

Telehealth Visits:

Provider Preparation Tips

Visit Onset



- At onset of visit, outline a contingency plan with patient/family in case the connection is poor or lost
- At onset of visit, consider inquiring whether the patient/family has any anxiety about the telehealth visit and ensure they are comfortable with virtual format
- In addition, consider stating that the telehealth visit is a formal visit and that you will need to perform a visual physical examination

Documentation & Exams



- Required documentation elements:
 - *patient consent for telehealth visit*
 - *technology used*
 - *describe if audio only or audio + video*
 - *patient location*
 - *time spent on visit*
- Documentation should include same components as in person visit
(see diagram to the right)

RESPIRATORY:
*work of breathing,
audible wheeze*

CARDIOVASCULAR:
*edema, clubbing,
cyanosis,
self palpation
and capillary refill*

ABDOMEN:
*obesity, ascites,
edema*

SKIN: *rash, edema,
driveline site health*

GENERAL: *energy,
interaction*

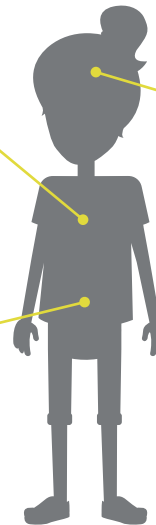
HEAD: *atraumatic*

NEUROLOGIC:
gait, general strength

PSYCHIATRIC:
*orientation,
mood/affect*

EYES: *presence of
conjunctivitis, edema*

EARS/NOSE/MOUTH
*moist mucous
membranes,
symmetric smile,
pallor*



Location & Background



- Use a private, quiet room free from interruptions or distractions; place mobile devices on silent, mute computer speakers
- Ensure there is adequate lighting and a neutral, and professional background
- Use a tablet when possible for optimal screen size
- Ensure an adequate connection (Wifi preferred); avoid walking around in order to minimize connectivity problems
- Avoid having more than two providers on the call. It becomes too hard for patients/families to see the main provider conducting the visit on the screen