



Western Health
and Social Care Trust

**Policy On The Recording Of
Telephone Advice
Regarding Patients / Clients
Care And Treatment**

July 2008

Policy Title: **Policy On The Recording Of
Telephone Advice Regarding
Patients / Clients Care And
Treatment**

Policy Reference Number: **PrimCare08/13**

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Responsible Officer: **Assistant Director of Nursing
for Governance, Quality &
Performance**

Policy On The Recording Of Telephone Advice Regarding Patients' / Clients' Care And Treatment.

On some occasions it may be necessary to give advice, information or instructions about a patient / client's care over the telephone to the patient or client themselves, their carer or another healthcare professional.

This method of sharing information should be kept to a minimum to prevent errors and misunderstandings occurring which could lead to inappropriate care and / or harmful treatment for the patients / clients.

On the occasions when it is necessary to give verbal instructions the following standards of record keeping must be adhered to on all occasions. (*Adapted from the Royal College of Nursing document on 'Guidance for Nursing Practitioners on Telephone Advice Lines for People with long Term Conditions'*).

Record the following:*

1. Patient's / Client's name, address, date of birth and hospital number or Health and Care Number if appropriate.
2. Any known allergies patient / Client may have.
3. Date and time of call.
4. Pertinent medical / surgical details of the patient / client.
5. Key instructions / advice given.
6. Any further review appointments.
7. Name and status of person spoken to.
8. Your name and signature.
9. A second copy should be posted to relevant healthcare professional if instructions relate to prescribing or changes in treatments.
 - Where recording systems already exist, please ensure they facilitate recording the above data. The existing formats do not require changing if they meet the above requirements.

Departments that do not have such a system will be required to adopt the attached format, which will be issued in a booklet format.



TELEPHONE ADVICE FORM

Date of Call: Time of Call:
Patient's Location:

Name & Designation of Person Spoken

1. Name
2. Designation:

Patient's Information

Patient's/Client's Name: _____ DOB: _____

Address: _____

Hospital Number: _____ H + C Number: _____

Any known allergies Patient/Client may have: _____

Pertinent Medical/Surgical Details of the Patient/Client:

Key Instructions/Advice Given:

Any Further Review Appointments:

Your Name, Designation & Signature:

1. Name
2. Designation
3. Signature

Copy filed in Patient's/Client's Notes

Note: A copy should be posted to relevant Healthcare Professional if instructions relate to prescribing or changes in treatment.

