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# TELEPHONE ENQUIRIES RE MEDICAL ADVICE

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## Overview

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### Purpose

The purpose of this policy is to ensure staff who give clinical advice over the telephone do so taking due care to minimise risk.

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### Scope

This policy applies to all staff who receive telephone calls requesting clinical advice.

This policy excludes helplines (e.g. 0800 4 BIRTH line) or information centres which give general advice.

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### Associated Documents

The table below indicates other documents associated with this policy.

Type	Document Title
Board Policy	<a href="#">Clinical Record Management</a>

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### Telephone Advice

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#### **Enquiries from the General Public**

Specific clinical advice is not to be given in response to a telephone call.

Callers are to be advised to contact appropriate emergency services, a GP or, if pregnant, their lead maternity carer.

The caller is to be advised that only they can assess the severity or acuteness of the problem and that the final decision about where and from whom to seek help is theirs.

General factual advice (e.g. quarantine periods for chickenpox) may be given by medical or nursing/midwifery staff.

Clerical staff may only give specific and circumscribed information in situations where this has been delegated to them, e.g., Public Health Protection, Sexual Health Services, Lablink.

For enquiries from relatives or friends refer to the Board Policy - [Clinical Record Management](#)

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#### **Enquiries from Former or Current Patients**

Enquiries from former or current patients are to be referred to the ward, clinic, community based location, where the patient had been or is currently receiving care and treatment.

Clinical advice is only to be provided by medical, nursing /midwifery staff or allied health professionals and this is to be within the limits of their expertise.

Enquiries may be directed to the responsible clinician as considered appropriate for the circumstances.

In situations when the patient is not currently receiving ongoing care and treatment and where staff are not familiar with the individual or with current status, telephone advice is to be qualified with a recommendation to contact the GP, the appropriate emergency care facility or, if pregnant, the lead maternity carer.

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## TELEPHONE ENQUIRIES RE MEDICAL ADVICE

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### Telephone Advice, Continued

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#### Documentation

To protect both patients and staff documentation should, wherever possible, be made of any advice given by a clinician to a patient.

Documentation ensures clinical treatment is co-ordinated, appropriate advice has been given and provides evidence of the advice given.

Documentation should be in the clinical record.

In areas where giving telephone advice is a regular occurrence an alternative process for documentation is to be established. This may be in the form of a log book, or specifically designed telephone advice forms.

#### Documentation is to include the:

- Name of the caller
- Contact phone number and/or address
- Date and time of the call
- Stated problem or issue
- Advice given
- Name and designation of the person giving the advice

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## TELEPHONE ENQUIRIES RE MEDICAL ADVICE

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### Telephone Advice, Continued

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#### **Enquiries from Other Health Professionals**

Where appropriate, clinical judgement is to be used to determine whether advice given in any particular case requires a permanent record.

If a permanent record is required then this should be by way of documentation in the clinical record.

A follow up letter may be sent to the health professional outside the Board outlining the advice given over the telephone.

As per the Board Policy, [Clinical Record Management](#), staff giving information to other health professionals by telephone are to take all reasonable care that the person receiving the information is actually entitled to that information.

If in doubt of caller entitlement, staff are to request a telephone number (or ask the person their name and check the number in the telephone book) and call back when they have checked that the number and caller are authentic.

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