227
50"	240
51"	254
52"	267
53"	280
54"	293
55"	307
56"	320
57"	334
58"	347
59"	360
60"	373
61"	387
62"	400
63"	413
64"	427
65"	440
66"	454

0-11 MONTHS			
RR	≤30	30-59	≥60
Respiratory Distress	Yes	No	
SpO2	<94%	≥95	
HR	≤90	90-160	≥160
Temp	<3 Months = ≥38°	3-6 months = ≥39°	
Fever+Appears Unwell	Yes	No	

1-4 YEARS			
RR	≤20	20-40	≥40
Respiratory Distress	Yes	No	
SpO2	≤94%	≥95%	
HR	≤90	90-140	≥140
Fever+Appears Unwell	Yes	No	

5-12 YEARS			
RR	≤20	20-30	≥30
Respiratory Distress	Yes	No	
SpO2	≤94%	≥95%	
HR	≤70	70-120	≥120
Fever+Appears Unwell	Yes	No	

13-18 YEARS			
RR	≤10	10-20	≥20
Respiratory Distress	Yes	No	
SpO2	≤94%	≥95%	
HR	≤60	60-100	≥100
Fever+Appears Unwell	Yes	No	

Module 3: Procedures sign off		
Module	Demonstrated	Discussed
Explaining to patients you will be carrying out observation / obtain verbal consent		
Ends triaging politely and professionally		
Has completed chaperone training and understands fully		
Disposes of clinical waste appropriately		
Sharps disposal (sharps box) + correct management of sharps box		
Correct usage spillage kits and full management of spillage		
Demonstrates a good hand washing decontamination technique		
All clinical rooms set up appropriately		
Preparation of PCC (setting up clinical rooms) / Closing down rooms		
Leaves PCC clean/tidy at end of shift		

Review Date:	Carried out by:	Comments to be discussed:

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

This Form must be returned to Glover Street FAO: Training Team

RECEPTIONIST PROGRAMME
TRAINING LOG

TRAINEE NAME:

Please use this log to record your training sessions with the Training Team Trainer or Clinical Lead for each Module.

Session	Date	Time	Trainer / Clinical Lead	Trainer / Clinical Lead Sign	Trainee Sign
1					
2					
3					
4					
5					

**PLEASE RETURN THIS FORM WITH YOUR SIGN OFF FOR THIS MODULE TO
 GLOVER STREET FAO: THE BADGER TRAINING TEAM.**