



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6550.9A
BUMED-311
19 Sep 94

BUMED INSTRUCTION 6550.9A

From: Chief, Bureau of Medicine and Surgery
To: Stations Having Medical Personnel

Subj: POLICY AND GUIDANCE FOR SICK CALL SCREENER PROGRAM

Ref: (a) BUMEDINST 6010.13

Encl: (1) Standard Curriculum Topic Outline for Sick Call
Screener Programs

1. Purpose. To provide policy and guidance regarding the qualifications, duties, supervision, and quality assurance of Navy sick call screeners.

2. Cancellation. BUMEDINST 6550.9.

3. Background. The two primary goals of the Sick Call Screener Program are:

a. To improve the access to care for active duty personnel with minor medical conditions by permitting supervised hospital corpsmen to provide expeditious, clearly-defined health care services.

b. To train hospital corpsmen for service with the fleet, Fleet Marine Forces, and other operational units.

4. Scope. Applies only to hospital corpsmen serving in fixed medical treatment facilities (MTFs).

5. Policy. To establish Sick Call Screener Programs and authorize hospital corpsmen to provide timely, supervised, quality primary care services to active duty patients with minor medical conditions.

6. Program Components

a. Selection of Candidates. Candidates for the Sick Call Screener Program will be selected by a committee having primary care oversight. Candidates must be volunteers for the program and must meet the following selection criteria:

(1) Hospital corpsman in paygrade E-2 or above.



(2) Physically qualified to perform the expected tasks.

(3) Interested in direct patient care, with at least 6 months experience in direct patient care.

(4) Past performance in HM "A" school and in direct patient care indicate the potential to complete the program successfully.

(5) Written recommendation from present supervisor supports the individual's qualifications and suitability for assignment as a sick call screener.

(6) For any candidate who graduated from HM "A" school after April 1989, successful completion of the Hospital Corps Clinical Orientation (follow-on training) Program is strongly recommended before assignment as a sick call screener.

b. Training

(1) Sick Call Screener Program training consists of didactic classroom lectures, hands-on training in physical examination and physical diagnosis, and a supervised clinical practicum. Enclosure (1) is a standard curriculum topic outline which commands may use as a basis for developing their own curricula. A sample training program, which may be adapted to meet local needs, is available from the Naval Health Sciences Education and Training Command (Code 26).

(2) The training program must be supervised by a medical officer, physician assistant, or family nurse practitioner designated as the program director. Upon satisfactory completion of all phases of the program, the trainee is certified as a screener.

(3) Certified screeners must receive at least 12 hours per quarter of ongoing inservice training, to be documented in the screeners' training records.

(4) Screeners' training records will be maintained by a department designated by the command. These records must include certification of the screeners' competency at the end of the training program, and annual reevaluations.

c. Duties and Responsibilities

(1) The program director will provide program oversight.

(2) The program director must ensure that all sick call screeners receive detailed guidelines regarding authorized scope of care, approved treatment protocols, approved lists of

medications which can be dispensed, and mandatory patient referral to higher echelons of care.

(3) A medical officer, physician assistant, family nurse practitioner, or clinically recertified independent duty corpsman (IDC) must provide direct supervision of all sick call screeners. The supervisor must be physically present through all or a portion of each patient's care and must be involved in the decision-making process, approving all therapeutic interventions before they are carried out. The supervisor must also concurrently review and cosign, before the patient leaves the sick call area, every treatment entry pertaining to a patient seen by a sick call screener. Criteria for review include quality of care, quality of documentation, and compliance with the authorized scope of care.

(4) Screeners are to evaluate and treat only minor illnesses for which they have been provided approved treatment protocols.

(5) Conditions which may be treated include:

- (a) Minor headaches.
- (b) Uncomplicated upper respiratory infections.
- (c) Uncomplicated otorhinolaryngological conditions.
- (d) Minor dermatological conditions (e.g., rashes, sunburn, friction blisters).
- (e) Uncomplicated minor musculoskeletal problems.
- (f) Uncomplicated gastrointestinal conditions (e.g., constipation, minor gastroenteritis, minor hemorrhoids).
- (g) Minor wounds requiring suturing, interval examination, or dressing changes.
- (h) Hypertension (limited to the documentation of serial blood pressure checks which have been requested by a referring provider).

(6) Conditions which require immediate referral to a medical officer, physician assistant, or family nurse practitioner include:

- (a) Chest pain.
- (b) Febrile illness with temperature exceeding 102°F.

BUMEDINST 6550.9A
19 Sep 94

- (c) Acute distress (e.g., difficulty breathing, abdominal pain, lacerations, suspected fractures).
 - (d) Altered mental status.
 - (e) Unexplained pulse above 120 per minute.
 - (f) Unexplained respiratory rate above 28 per minute or less than 12 per minute.
 - (g) Systolic blood pressure over 180 mm Hg or diastolic blood pressure over 100 mm Hg.
 - (h) Any uncertainty or doubt in the assessment of the patient's medical condition.
- (7) Any patient presenting to the sick call screener with the same complaint twice during a single episode of illness shall be referred to a physician for consultation (this does not apply to patients returning for the treatment of chronic illnesses previously documented in their medical records or for routine followup of resolving acute illness or injury).

d. Quality Assessment and Improvement. The measurement, assessment, and improvement of the care provided by sick call screeners must be conducted within the guidelines of reference (a).

7. Action. MTFs may develop and implement Sick Call Screener Programs as outlined in this instruction, contingent upon the availability of adequate supervision for the screeners. Each command which opts to develop a Sick Call Screener Program must develop a local governing instruction for the program, including an approved training curriculum, approved lists of treatment protocols for the screeners to follow, approved lists of medications the screeners can dispense, an approved process for evaluating the competency of screeners and reevaluating them on an annual basis, and the provision for an annual review of these program components. Individuals within an MTF can apply, be accepted, trained, and work in that facility once the program has been established.


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STANDARD CURRICULUM TOPIC OUTLINE
FOR SICK CALL SCREENER PROGRAMS

1. Responsibilities and Limitations of Practice
 - a. Authorized scope of care
 - b. Approved treatment protocols
 - c. Approved medications which can be dispensed
 - d. Conditions requiring referral to higher echelons of care
2. Obtaining a Medical History
 - a. Essential components of an adequate medical history
 - b. Interview techniques
3. Performing a Physical Examination
 - a. Vital signs and their interpretation
 - b. Physical examination and physical diagnosis skills
 - c. Abnormal findings requiring patient referral
4. Documentation and Medical Records
 - a. Essential elements of a medical record entry
 - b. The subjective objective assessment plan (S.O.A.P.) note or other approved documentation procedure
 - c. The problem list and problem oriented medical record
5. Evaluation and Treatment of Common Medical Conditions*
 - a. Headaches
 - b. Upper respiratory disorders
 - c. Otorhinolaryngological conditions
 - d. Dermatological conditions
 - e. Musculoskeletal problems
 - f. Gastrointestinal ailments

BUMEDINST 6550.9A
19 Sep 94

- g. Chest pain
 - h. Febrile illnesses
 - i. Heat illnesses
 - j. Cold injury and hypothermia (where appropriate)
 - k. Sexually transmitted diseases
 - l. Minor wounds (suturing, interval examinations, and dressing changes)
6. Basic Laboratory Tests and Interpretation
 7. Basic Radiographic Studies and Interpretation
 8. Prescription Writing
 - a. Essential elements of a prescription
 - b. Basic pharmacology, toxicology, and drug-drug interactions
- * This list should be considered only a minimum requirement. Other conditions may be added based on the needs and resources of a facility.