



Patient Encounters in Virtual Medicine

Presented by:
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Objectives

- Define and understand best practices in documentation of a telehealth visit
- Learn best practices in medical decision when using telemedicine for remote assessment
- Understand benefits and limitations to utilization of telemedicine in the provision of remote patient assessment and care
- Learn the concepts of webside manner and begin to develop a clinician's personal style in the application of these concepts
- Utilize modified physical exam techniques of most body systems when using telemedicine for patient care
- Apply modified physical exam techniques to focused patient scenarios via telemedicine



Medical Decision Making



Consider those benefits and limitation when doing MDM



Assessment: What is the complaint (not the diagnosis)



What is in your differential from most likely to least likely and why you don't suspect specific more emergent conditions.



Plan: How you and the patient are addressing these complaints and what to do if plan A doesn't work.



This patient was examined using telemedicine technology and the limitations of this technology was explained to the patient and they indicated and understanding. It was explained that should there be any new or worsening of symptoms they should be seen in the office, or if they are unable to do so rapidly they should present directly to the emergency department.



Components of a telemed note



Consent

- Must be obtained prior to or at start of visit
- Written or verbal consent required, and must be documented
- Per episode, or annual/per interval
- Requirements vary state by state



Special Considerations

- Pediatrics
- Disabled
- Cognitive Decline
- Multiple Parties



Concent

I performed this visit using real-time telehealth tools, including a live *** connection between my location and the patient's location. Prior to initiating the services, I obtained the patient's informed verbal consent on (date) to perform this visit using the telehealth tools and answered all the questions the patient had about the telehealth interaction.

- **Session start time:** ***
- **Session end time:** ***
- Patient location:
- Provider location:



History

Many providers will tell you that history makes 90% of their diagnosis and that's why telemed works. If you remove a quality history from it you lose a great deal of the efficacy.



Web-side Manner



Web-side Manner

- Look and Act the part
- See what the patient can see
- Eye Contact
- Explain what you are doing off camera



Pre-exam Considerations



Environment

- Is it safe to perform distant exam?
- Obtain contact info of someone that can help
- Know what you are looking at



Vital Signs

- At the very least RR
- At home devices? Document whether you observed or it was subjectively reported
 - » Pulse ox
 - » Smart devices
 - » Glucose monitors

Patients/Family can take their own vitals (note observance)



General

General appearance:

- Do they appear well?
- Diaphoretic?
- Pallor
- Cachectic
- Flushed
- Ill Appearing

History:



Head

General appearance:

- Visualized portions of the head appear NCAT

Specialized:

- If trauma, history is key with focus on neuro exam
- Use extreme caution in any pt self-directed exam maneuvers if suspicion for fx or any other intracranial pathology

History:



Head

If pediatric head injury

- Occipital, parietal or temporal scalp hematoma?
- Battle signs?
- Have parents palpate and watch for crying



Eyes

General:

- Subjective visual assessment
- Conjunctival injection
- Cobblestoning?
- Extraocular movement
- PERRL

Specialized:

- n/a

Telemed pearls:

- Hold phone horizontal to capture both eyes



Ears

General:

- Inspection

Specialized:

Telemed pearls:

- Swimmer's ear exam
- Sacks yawn test

History:



Nose

General:

- Inspection

Specialized:

- Patency

Telemed pearls:

History:



Oral

General:

- Inspect lips, teeth, posterior pharynx

Specialized:

- Mallampati

Telemed pearls:

History:



Mallampati Scores

Why?

- Fatigue
- STOPBANG
 - OSA Assessment



Sinuses

General:

- Inspect
- Palpate

Specialized:

- Postnasal Drip

Telemed pearls:

History:



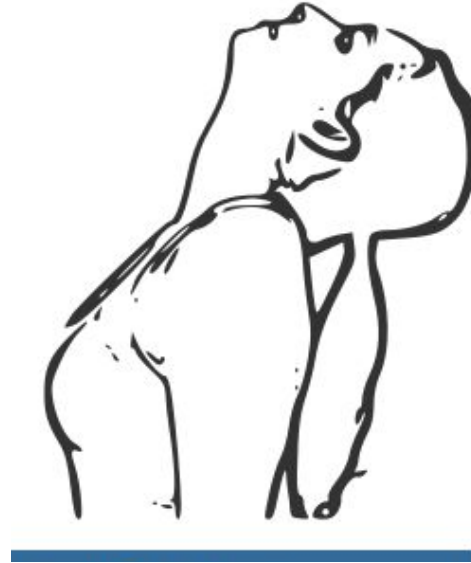
Sinuses

- **Lean forward.**
 - **Pressure/Pain?**



Sinuses

- **Lean back.**
 - **Drainage?**



Neck

General:

- Inspect

Specialized:

- Tension HA eval
- ROM
- Nuchal rigidity (chin to chest)

Telemed pearls:

- If you can see it in person, you can see it via telemedicine

History:



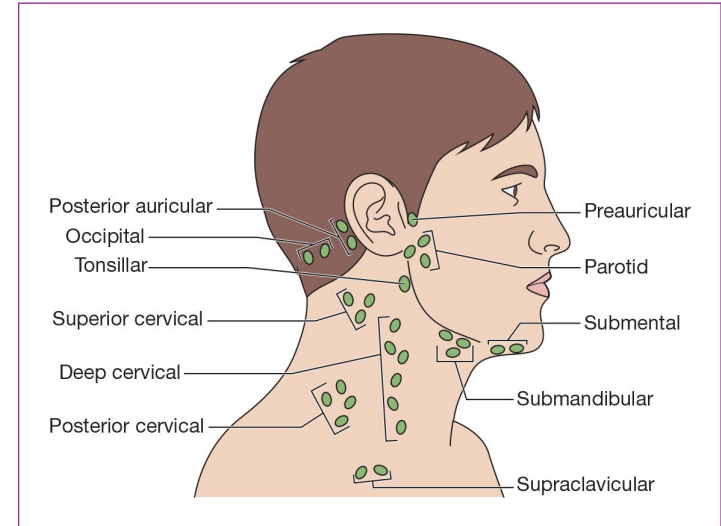
Neck

- **Occipital and trap palpation**



Lymph Nodes

- **Direct the patient on how to do a self exam**
- **Address anything >1cm (pea sized)**



Lymph Nodes

- **Direct the patient on how to do a self exam**

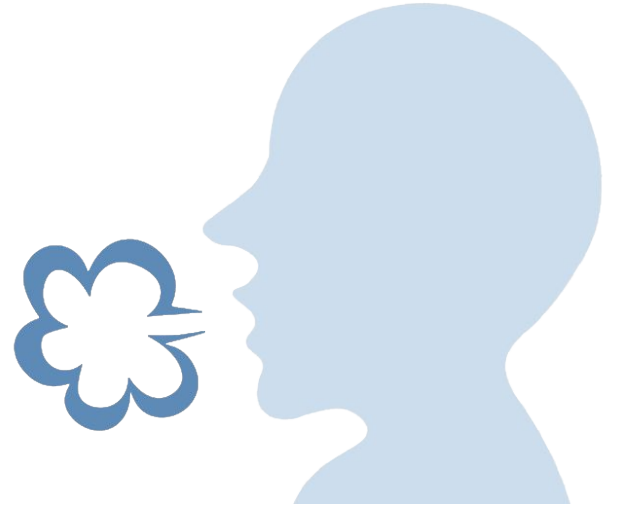


Respiratory

What do you see?

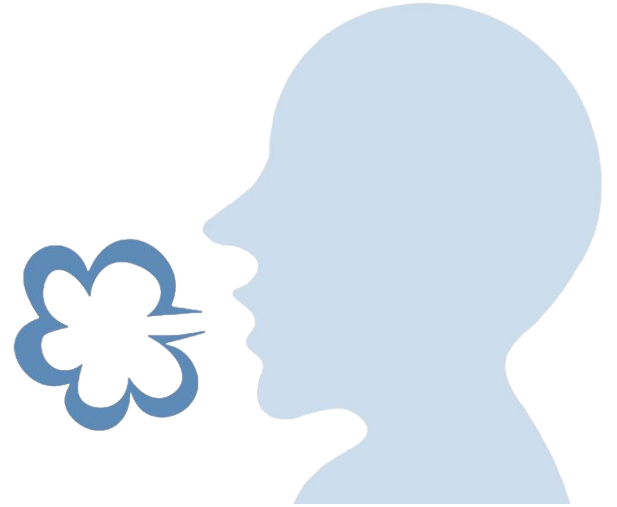
- Asthmatics
- Tripoding
- Accessory muscles
- Etc

Why are you doing this?



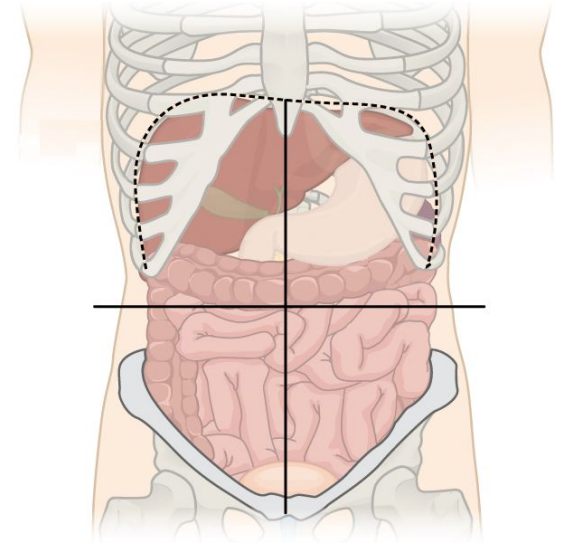
Respiratory

- **What can you hear?**
 - **Instruct the patient to take a deep breath**



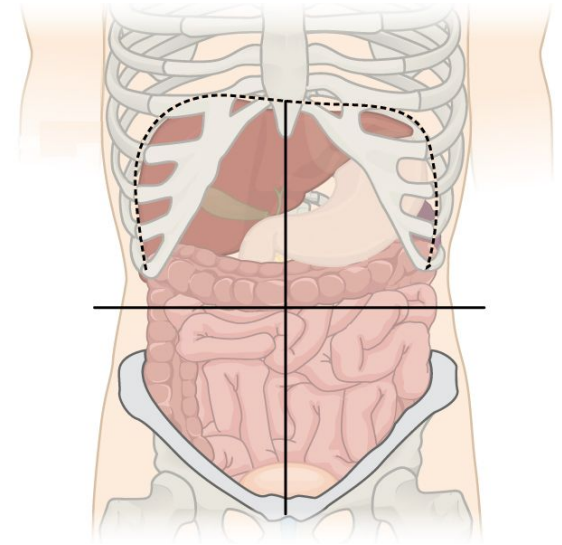
Abdomen

- **Teach them the landmarks**



Abdomen

- **Teach them the landmarks**
- **Get a Visual**
- **Teach them to palpate**
 - Start with xiphoid, 2cm below (epigastrium)
 - Perform murphy's sign
 - Palpate all 4 quadrants for pain/masses
- **Test for peritoneal signs**
 - **Jump up and down 10 x**



Back Exam

- **Visualize the back**
 - Self CVA Assessment
 - Heel drop test for renal sx (DW)

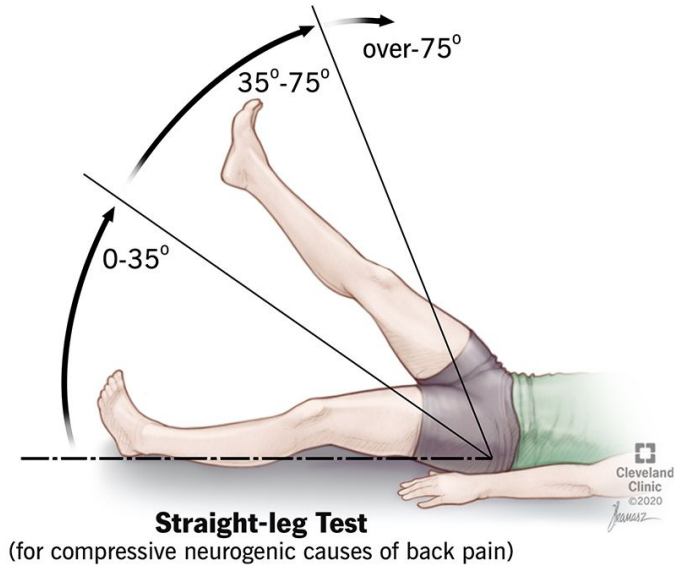


Back Exam

- **Active Straight leg raises**
- **Slouch/slump test (DW)**

The Markle Sign, Markle Test or Heel Drop Jarring Test is elicited in patients with intraperitoneal inflammation by having a patient stand on his or her toes and suddenly dropping down onto the heels with an audible thump.

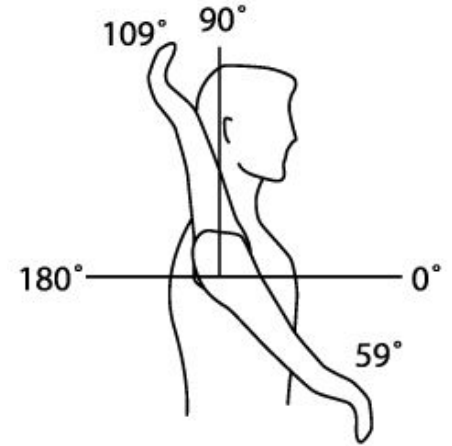
If abdominal pain is localized as the heels strike the ground, Markle Sign is positive. If the pain is localized to the right lower quadrant, this is suggestive of acute appendicitis.



Musculoskeletal Exam

Considerations

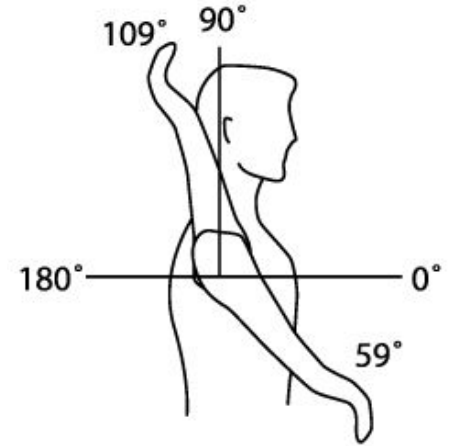
- Adequate lighting
- Space for full range of motion
- If a child, toys for them to manipulate
- Third party for assistance (if possible)



Musculoskeletal Exam

Prepare the patient

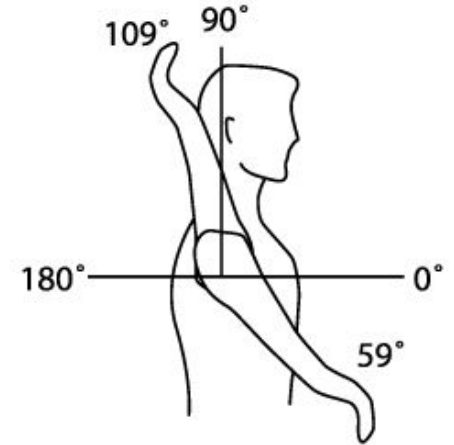
- Have the patient appropriately dressed prior to exam
- Feel free to step out of exam room and see next patient as they change



Musculoskeletal Exam

Upper Extremities

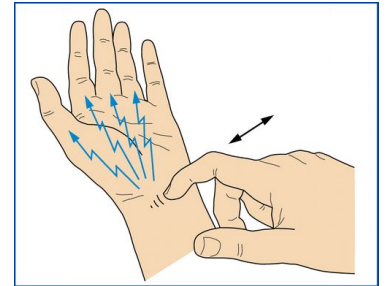
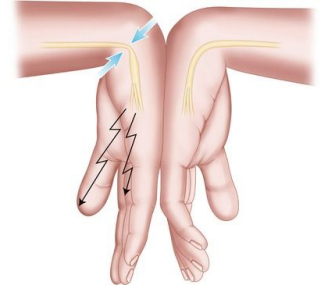
- Inspection
- Active Range of Motion
- Palpate for signs of pain
- Strength Testing
 - Can use surfaces for resistance



Musculoskeletal Exam

Special Testing

- Wrist Pain?
- Shoulder Pain?



Musculoskeletal Exam

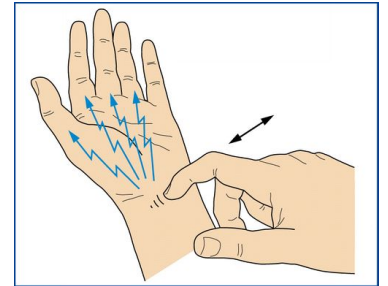
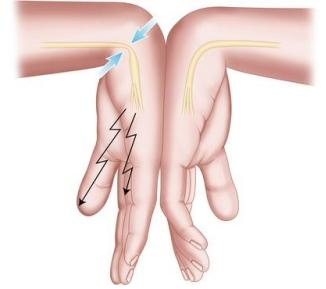
Lower Extremities

Hips

- Gait Assessment
- Range of motion
- Strength testing with towel

Knees

- Inspect both anterior and posterior
- ROM
- Self Palpation
- +/- Valgus/Varus stress test
- +/- Duck walk



Musculoskeletal Exam

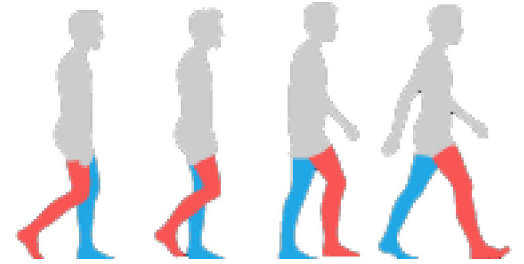
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- Inspect both anterior and posterior
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Musculoskeletal Exam

Lower Extremities

Ankle

- Inspection
- ROM
- Strength testing

Special testing

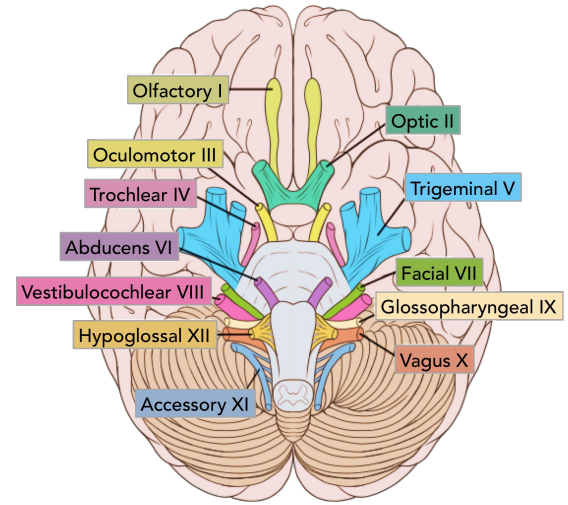
- Thompson's test for Achilles injury
- Mudler's sign for Morton's neuroma
- Ottawa ankle score for fracture



Neuro

Cranial Nerves (without fundoscopy):

- I. Subjective sense of smell
 - II. Subjective vision assessment
Visual fields with sentences
Pupils with closed eyes or light
- III,IV,XI.
EOMI (comment on lack of nystagmus)



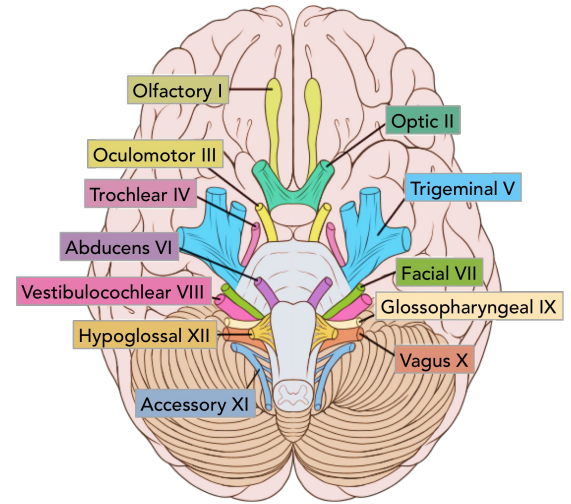
Neuro

Cranial Nerves (without fundoscopy):

V. Touch their face, feel for numbness/tingling

- use ice if needed
- Jaw movement

VII. Raise eyebrows, close eyes, show teeth

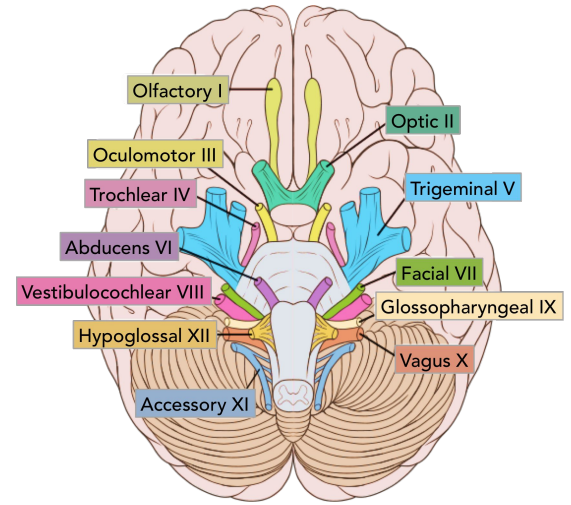


Neuro

Cranial Nerves (without fundoscopy):

VIII. “Intact to voice”

IX/X. Dysarthria? Palate elevation?

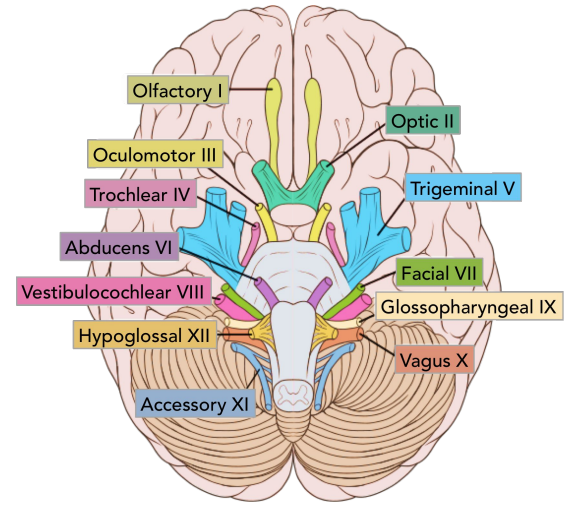


Neuro

Cranial Nerves (without fundoscopy):

XI. Shoulder shrug and head rotation

XII. Stick out tongue (fasciculations?)



MSE

Mental Status Exam

- Appearance
- Behavior
- Speech
- Mood
- Affect
- Thought process
- Thought content
- Cognition
- Insight/Judgment



Skin

- **Photos Work Best**
- **Use Common Items for size reference**
- **Test for blanching**
 - **Palpate:**
- **When documenting derm, for a non-derm complaint**
- **Note (areas of exposed skin examined)**



Case Scenarios

URI/sinusitis:

- **27 yo male presents with 7 days of sinus pressure, nasal congestion, cough and subjective fever**
 - History?
 - Exam?
 - Peripheral measures?



Case Scenarios

UTI

- **46 yo female with 2 days of painful urination**
 - History?
 - Exam?
 - Peripheral measures?



Case Scenarios

Headache

- **38 yo female with 12 hours of headache**
 - History?
 - Exam?
 - Peripheral measures?



Thank You!



Questions?

