

NICU Presenting

1. SCOPE

- 1.1. System Wide: This procedure applies to all regional telepresenters working with SIU HealthCare providers and SIU HealthCare's partner TeleHealth organizations providing care via TeleHealth.

2. PURPOSE

- 2.1. To outline the process for TeleHealth patient sites to prepare the environment and the patient for a TeleNeonatology visit and to outline equipment, procedures, and physical exam requirements for working with a Neonatologist via TeleHealth.

3. DEFINITIONS & EXPLANATIONS OF TERMS

- 3.1. **Polycom:** refers to the clinical video conferencing device or software. Used interchangeably with Codec.

4. PROCEDURE BODY

All clinical staff responsible for presenting of patients to Neonatology Services or any provider who may need a component of Neonatology physical exam shall be proficient and appropriately trained in providing neonatal exam data via TeleHealth technologies.

4.1. Neonatology Referral Process:

- To request a TeleNeonatology consult, call SJH Connect number (888/544-6464) and request the TeleHealth Services of a Neonatologist.
- When calling, be ready to give the name of the Telepresenter, the site, and the location at that site (i.e. Nurse Nancy Jones at General Hospital in the NICU) in order to ensure the clinician call the proper polycom system.

4.2. Pre-Consult Preparation

- Clean and prepare exam table for patient
- Turn on lights appropriate to provide lighting for patient's face and affected area(s). Obtain an exam light if necessary
- Prepare technology to include: digital still camera, otoscope, hand held camera, digital stethoscope and Polycom **one hour prior** to the TeleHealth visit.
 - Make a test call at this time if system has **not been used recently or desired**
- Delete all picture from the memory card in the camera if pictures are stored
- Review and have readily available pertinent patient information for the exam

4.3. Patient Preparation

If present, inquire as to whether or not the caregiver has ever “seen the doctor on a television screen for an appointment” before

If the caregiver answers “**No**”:

- Explain TeleHealth
- How it works – two way audio and video over a secure network
- That the telepresenter will use cameras to show clear pictures of the patient’s condition
- Emphasize that this is secure and private and that no one else is able to see and hear the visit (just as if this were an in person visit)
- That the patient has the right to request that a resident or any other person who is in the room on the provider’s end to leave
- That the telepresenter will stay in the room with the patient during the visit to run the equipment and help the provider, but that if the patient desires private time with the provider, they can request for the telepresenter to step out of the room
- The patient should always ask the provider to repeat anything the patient did not hear or understand

Complete vital signs. This should include: temperature, blood pressure, pulse, respirations, length, weight and gestational age.

Also have the following information available:

- Prenatal care
- Birth mothers age, gravidity, parity
- Birth mother’s history of drug use (including prescription drugs and alcohol use)
- Birth mother’s history of infections
- Birth mother’s environmental exposures during pregnancy
- Medical history of birth mother (i.e. eclampsia, diabetes, heart disease, etc.)
- Relevant birth details (i.e. appearance of amniotic fluid, vaginal or cesarean delivery),
- Any other relevant medical information or birth complications contributing to clinical condition
- Any other vital statistic related to the clinical condition (i.e. abdominal girth of infant, etc.).

Enter results in the EHR.

Complete the SIU Neonatal Health History form

Have a list of current medications available (include dose and frequency).


Be prepared to discuss patient feeding schedule, feeding position, amount, method (nipple, nasogastric, etc.), length of time, toleration of feeds, and any feeding complications

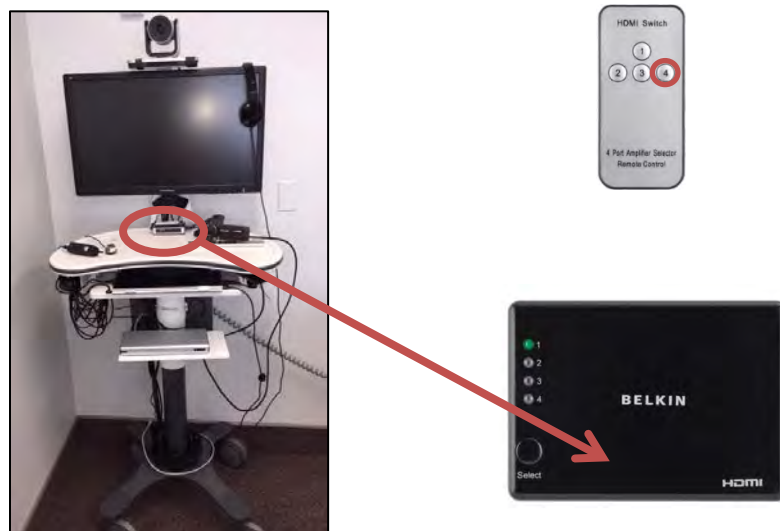
Know when the last stool was, as well as the appearance and consistency. Relay any abnormalities if necessary

Remove patient clothing as necessary to obtain adequate view while maintaining body temperature

- Frame the patient: Using the minimal focal distance and maximal zoom that allows for a clear picture, position the infant entire body (head to toe) in the center of the screen. During this time also note the lighting and background color being sure both of these provide an adequate and optimal view for the clinician. Presenter can control the codec camera; however, the presenter should ask the clinician if he or she would prefer to control the camera in the NICU in order to manipulate what he or she is viewing. Be prepared to assist the clinician by moving and positioning the neonate as necessary to allow an optimal view of the clinical condition. For further guidance on patient framing, please refer to *Table 4: Considerations to Improve Examination* (located at the end of the *NICU Presenting Procedure*) and *Procedure 2015.0110, Framing the Patient*
- If needed, take pictures of the affected area(s) according to the SIU Photography Protocol
- Fax neonatal assessment form to the provider prior to the start of the appointment
- Wait with the patient for the provider to call on the video system.

4.4. Assisting Provider with Physical Exam

- Be prepared to assist the provider with the physical exam. . The provider will direct the nurse in the room.
- Ensure that the patient is always framed appropriately so the provider can see all aspects of the patient interaction.
- Make sure that the hand-held video camera is convenient and available for a live exam
- When the provider asks for additional assistance with examining and viewing the patient via the hand-held video camera:
 - Switch the HD input to input by using the "HDMI Switch" remote and selecting 



- Press the camera/play button on the camera



- Narrate the location and position of the image that is being displayed i.e., 'right hand', 'left lower leg', etc.
- Slowly move the video camera over the requested areas and wait for the Neonatologist to direct the exam
- When finished with the live exam, set the camera down on the cart and return to telepresenting requirements of input 1 by pressing the 1 or 2 on the HDMI switch remote.

4.5. Post Physical Exam

- Once physician has ended the appointment, turn off all equipment used during exam
- Dress the patient and assist with any caregiver needs

4.6. Post Consult Considerations

- Allow the caregiver the opportunity to ask questions
- Assist the caregiver with instructions regarding the care of their neonate and reinforce or discuss any new information or instructions from the clinician regarding the patient.
- If needed, make sure a follow-up TeleHealth exam has been scheduled
- Give appropriate contact information to caregiver.
- If the caregiver was present during the consultation, give them the SIU TeleHealth Patient Satisfaction Survey and if possible, have them complete this form prior to leaving and return with the TeleHealth Technology Report Form.
 - If not, please ask the patient to complete this survey and return in one of the envelopes provided by SIU TeleHealth.
- Follow organizational procedures for charging a facility fee
- Fill out TeleHealth Technology Report Form (located on the SIU TeleHealth website) and return in provided business reply envelopes.

5. ADDITIONAL RESOURCES

5.1. Additional Resources:

T L Wenger, J Gerdes, K Taub, D T Swarr, M A Deardorff and N S Abend (2014)

Telemedicine for genetic and neurologic evaluation in the neonatal intensive care unit

Journal of Perinatology **34**, 234-240 (March 2014) | doi:10.1038/jp.2013.159

5.2. Additional Questions:

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NICU TELEMEDICINE CONSULT MEDICAL RECORD

Date & Time of Consult:
Requesting Physician & Hospital:

Fax: 123456789

Patient Name:
Date of Birth:
Gestational age at birth:
Gender: Male Female

Reason for Consult:

Perinatal History:
Birth weight (grams):
Today's weight (grams):
Mode of Delivery: SVD FAVD VA VD Cesarean (indication):
APGAR @ 1 minute: 1 2 3 4 5 6 7 8 9 10
APGAR @ 5 minute: 1 2 3 4 5 6 7 8 9 10
APGAR @ 10 minute: 1 2 3 4 5 6 7 8 9 10
CORD gases:
Additional Perinatal History:

Maternal Labs:
GBS status: Positive Negative Unknown
Hepatitis B: Positive Negative Unknown
Rubella: Immune Non-immune Unknown
VDRL or RPR: Reactive Non-reactive Unknown
HIV: Positive Negative Unknown
Additional Laboratory or Radiographic Testing:

Physical Examination:
General: Awake, alert, no distress, non-dysmorphic
Skin: Pink
HEENT: AFOSF, atraumatic, scalp bruising with abrasions, no flaring, normal facies
Respiratory: Breathing comfortably, lungs clear, breath sounds audible, no retractions, no grunting
Heart: Regular rate and rhythm, no murmur, pink and well perfused with strong pulses and brisk capillary refill
Abdomen: Soft, non-tender, non-distended, no mass, no hepatosplenomegaly
Genital: Normal male genitalia, testes both descended
Genital: Normal female genitalia
Back / Rectal: Anus patent, no sacral defects
Neurologic: Normal tone, strong suck, active and responsive

Assessment & Plan:

NICU Telehealth Documentation Procedure

1. The NICU attending will document the visit using the word document located on their PC
(See attached form)
2. Once the visit has been documented, the note should be placed in the NICU Secretaries “in box”
3. The NICU secretary will fax the document over to Vicki Tryon at 545-7782 so the visit can be properly charged for. Once Vicki tracks the visit she will shred the document
4. The NICU secretary will scan the document into the NICU drive under the “telehealth” drive.
5. Once the secretary has confirmed the document scanned appropriately, the document can be shredded

Table 4

Considerations to improve examination.

Ease of Telemedicine Assessment	Examination Component	Considerations
Easy to Assess	Eyes	Eye spacing can be obtained if infant opens eyes. Bedside clinician can hold measuring tape up to face to measure palpebral fissures.
	External ear	Flexion/extension of head may cause normal ears to appear low-set. Zoom in to evaluate for ear pits. Bedside clinician should fold back helix to assess for creases.
	Nose	Accurate view of nasal bridge requires side view of face.
	Lips	Zoom in to evaluate for lip pits.
	Neck	Bedside clinician must demonstrate extranuchal skin exam
	Chest	If inter-nipple distance or chest circumference are desired, the telemedicine physician can observe the technique of the bedside physician
	Arms and Legs	Must be extended to accurately assess proportions. Repositioning to have a perpendicular view of joints helps view deep tendon reflex movements, and evaluate for spontaneous movements.
	Hands	Creases, nails, syndactyly, cortical thumbing, palmar reflexes.
	Umbilical stump	Zoom in, particularly if umbilical lines are in place.
	Genitalia	Not difficult except for testicular exam, which is not achievable due to need for tactile exam.
Possible with Optimization	Hair	Hair whorls easier to appreciate in infants with darker hair.
	Skin	Pigmented lesions, rashes, skin flaking and scars were seen easily. Overall skin tone, faint capillary hemangiomas require optimal lighting.
	Spine	Repositioning required so spine is perpendicular to camera.
	Eyes	Iris color, colobomas, proptosis (better appreciated with eyes open and on lateral view), pupil size and reactivity, eye movements.
	Skull shape	Multiple views of head must be obtained, but still difficult since head is not a planar structure
	Chin	Micrognathia is better appreciated on lateral view of face
	Hands	Clinodactyly, palm length:finger length.
	Feet	Soles easily visualized with feet pointed towards camera. Dorsum best visualized with neonate rotated so feet away from camera.
	Muscle Tone	Bedside clinician must help ensure neonate is relaxed when assessing. Appendicular tone can be assessed when clearly increased or decreased since leads to position changes (ie. frog leg positioning) but not achievable with mild changes since requires tactile examination. Axial tone can be assessed by positioning neonate perpendicular to camera for vertical suspension and horizontal suspension.

Neurology Presenting

1. SCOPE

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2. PURPOSE

- 2.1. To outline the process for TeleHealth patient sites to prepare the environment and the patient for a TeleNeurology visit and to outline equipment, procedures, and physical exam requirements for working with a Neurologist via TeleHealth.

3. DEFINITIONS & EXPLANATIONS OF TERMS

- 3.1. **Polycom:** refers to the clinical video conferencing device or software. Used interchangeably with Codec.

4. PROCEDURE BODY

All clinical staff responsible for presenting of patients to Neurology Services or any provider who may need a component of neurology physical exam shall be proficient and appropriately trained in providing neurological exam data via TeleHealth technologies.

4.1. Neurology Referral Process:

- In order to schedule a TeleNeurology consult, follow the SIU HealthCare Appointment Process.

4.2. Pre-Consult Preparation

- Clean and prepare exam table for patient
- Turn on lights appropriate to provide lighting for patient's face and affected area(s). Obtain an exam light if necessary
- Prepare technology to include: digital still camera, otoscope, hand held camera, digital stethoscope, tuning fork, reflex hammer and Polycom **one hour prior** to the TeleHealth visit.
 - Make a test call at this time if system has **not been used recently or desired**
- Delete all picture from the memory card in the camera if pictures are stored
- Review and have readily available pertinent patient information for the exam

4.3. Patient Preparation

- Assess patient's speech for slurring, etc. during this portion of the visit

Procedure Title: TeleHealth Neurology Presenting

- When escorting patient from the waiting area to the TeleHealth room, ask patient if they brought any required forms provided by clinician office via mail prior to appointment and obtain height and weight if applicable

- Inquire as to whether or not the patient has ever “seen the doctor on a television screen for an appointment” before

- If the patient answers **No**:
 - Explain TeleHealth
 - How it works – two way audio and video over a secure network
 - That the telepresenter will use cameras to show clear pictures of the patient’s condition
 - Emphasize that this is secure and private and that no one else is able to see and hear the visit (just as if this were an in person visit)
 - That the patient has the right to request that a resident or any other person who is in the room on the provider’s end to leave
 - That the telepresenter will stay in the room with the patient during the visit to run the equipment and help the provider, but that if the patient desires private time with the provider, they can request for the telepresenter to step out of the room
 - The patient should always ask the provider to repeat anything the patient did not hear or understand

- Complete vital signs. This should include: temperature, blood pressure, pulse, respirations, and height and weight. Enter results in the EHR. At this time, perform orthostatic blood pressure on patients who are being evaluated for syncope or dizziness.
 - Have patient lay supine, with legs flat for 5 minutes, check blood pressure and pulse; have patient stand, immediately check blood pressure and pulse; have patient continue to stand for one minute and recheck blood pressure and pulse.

- Complete the SIU Neurological Health History form

- Verify medications (include dose and frequency), update if necessary. Also verify allergies, update if necessary.

- Have the patient remove clothing, jewelry, and make-up as necessary to obtain adequate view. Offer the patient a gown if necessary

- Frame the patient

- Take pictures of the affected area(s) according to the SIU Photography Protocol and upload to the SIU File Transfer system

- Fax ((217)545-7363)** any patient information **not** documented in the EHR to the provider’s office staff prior to the start of the appointment

- Call the provider’s office to inform them that the patient is ready and ask them the staff to check the patient in to the provider’s schedule

- Wait with the patient for the provider to call on the video system.

4.4. Assisting Provider with Physical Exam

- Be prepared to assist the provider with the physical exam. . The provider will direct the nurse in the room.
- Ensure that the patient is always framed appropriately so the provider can see all aspects of the patient interaction.
- While the provider is talking to the patient and taking a history, make sure that the hand-held video camera is convenient and available for a live exam

Adult Neurological Assessment


1. Mouth – assist provider to view the posterior aspect and structures of the oral cavity using the fiber optic otoscope.
2. Facial – (Cranial Nerve VII) – The physician will want to inspect the face, both at rest and during conversation. Noting any asymmetry, and observing any tics or other abnormal movements. Physician may instruct patient to raise eyebrows, frown, smile, show both upper and lower teeth and / or puff out both checks. Be prepared to use the room camera and / or hand held camera to zoom in on the face.
3. Involuntary Movements. Provides assess for involuntary movements such as tremors or tic. Noting their location, quality, rate, rhythm, and amplitude. Be prepared to use the room camera and / or hand held camera to zoom in on the action of the finite motor responses or zoom out for room view to show entire patient movement:
 - a. Resting Tremors – Resting tremors are most prominent at rest, and may decrease or disappear with voluntary movement. Illustrated by relatively slow, fine, pill-rolling tremor of parkinsonism, about 5 per second.
 - b. Postural (Action) tremors – Postural tremors appear when the affected part is actively maintaining a posture and worsen somewhat with intention.
 - c. Intention Tremors – Absent at rest, appear with activity and often increase as the target is neared. Causes include disorders of cerebellar pathways, as in multiple sclerosis.
4. Motor System: As the provider assesses the motor system, they will focus on body position, involuntary movements, characteristics of the muscles (bulk, tone, and strength), and coordination. With the hand held camera or room camera zoom in on neuromuscular activity:
 - a. Body position: Provider will observe the patient's body position during movement and at rest. Abnormal positions may alert provider to neurological deficits such as paralysis.
 - b. Muscle Bulk: Providers compare the size and contours of muscles. Assessing if the muscles look flat or concave, suggesting atrophy. Muscular atrophy refers to a loss of muscle bulk (wasting) and results from diseases of the peripheral nervous system such as diabetic neuropathy, as well as diseases of the muscles. Provider may pay particularly attention to the hands, shoulder, and thighs when assessing for atrophy.
 - c. Muscle Tone: Feel the patient's muscle resistance to passive stretch. Persuade the patient to relax. Take one hand with yours and, while supporting the elbow, flex and extend the patient's fingers, wrist, and elbow, and put the shoulder through a moderate range of motion. When a normal muscle with an intact nerve supply relaxes voluntarily, it

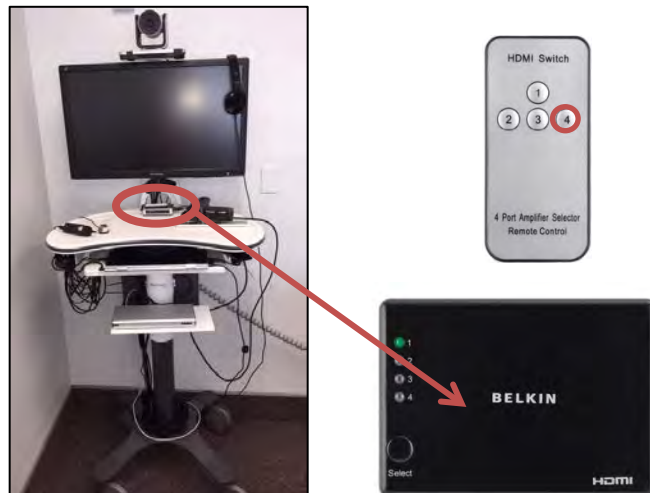
Procedure Title: TeleHealth Neurology Presenting

- maintains a slight residual tension. Decreased resistance suggests disease of the peripheral nervous system, cerebellar disease, or the acute stage of spinal cord injury.
- d. **Muscle Strength:** Ask the patient to move actively against your resistance or to resist your movement. Muscle is strongest when shortest, and weakest when longest. Normal individuals vary widely in their strength and a person's dominant side is usually slightly stronger than the other side. Impaired strength is called weakness. Absence of strength is called paralysis. Scale for grading muscle strength:
 1. **0** = No muscular contraction detected
 2. **1** = A barely detectable flicker or trace of contraction
 3. **2** = Active movement of the body part with gravity eliminated
 4. **3** = Active movement against gravity
 5. **4** = Active movement against gravity and some resistance
 6. **5** = Active movement against full resistance without evident fatigue.
This is normal muscle strength.
 - e. **Rapid Alternating Movements:** Instruct Patient to place hands on thighs and supinate and pronate both hands rapidly. Demonstrate activity for patient if needed. Provider will observe the speed, rhythm, and smoothness of the movements. In cerebellar disease, one movement cannot be followed quickly by its opposite and movements are slow, irregular and clumsy.
 - f. **Point-to-point movements:** Ask the patient to touch your index finger and then his or her nose alternately several times. Move your finger about so that patient has to alter directions and extend the arm fully to reach it. Provider will observe the accuracy and smoothness of movements and watch for any tremor. In cerebellar disease, movements are clumsy, unsteady, and inappropriately varying in their speed, force, and direction. The finger may initially overshoot its mark, but finally reaches it fairly well.
 - g. **Gait:** Provider will instruct the patient to walk across the room or down the hall, then turn and come back. Observing posture, balance, the arms swinging at the sides, and turn are accomplished smoothly. A gait that lacks coordination, with instability, is called ataxic and may be due to cerebellar disease, loss of position, or intoxication. Provider may request patient to tandem walk or walking heel-to-toe and revealing an ataxia not previously observed. Provider may assess
 1. **Assessing distal muscle weakness:** Provider will instruct the patient to walk on his or her toes and heels.
 2. **Assessing proximal muscle weakness:** Provider will instruct patient to rise from a sitting position without arm support or stepping up on a sturdy stool.
 - h. **Stance:** The provider may perform the Romberg test and pronator drift concurrently.
 1. **The Romberg test:** Provider will instruct the patient to first stand with feet together and eyes open and then close both eyes for 20 to 30 seconds without support. Provider will assess the patient's ability to maintain an upright posture. Normally only minimal swaying occurs.
 2. **Test for pronator drift:** Provider will instruct patient to stand for 20 to 30 seconds with both arms straight forward, palms up and eyes closed. A person who cannot stand may be tested for a pronator drift in a sitting position.

5. Chair rising - Be prepared to use the hand held camera.
6. Posture and postural stability – Be prepared to use the room camera and / or hand held camera.
7. Gait and body bradykinesia - Be prepared to use the room camera and / or hand held camera.
8. Peripheral Neuropathy – Vibration sense is often the first sensation to be lost in a peripheral neuropathy. With a tuning fork tap on the heel of your hand and place it firmly over a distal interphalangeal joint of the patient's finger., then over the interphalangeal joint of the big toe. Ask the patient to tell you when the vibration stops and record the number on the tuning fork. If vibration sense is impaired, proceed to more proximal bony prominences (e.g., wrist, elbow, medial malleolus, patella).
9. Deep Tendon Reflexes: Encouraged the patient to relax, then position the limbs properly and symmetrically. Hold the reflex hammer loosely between your thumb and index finger so that it swings freely in an arc within the limits set by your palm and other fingers. With wrist relaxed, strike the tendon briskly using a rapid wrist movement. Reflex response depends partly on the force of your stimulus. Compare the response of one side with the other. Reflexes are graded on a 0 to 4+ scale:
 - a. **4+** = Very brisk, hyperactive, with clonus (spasmodic alternation of muscular contraction and relaxation). Hyperactive reflexes suggest central nervous system disease. Sustained clonus confirms it.
 - b. **3+** = Brisker than average; possibly but not necessarily indicative of disease.
 - c. **2+** = Average; normal
 - d. **1+** = Somewhat diminished; low normal
 - e. **0** = No response / absent. Reflexes may be diminished or absent when sensation is lost, damaged spinal segments, or when peripheral nerves are damaged. Diseases of muscles and neuromuscular junctions may also decrease reflexes.

When the provider asks for additional assistance with examining and viewing the patient via the hand-held video camera:

- Switch the HD input by using the "HDMI Switch" remote and selecting 



- Press the camera/play button on the camera



- Narrate the location and position of the image that is being displayed i.e., 'right hand', 'left lower leg', etc.
- Slowly move the video camera over the requested areas and wait for the Neurologist to direct the exam
- When finished with the live exam, set the camera down on the counter and return to telepresenting requirements of input 1 by pressing the switch button again.

4.5. Post Physical Exam

- Reframe the patient so the patient and provider have good positions for their closing discussion.
- Move out of the direct view of the video system.
- Once physician has ended the appointment, turn off all equipment used during exam
- Provide any pamphlets, handouts, or other materials as requested by the dermatologist located in the SIU TeleHealth Patient Materials binder (provided by the SIU TeleHealth Clinical Coordinator)
- Assist the patient with dressing or any other needs and assist them in exiting the room

4.6. Post Consult Considerations

- Reinforce any patient teaching.
- Assist the patient with instructions for using medications and making sure that medication schedules are filled out as needed
- If needed, make sure the patient has a follow-up appointment if needed and a business card for the provider
- Give the patient the SIU TeleHealth Patient Satisfaction Survey and if possible, have them complete this form prior to leaving and return with the TeleHealth

- Technology Report Form.
 - If not, please ask the patient to complete this survey and return in one of the envelopes provided by SIU TeleHealth.
- Enter TeleHealth Facility Fee charge in billing system.
- Fill out TeleHealth Technology Report Form (located on the SIU TeleHealth website) and return in provided business reply envelopes.

5. ADDITIONAL RESOURCES

5.1. Additional Questions:

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Executive Director of TeleHealth and Clinical Outreach, SIU HealthCare*

*Shantel Brown, RN, BS
(217)545-3153
TeleHealth Clinical Coordinator, SIU HealthCare*

Sleep Disorders Questionnaire

Date: _____

Name (last, first)	Age	Telephone No		
<p>How likely are you to doze off or fall asleep in the following situations, in contrast to just “feeling tired”? This refers to your usual way of life recently. Even if you have not done some of these things recently, try to answer how they would affect you.</p> <p>Use the following scale to choose the most appropriate number for each situation:</p> <p>0 = would NEVER doze 1 = SLIGHT chance of dozing 2 = MODERATE chance of dozing 3 = HIGH chance of dozing</p>				
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place, such as a meeting or theater	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (when you have not had alcohol)	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
TOTAL				
While driving	0	1	2	3

Appointment Date: _____

Doctor _____

**THE SIU NEUROLOGY CLINIC
PATIENT'S MEDICAL QUESTIONNAIRE
(CONFIDENTIAL)**

(Please print or type)

Name: _____ Date: _____

Address: _____ SIU No: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Sex: _____ Age: _____ Date of Birth: _____ Work Phone: _____

Your Physician's Name: _____ Physicians's Phone: _____

Address: _____

Type of practice (internist, surgeon, etc.) _____

Were you referred by your physician? Yes No

Shall we send a report to your physician? Yes No

Name and address of other physicians(s): _____

Years of Education: _____ Highest degree: _____

Marital Status: Single Married Remarried Divorced Widowed Separated

How many years _____

Primary Occupation: _____ Location: _____ Years: _____

Previous/other occupations, hobbies: _____

Exposure to hazardous materials: Yes No Type: _____

Last worked: _____ Are you disabled from work? Yes No

Reason: _____

Spouse's occupation: _____

Number of Children: _____ Ages: _____

What is the chief problem that brings you to the Clinic? _____

How long have you had the problem? _____

What do you think might be causing it? _____

PAST MEDICAL HISTORY:

Year	Illness or Operations	Place Hospitalized
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had any blood transfusions: Yes No Dates: _____

Living	Age	Any known medical conditions or cause of death
Spouse:		
Children:		
Mother:		
Father:		
Sisters:		
Brothers:		

Is there a family history of any of the following in a blood relative, including parents, sisters, brothers, grandparents, aunts, uncles, etc.

- | | | | |
|---------------------------------------------------|-------------------------------------------|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> stroke | <input type="checkbox"/> tuberculosis | <input type="checkbox"/> breast cancer | <input type="checkbox"/> kidney disease |
| <input type="checkbox"/> heart attack/angioplasty | <input type="checkbox"/> asthma/emphysema | <input type="checkbox"/> other cancer | <input type="checkbox"/> nervous breakdown |
| <input type="checkbox"/> heart surgery | <input type="checkbox"/> glaucoma | <input type="checkbox"/> colon polyps | <input type="checkbox"/> alcoholism |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> arthritis | <input type="checkbox"/> thyroid disease | <input type="checkbox"/> migraine headaches |
| <input type="checkbox"/> high cholesterol | <input type="checkbox"/> liver problems | <input type="checkbox"/> kidney stones | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> colon cancer | <input type="checkbox"/> memory loss | <input type="checkbox"/> abdominal aneurysm |
| <input type="checkbox"/> parkinsonism | <input type="checkbox"/> tremor | <input type="checkbox"/> ataxia | <input type="checkbox"/> other problems |

MEDICINES: List all medicines that you have been taking recently. Include all vitamins and non-prescription medicines. Attach a separate page if necessary.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Have you used any "recreational" drugs? Yes No Kind: _____

ALLERGIES or reactions to medicines or other substances. List all medications and substances.

Name of Medication:	Type of Reaction:	Date:
_____	_____	_____
_____	_____	_____

IMMUNIZATIONS/VACCINES and Date:

- | | |
|------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Pneumonia (pneumovax) _____ | <input type="checkbox"/> Hepatitis _____ |
| <input type="checkbox"/> Measles _____ | <input type="checkbox"/> BCG _____ |
| <input type="checkbox"/> Tetanus _____ | <input type="checkbox"/> Flu _____ |

PREVIOUS STUDIES/DATE (Bring copies of recent test and x-ray results)

- | | | |
|---------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Chest X-ray _____ | <input type="checkbox"/> Cat Scan Head _____ | <input type="checkbox"/> Bronchoscopy _____ |
| <input type="checkbox"/> Kidney/IVP _____ | <input type="checkbox"/> Cat Scan Other _____ | <input type="checkbox"/> Echocardiogram _____ |
| <input type="checkbox"/> Stomach/UGI _____ | <input type="checkbox"/> MRI _____ | <input type="checkbox"/> Ultrasound of _____ |
| <input type="checkbox"/> Colon/Barium Enema _____ | <input type="checkbox"/> Proctoscopy _____ | <input type="checkbox"/> Stress Test _____ |
| <input type="checkbox"/> Gall Bladder _____ | <input type="checkbox"/> Gastroscopy _____ | <input type="checkbox"/> EKG _____ |
| <input type="checkbox"/> Mammogram _____ | <input type="checkbox"/> Colonoscopy _____ | <input type="checkbox"/> Pulmonary Function _____ |
| <input type="checkbox"/> Biopsy of _____ | <input type="checkbox"/> Cystoscopy _____ | <input type="checkbox"/> Other _____ |

PERSONAL HABITS:

Tobacco: Yes No Have you ever smoked? Yes No
Type and amount _____ Years _____ If stopped, when? _____
Have you tried to stop? Yes No Do you wish to stop? Yes No
Alcohol: Amount (including beer, wine, and liquor) _____
Have you felt the need to cut down on alcohol? Yes No
Do you feel guilty about the amount of alcohol used? Yes No
Have you had a problem with alcohol? Yes No
Have you had a drink in the last 24 hours? Yes No
Coffee, Tea and Cola Beverages (amount per day): _____
Travel: (where and when in the last 2 years): _____
Diet: Any special diets or changes in eating habits? _____
Exercise: Any exercise? Walking Athletic Other _____

Is the purpose of this examination to determine disability status for the government or an insurance company? Yes No
Have you had a injury for which there is now a lawsuit pending? Yes No

Do you have any of the following:

Recent weight gain? (amount) _____ Yes No
Recent weight loss? (amount) _____ Yes No
Fever or soaking sweats at night? Yes No
Fatigue? Yes No

Weakness, numbness, tingling, cramps at night of arms or legs? Yes No
New, frequent or severe headaches? Yes No
Falls, imbalance or difficulty walking? Yes No
Loss of consciousness, fainting or convulsions? Yes No
Loss of memory or confusion? Yes No

Problem with vision or eyes? Yes No
Date of last eye exam? _____ Yes No
Do you wear glasses or contact lenses? Yes No
Head or ear noises? Yes No
Change in hearing? Yes No
Do you use a hearing aid? Yes No
Change in speech or voice? Yes No
Dizziness? (Spinning Lightheadedness) Yes No
Frequent or severe nosebleeds? Yes No
Trouble chewing or swallowing? Yes No
Sore tongue or mouth or dental problems? Yes No

Daily cough or cough with bloody phlegm? Yes No
Short of breath after walking up two flights of stairs or hurrying? Yes No
Short of breath when just sitting or reclining? Yes No
Discomfort or pain in chest? Yes No
Swelling of the ankles every day? Yes No
Pain or tiredness in the legs while walking? Yes No
Any leg or foot discomfort at night? Yes No
High blood pressure? Years: _____ Yes No
Recent blood pressure reading _____ / _____ Yes No

Do you have any of the following:

- Abdominal pain? Yes No
Frequent heartburn or indigestion? Yes No
Change in bowel habits? Yes No
Black or bloody bowel movements? Yes No
Difficulty urinating? Yes No
Do you lose control of urine at times? Yes No
Awaken at night more than once to urinate? Yes No
Sexual problems or changes in sex drive? Yes No
Do you have any discharge? Yes No

-
- Any changes in skin, moles, rash? Yes No
Persistent painful, stiff or swollen joints? Yes No
Back pain or discomfort? Yes No

-
- Do you enjoy your work? Yes No
How many people are in your household? Yes No
Any stress or frequent conflicts at home? Yes No
Do you feel anxious or depressed much of the time? Yes No
Have you seriously considered suicide? Yes No
Difficulty in sleeping? Yes No
History of hospitalization for an emotional problem? Yes No

Women Only:

- Are menstrual periods normal? Yes No
Date of last menstrual period? Yes No
Bleeding between periods or after menopause? Yes No
Any "hot flashes?" Yes No
Any pain or dryness with intercourse? Yes No
Any breast discharge? Yes No

Pregnancies _____ Deliveries _____
Miscarriages _____ Abortions _____

- Approximate date of last PAP smear? _____
Have you used hormones? Yes No

Have you ever had?

- | | | |
|--------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Bladder Infection | <input type="checkbox"/> AIDS or HIV Testing |
| <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Kidney Infection | <input type="checkbox"/> Thyroid Trouble |
| <input type="checkbox"/> Diabetes Years _____ | <input type="checkbox"/> Radiation or Chemotherapy | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Phlebitis or Blood Clots | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Colon Polyps |
| <input type="checkbox"/> Heart Attack Year _____ | <input type="checkbox"/> Polio | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Migraine or other severe head pain |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Stroke | |

Do you wear a seat belt? Yes No

Have we left anything out that you are concerned about or feel is important about your health? _____

Patient (Signature)

Physician (Reviewed By)

SIU Neurology Follow Up Visit

Please circle any symptoms that you are *currently* experiencing.

Patient Name: _____
 Doctor: _____
 Appt Date: _____

General	Fever/Chills/Night Sweats Excessive Daytime Sleepiness Poor Sleep Fatigue Weight Gain/Loss Poor Appetite
Eyes	Blurred Vision Double Vision Vision Loss (R/L) Light Sensitivity Yellowing of Eyes
Ears/Nose/Throat	Earache Decreased Hearing Nasal Congestion Sore Throat Nose Bleed Hoarseness Ringing in Ears Difficulty Swallowing Mouth Sores White Coating on Tongue
Cardiovascular	Chest Pain Palpitations Fainting Near Fainting Lightheadedness Calf Swelling (R/L/Both) Calf Pain Swelling in Other Location: _____
Respiratory	Dry Cough Productive Cough Shortness of Breath Wheezing
Gastrointestinal	Nausea Vomiting Diarrhea Constipation Abdominal Pain Reflux/Indigestion Incontinence of Stool Vomiting Blood Blood in Stool Dark Tarry Stool
Musculoskeletal	Back Pain Joint Pain Joint Swelling Muscle Weakness Muscle Aches Muscle Cramps
Genitourinary	Frequent Urination Urinary Urgency Painful Urination Low Urine Output Blood in Urine Dark, Strong Smelling Urine Difficulty Emptying Bladder Incontinence/Poor Bladder Control
Skin	Rash Itching Suspicious Skin Lesions Yellowing of Skin
Neurological	Headache Speech Difficulty Weakness Tremor Imbalance Seizure Numbness/Tingling Dizziness Poor Concentration Poor Memory Falling
Psychological	Depression Anxiety Suicidal Thoughts
Endocrine	Heat Intolerance Cold Intolerance Excessive Thirst Excessive Urination
Heme/Lymphatic	Abnormal Bruising Dark Skin Discoloration Enlarged Lymph Nodes
Immunologic	Seasonal Allergies Hives Persistent Infections

Patient Signature: _____

Date: _____

Reviewed by: _____
 (Physician Signature)

Date: _____

Appointment Date: _____

Doctor _____

**THE SIU NEUROLOGY CLINIC
FOLLOW-UP VISIT
PATIENT'S MEDICAL QUESTIONNAIRE
(CONFIDENTIAL)**

(Please print or type)

Name: _____ Date: _____

Address: _____ SIU No: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Sex: _____ Age: _____ Date of Birth: _____ Work Phone: _____

Your Physician's Name: _____ Physicians's Phone: _____

Address: _____

Type of practice (internist, surgeon, etc.) _____

Were you referred by your physician? Yes No

Shall we send a report to your physician? Yes No

Name and address of other physicians(s):

Marital Status: Single Married Remarried Divorced Widowed Separated

Primary Occupation: _____ Location: _____ Years: _____

Last worked: _____ Are you disabled from work? Yes No

Reason: _____

What is the chief problem that brings you to the Clinic? _____

Has this problem changed since your last visit? Yes No

What do you think might be causing it? _____

CHANGES IN YOUR HEALTH SINCE YOUR LAST VISIT:

Year	Illness or Operations	Place Hospitalized
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICINES: List all medicines that you have been taking recently. Include all vitamins and non-prescription medicines. Attach a separate page if necessary.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

ALLERGIES or reactions to medicines or other substances. List all medications and substances.

Name of Medication: _____ Type of Reaction: _____ Date: _____

Do you use tobacco: Yes No Have you ever smoked? Yes No
Do you drink alcohol: Yes No How much? _____

Do you have any of the following:

Recent weight gain? (amount) _____ Yes No
Recent weight loss? (amount) _____ Yes No
Fever or soaking sweats at night? Yes No
Fatigue? Yes No

Weakness, numbness, tingling, cramps at night of arms or legs? Yes No
New, frequent or severe headaches? Yes No
Falls, imbalance or difficulty walking? Yes No
Loss of consciousness, fainting or convulsions? Yes No
Loss of memory or confusion? Yes No

Problem with vision or eyes? Yes No
Date of last eye exam? _____
Do you wear glasses or contact lenses? Yes No
Head or ear noises? Yes No
Change in hearing? Yes No
Do you use a hearing aid? Yes No
Change in speech or voice? Yes No
Dizziness? (Spinning Lightheadedness) Yes No
Frequent or severe nosebleeds? Yes No
Trouble chewing or swallowing? Yes No
Sore tongue or mouth or dental problems? Yes No

Daily cough or cough with bloody phlegm? Yes No
Short of breath after walking up two flights of stairs or hurrying? Yes No
Short of breath when just sitting or reclining? Yes No
Discomfort or pain in chest? Yes No
Swelling of the ankles every day? Yes No
Pain or tiredness in the legs while walking? Yes No
Any leg or foot discomfort at night? Yes No
High blood pressure? Years: _____ Yes No
Recent blood pressure reading _____ / _____

Do you have any of the following:

- | | | |
|------------------------------------------------------|------------------------------|-----------------------------|
| Abdominal pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Frequent heartburn or indigestion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Change in bowel habits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Black or bloody bowel movements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty urinating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you lose control of urine at times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Awaken at night more than once to urinate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual problems or changes in sex drive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any discharge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| Any changes in skin, moles, rash? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Persistent painful, stiff or swollen joints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Back pain or discomfort? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | | |
| Do you enjoy your work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How many people are in your household? _____ | | |
| Any stress or frequent conflicts at home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel anxious or depressed much of the time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you seriously considered suicide? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty in sleeping? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| History of hospitalization for an emotional problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have we left anything out that you are concerned about or feel is important about your health?

Patient (Signature)

Physician (Reviewed By)

The Center for Epilepsy
Southern Illinois University School of Medicine

Dear _____:

This is a reminder that you have an appointment to be seen by Dr. Elsayed or Dr. Murr at the Center for Epilepsy at the SIU School of Medicine on:

Date: _____ at _____.

(Please refer to last page for EEG Appointment time and instructions, if applicable).

The Clinic is located on the third floor at 751 N. Rutledge, Room 3100, Springfield, Illinois in the SIU Department of Neurology. Parking is available ½ block off of Rutledge on West Miller in the Baylis parking ramp. If this is your first visit to the clinic, a map is enclosed to assist you. (Building A on your map)

When you come for your appointment, please bring the following:

- A friend or relative who has witnessed your seizure(s) (if first appointment)
- Current medication
- A calendar of seizure activity (form enclosed)
- Previous x-rays and EEGs
- Questions for the doctor
- Additional pertinent information (old medical records, etc...)

If you have any questions regarding your appointment time or date, or if you are unable to keep your appointment, please notify the scheduling desk as soon as possible at (217) 545-8000.

In cooperation with the Epilepsy Resource Center of Central Illinois

PLEASE BRING COMPLETED FORM TO YOUR APPOINTMENT

INSTRUCTIONS

1. On the blanks below, describe the types of seizures or spells you have experienced.

Write only one of seizure/attack on each line.

A. _____

B. _____

C. _____

D. _____

- EXAMPLE:**
- a. Staring attacks, unresponsiveness
 - b. Dizzy, vomiting, double vision

2. Write down the letter (A, B, C, and D) on the calendar to represent the type(s) of seizure/spells you have on that day.
3. Place beside each letter the number of times you had the seizure/attack on that day, the time each one occurred, and how long each one lasted.
4. If you think you have other things going on that might have affected your seizures or spells, (i.e. fever, colds, missed medications, alcohol consumption, stayed up late, menstruation, etc.), please write these in the bottom of the squares.

EXAMPLE:

<u>See #2</u>	<u>See #3</u>	Sunday 12th A. 2 @ 8:45a.m. 1 minute each	Monday 13th B. 1 @ 12:00 noon 4 minutes
<u>See #4</u>		cold with fever	

5. Complete **SEIZURE CALENDAR** on following page.

THE CENTER FOR EPILEPSY
 at Southern Illinois University
 School of Medicine

FOR USE OF YOUR DOCTOR ONLY!

Name _____

SEIZURE CALENDAR
 _____ 20__ TO _____ 20__

Weight (Kg) _____ Telephone Number _____

Sunday _____	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____
Sunday _____	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____
Sunday _____	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____
Sunday _____	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____	Saturday _____

**THE CENTER FOR EPILEPSY
AT SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE**

DATE _____

SIU# _____

MEDICAL / SOCIAL HISTORY

NAME _____

DATE OF BIRTH _____ AGE ON CLINIC DATE: _____

ADDRESS _____

(STREET, CITY, STATE, ZIP CODE, AND COUNTY)

TELEPHONE: HOME: () _____ WORK: () _____

LIST PERSONS LIVING IN HOME:

NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____

WHO REFERRED YOU FOR EVALUATION?

WHY WERE YOU REFERRED FOR EVALUATION?

WHAT IS IT ABOUT YOUR CONDITION WHAT CONCERNS YOU?

HOW DO YOU THINK THAT WE MIGHT BE ABLE TO HELP YOU? BE SPECIFIC.

IF YOU HAVE SEEN SOMEONE ELSE FOR THESE OR OTHER PROBLEMS, WHO HAS SEEN YOU? (ALSO INDICATE WHEN, AND WHAT YOU WERE TOLD ABOUT THE PROBLEMS)

HOW OLD WERE YOU WHEN YOU HADS YOUR FIRST SEIZURE? _____

DESCRIBE: _____

DESCRIBE CURRENT SEIZURES: LENGTH, FREQUENCY OF OCCURRENCE, AND POST-SEIZURE RESPONSE:

MEDICATIONS

ARE YOU RPRESENTLY TAKING SEIZURE MEDICATIONS? YES _____ NO _____

PRESENT MEDICATION:

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>HOW OFTEN IS IT GIVEN PER DAY?</u>	<u>AT WHAT TIME IS IT GIVEN?</u>	<u>HOW LONG HAVE YOU BEEN TAKING MEDICATION?</u>
---------------------------	---------------	---------------------------------------	----------------------------------	--------------------------------------------------

LAST BLOOD TEST: **DATE:** _____ **LOCATION:** _____

WHAT OTHER SEIZURE MEDICATION HAVE YOU TAKEN?

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>HOW LONG DID YOU TAKE THIS MEDICATION?</u>
-------------------	---------------	-----------------------------------------------

WHAT IS THE LONGEST PERIOD YOU HAVE BEEN SEIZURE FREE? _____

WHAT MEDICATION(S) WERE YOU TAKING DURING THIS PERIOD? (INCLUDE DOSE)

DIAGNOSTIC TESTING

DATE _____ **LOCATION** _____

_____ **EEG** _____

_____ **CT SCAN** _____

_____ **OTHER** _____

HOSPITALIZATIONS

REASON _____ **DATE** _____ **HOSPITAL**

DESCRIBE OTHER MEDICAL PROBLEMS _____

LIST KNOWN ALLERGIES AND SENSITIVITIES _____

WAS THERE ANYTHING UNUSUAL ABOUT YOUR BIRTH OR MOTHER'S PREGNANCY?

CHILDHOOD ILLNESSES, ACCIDENTS, HOSPITALIZATIONS _____

INDICATE ANY MEDICAL PROBLEMS, ETC. FOR THE FOLLOWING:

FATHER _____

MOTHER _____

SIBLINGS _____

PATIENT'S EMPLOYMENT

PRESENT OCCUPATION _____

PAST EMPLOYMENT _____

ANNUAL INCOME _____

ARE YOU RECEIVING?

SOCIAL SECURITY DISABILITY INCOME? _____ **YES** _____ **NO**

SUPPLEMENTAL SECURITY INCOME? _____ **YES** _____ **NO**

YEAR DETERMINED ELIGIBLE _____

ARE YOU A CLIENT OF ILLINOIS DEPARTMENT OF REHABILITATIVE SERVICES?
_____ **YES** _____ **NO**

ARE YOU PRESENTLY IN A JOB TRAINING PROGRAM? _____ **YES** _____ **NO**

IF YES, WHERE? _____

ARE YOU PRESENTLY A CLIENT OF ANOTHER COMMUNITY SERVICE AGENCY?
_____ **YES** _____ **NO**

IF YES, WHAT AGENCY? _____

CENTER FOR EPILEPSY APPOINTMENT POLICY

1. The patient must have a referral from a physician.
2. The reason for the referral should be epilepsy related.
3. Medical records should be forwarded or brought with the patient to the appointment.
 - a. Patient is responsible for collecting medical records.
 - b. Group facilities need to compile all past records. **NO EXCEPTIONS!**
4. Determine where and when the last EEG was done. An EEG will be scheduled for the patient if the EEG test was not at Memorial Medical Center or St. John's Hospital within the last six months.
5. Determine if a CT or MRI has been done. If so, the patient should bring these films to the appointment if at all possible.
6. Patient, family and/or facility/group home needs to understand the following requirements:
 - a. **MUST** keep a seizure record.
 - b. **MUST** be accompanied for the initial appointment by a person who has witnessed the seizure and is prepared to describe this to the doctor.
 - c. **MUST** know present medication and how the medication is being taken. The patient, family, or facility should be able to tell the doctor about past medications.

The treatment of epilepsy is a process that often takes time and patience, especially if reducing or changing medications. Treatment is a collaborative effort on the part of the patient and the neurologist. The records and information presented to the doctor are very important for successful treatment.



INSTRUCTIONS FOR OUT PATIENT EEG PROCEDURES

An appointment has been made for _____ on _____ at _____ am/pm to have an EEG. Please report to the Admission and Testing Department through the Main Lobby of Memorial Medical Center on First and Miller streets approximately 15 minutes prior to your appointment time. After registration, a technologist will come to get you and bring you to the EEG Lab on the 3rd floor of the hospital.

If you must cancel your appointment, let us know at least 24 hours in advance, but if this is impossible, please notify us as soon as possible at (217) 788-3911.

We would like you to sleep in order to obtain accurate test results. The time required for the test depends on how quickly you can fall asleep.

60 + Years: Try to stay awake all night. Please don't compromise your health and well being, but, try to come in tired and sleepy.

18-59 Years: Up all night.

10-17 Years: Up all night. May nap from 9:00 pm to 12 midnight.

MEALS: You may have regular meals; however, please avoid any stimulants such as coffee, tea or caffeinated beverages prior to testing.

MEDICATIONS: Take all regular medications unless otherwise directed by your physician.

HAIR: Please shampoo hair before arriving for the test. Hair should be clean and free from grease, oil, hairspray and gels.

PARKING: Parking is available on First and Miller Streets in the visitor parking lot. There is also valet parking available. The valet parking station is in the circle drive at the main lobby.

IMPORTANT **INFORMATION**

TO BETTER SERVE PATIENTS – PLEASE **TAKE NOTE**

- **Call 9-1-1 for Emergencies. We are not equipped to handle emergencies in the clinic.**
- **When calling our office, the number is 217-545-8000. You will be asked if you need to speak to the nurse or a receptionist.**
- **Patient Disability Forms are completed by our Patient Business Office, 401 N. Walnut. Forms should be taken to that office.**
- **Call your pharmacy if you need a prescription refill. They may already have one on file. If not, they will contact us on your behalf.**
- **Prescriptions are filled Monday-Friday, 8:30-4:00 p. There are no refills outside regular business hours, including the weekends.**
- **We are unable to treat patients over the phone. You may be asked to make an appointment to see the doctor.**
- **Please call your Primary Care Physician for symptoms not Neurology related.**
- **Ask your doctor for a return to work/school slip.**

Otolaryngology Presenting

1. SCOPE

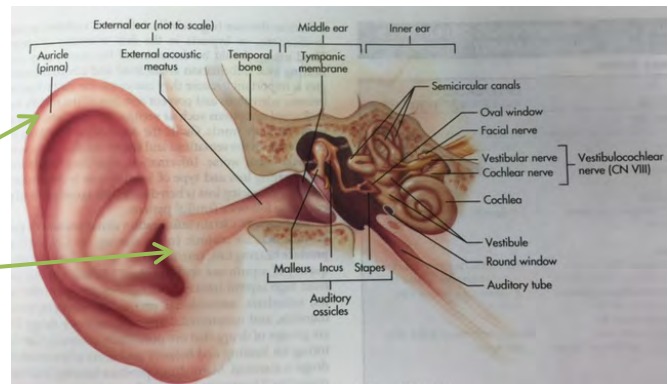
- 1.1. System Wide: This procedure applies to all regional telepresenters working with SIU HealthCare providers and SIU HealthCare's partner TeleHealth organizations providing care via TeleHealth

2. PURPOSE

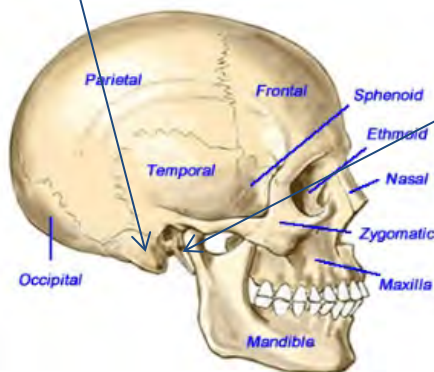
- 2.1. To outline the process for TeleHealth patient sites to prepare the environment and the patient for a TeleOtolaryngology visit and to outline equipment, procedures, and physical exam requirements for working with an Otolaryngologist via TeleHealth.

3. DEFINITIONS & EXPLANATIONS OF TERMS

- 3.1 **Otoscope:** device used to look in ears
- 3.2 **Tinnitus:** subjective noise sensation, often described as ringing, heard in one or both ears
- 3.3 **Vertigo:** a sensation that a person or objects around the person are moving or spinning; usually stimulated by movement of the head
- 3.4 **Rhinorrhea:** excessive mucous secretion from the nose.
- 3.5 **Epistaxis:** nose bleed
- 3.6 **Pinna:** the largely cartilaginous projecting portion of the external ear
- 3.7 **Tragus:** the prominence in front of the external opening of the outer ear



- 3.8 **Mastoid Process:** one of the two projections situated behind the ear. The mastoid process provides an attachment for certain muscles of the neck.



- 3.9 **Styloid Process:** one of two projections situated behind the ear. The temporal styloid process serves as an anchorage for muscles associated with the tongue and pharynx.

3.10 Polycom: refers to the clinical video conferencing device or software. Used interchangeably with Codec

4. PROCEDURE BODY

All clinical staff responsible for the presenting of patients to ENT Services or any provider who may need a component of a pulmonary history or physical exam shall be proficient in providing ENT exam data via TeleHealth technologies and be appropriately trained.

4.1. Otolaryngology Referral Process:

- a. In order to schedule a TeleOtolaryngology consult, follow the SIU HealthCare Appointment Process.

4.2. Pre-Consult Preparation

- a. Clean and prepare exam table for patient
- b. Turn on lights appropriate to provide lighting for patient's face and affected area(s). Obtain an exam light if necessary
- c. Prepare technology to include: digital still camera, otoscope, hand held video camera, digital stethoscope and Polycom **one hour prior** to the TeleHealth visit.
 - **Make a test call at this time if system has not been used recently or desired**
- d. Delete all picture from the memory care in the camera if pictures are stored
- e. Review and have readily available pertinent patient information for the exam


4.3. Pre-Assessment Physical

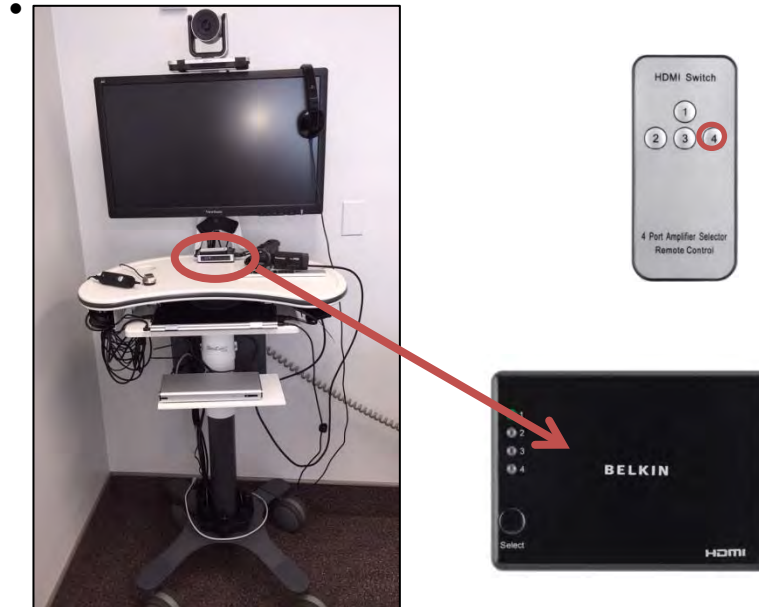
- a. When escorting patient from the waiting area to the TeleHealth room, obtain height and weight if applicable ask patient if they brought any required forms provided by clinician office via mail prior to appointment and obtain height and weight if applicable
- b. Inquire as to whether or not the patient has ever "seen the doctor on a television screen for an appointment" before
- c. If the patient answers "**No**":
 - Explain TeleHealth
 - How it works – two way audio and video over a secure network
 - That the telepresenter will use cameras to show clear pictures of the patient's condition
 - Emphasize that this is secure and private and that no one else is able to see and hear the visit (just as if this were an in person visit)
 - That the patient has the right to request that a resident or any other person who is in the room on the provider's end to leave
 - That the telepresenter will stay in the room with the patient during the

- visit to run the equipment and help the provider, but that if the patient desires private time with the provider, they can request for the telepresenter to step out of the room
- The patient should always ask the provider to repeat anything the patient did not hear or understand
- d. Complete vital signs. This should include: temperature, blood pressure, pulse, respirations, and height and weight. Enter results in the EHR
 - e. Complete the ENT Medical History form
 - f. Verify medications (include dose and frequency), update if necessary. Also verify allergies, update if necessary.
 - g. Have the patient remove clothing, jewelry, and make-up as necessary to obtain adequate view. Offer the patient a gown if necessary
 - h. Frame the patient
 - i. Take pictures of the affected area(s) according to the SIU Photography Protocol and upload to the SIU File Transfer system
 - j. **Fax** any patient information **not** documented in the EHR to the provider's office staff prior to the start of the appointment
 - k. Call the provider's office to inform them that the patient is ready and ask them the staff to check the patient in to the provider's schedule
 - l. Wait with the patient for the provider to call on the video system.

4.4. Assisting Provider with Physical Exam

- a. Be prepared to assist the provider with the physical exam. . The provider will direct the nurse in the room.
- b. Ensure that the patient is always framed appropriately so the provider can see all aspects of the patient interaction.
- c. While the provider is talking to the patient and taking a history, make sure that the hand-held video camera is convenient and available for a live exam
- d. When the provider asks for additional assistance with examining and viewing the patient via the hand-held video camera:

- Switch the HD input to by using the “HDMI Switch” remote and selecting 



- Press the camera/play button on the camera



- Narrate the location and position of the image that is being displayed i.e., ‘right hand’, ‘left lower leg’, etc.
- Slowly move the video camera over the requested areas and wait for the Otolaryngologist to direct the exam
- When finished with the live exam, set the camera down on the cart and return to telepresenting requirements of input 1 by pressing the 1 or 2 on the HDMI switch remote.

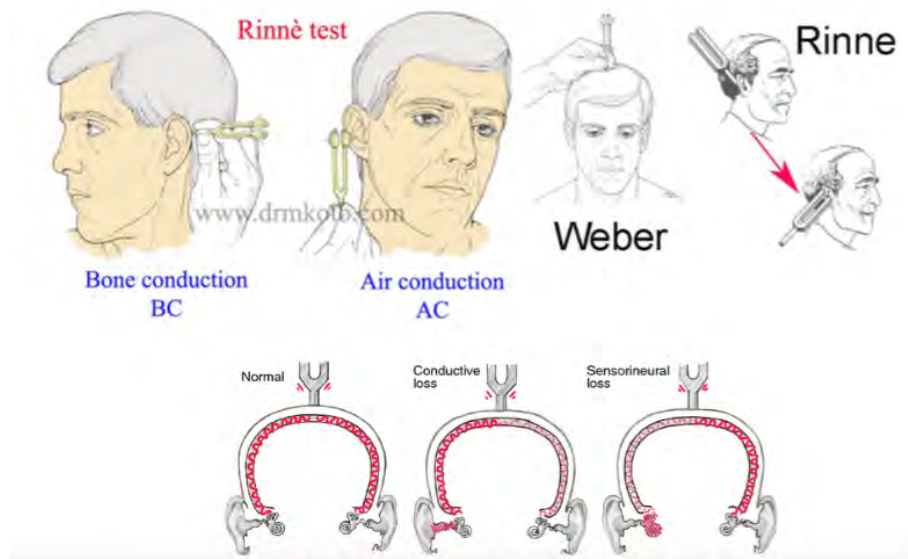
4.2 Physical Exam

4.2.1. Ears

Inspection

- Pinna: look for lesions, abnormal appearance or position
- Canal: discharge, swelling, redness, wax, foreign bodies
- Tympanic membrane: color, light reflex, landmarks, bulging or retraction, perforation, scarring, air bubbles, fluid level
 - When viewing the internal ear canal of the adult, grab pinna and gently pull up and back
- Estimate hearing with the whisper test
 - Stand behind patients field of vision to eliminate possibility of lip reading
 - Gently occlude and rub the external auditory canal of the non-tested ear.
 - Ask the patient to repeat a set of 3 different random numbers (e.g. 3, 8, 6, 12) presented to the tested ear at four decreasing levels of loudness: conversational voice at 6 inches and at 2 feet from the ear, and whispered voice at 6 inches and at 2 feet from the ear. Exhale completely prior to testing with whispered voice

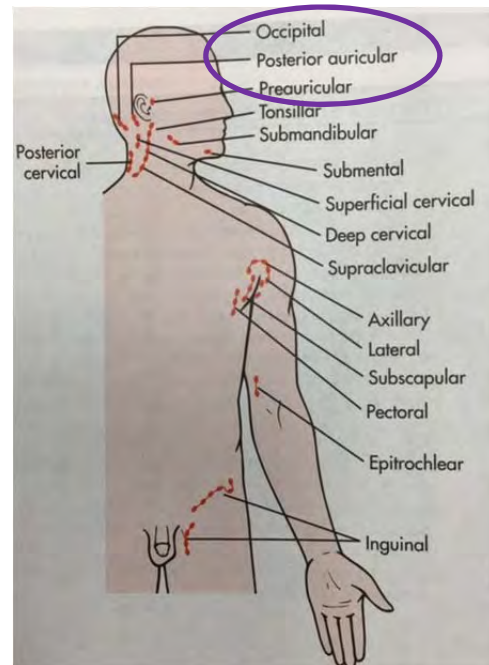
Examination of the 8th



- If whisper test fails, perform Weber and Rinne tests with a 512 hertz tuning fork

Palpation

- a. Tenderness over tragus or on manipulation of the pinna
- b. Tenderness on tapping of mastoid process
- c. Size and tenderness of pre, post auricular and occipital nodes



4.2.2. Nose

Inspection

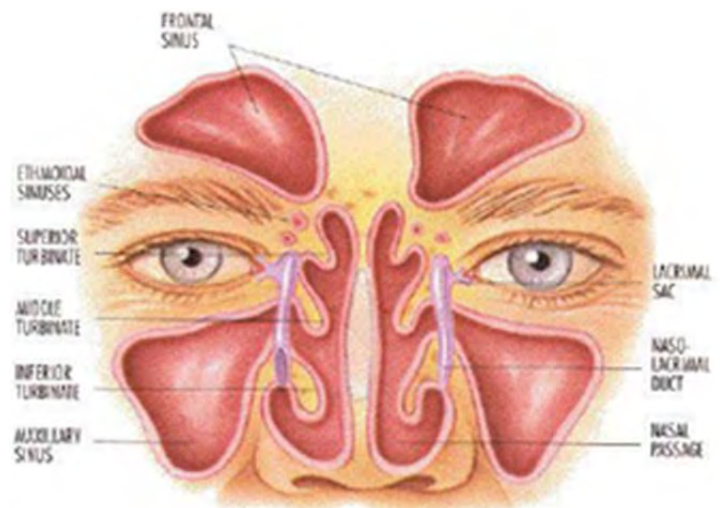
- a. External: inflammation, deformity, discharge or bleeding
- b. Internal: color of mucosa, edema, deviated or perforated septum, polyps, bleeding
- c. Observe nasal versus mouth breathing

Palpation

- a. Sinus and nasal tenderness

Percussion

- a. Sinus and nasal tenderness



4.2.3. Mouth and Throat

Inspection

- a. Lips: color, lesions, symmetry Canal: discharge, swelling, redness, wax, foreign bodies
- b. Oral cavity: breath odor, color, lesions of buccal mucosa
- c. Teeth and gums: redness, swelling, caries, bleeding

- d. Tongue: color, texture, lesions, tenderness of floor of mouth
- e. Throat and pharynx: color, exudates, uvula, tonsillar symmetry and enlargement

4.2.4. Neck

Inspection

- a. Symmetry
- b. Swelling
- c. Masses
- d. Active range of motion
- e. Thyroid enlargement
 - **If the provider requests the TeleHealth nurse palpate the thyroid:**

Step 1: Stand behind the patient and ask the patient to slightly flex the neck to relax the muscles.

Step 2: Place the fingertips of both hands on either side of the trachea just below the cricoid cartilage.

Step 3: Ask the patient to sip water as before.



Step 4: Feel the thyroid isthmus rise up under the finger pads. Please note it is often not palpable.

Step 5: Displace the trachea to the right with the fingers of the left hand; with the right-hand fingers, palpate laterally for the right lobe of the thyroid in the space between the displaced trachea and the relaxed sternomastoid muscle. Find the lateral margin.

Step 6: In a similar fashion, follow step 5 to examine the left lobe.

Step 7: Report surface (lumpy or hard), enlargement (right > left), consistency of the gland, along with any nodules or tenderness.

4.9. Post Physical Exam

- a. Reframe the patient so the patient and provider have good positions for their closing discussion.
- b. Move out of the direct view of the video system.
- c. Once physician has ended the appointment, turn off all equipment used during exam

- d. Provide any pamphlets, handouts, or other materials as requested by the Otolaryngologist located in the SIU TeleHealth Patient Materials binder (provided by the SIU TeleHealth Clinical Coordinator)
- e. Assist the patient with dressing or any other needs and assist them in exiting the room

4.10. Post Consult Considerations

- a. Reinforce any patient teaching.
- b. Assist the patient with instructions for using medications
- c. Make sure the patient has a follow-up appointment if needed and a business card for the provider
- d. Give the patient the SIU TeleHealth Patient Satisfaction Survey and if possible, have them complete this form prior to leaving and return with the TeleHealth Technology Report Form.
 - If not, please ask the patient to complete this survey and return in one of the envelopes provided by SIU TeleHealth.
- a. Enter TeleHealth Facility Fee charge in billing system.
- b. Fill out TeleHealth Technology Report Form (located on the SIU TeleHealth website) and return in provided business reply envelopes.

5. ADDITIONAL RESOURCES

5.1. References:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (Eds.). (2015). *Seidel's guide to physical examination* (8th ed.). St. Louis, MO: Elsevier.

Dains, J. E., Baumann, L. C., & Scheibel, P. (2012). *Advanced health assessment and clinical diagnosis in primary care* (4th ed.). St. Louis, MO: Elsevier Mosby.

Estes, M. E. Z. (2014). *Health assessment and physical examination* (5th ed.). Clifton Park, NY: Cengage Learning.

Stephen, T. C., Skillen, D. L., Day, R. A., & Bickley L. S. (2010). *Canadian Bates' guide to health assessment for nurses*. Philadelphia, PA: Lippincott, Williams & Wilkins.

5.2. Additional Questions:

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**WELCOME TO SIU HEALTHCARE
DIVISION OF OTOLARYNGOLOGY (ENT)
NEW PATIENT INTAKE FORM**

PATIENT NAME _____

Date of birth _____

Referring Physician: _____

Referring Audiologist: _____

Primary Care Physician: _____

Please describe the main reason for today's visit:

CONDITIONS Circle the conditions you have now or have had in the past:

AIDS	CHEMICAL DEPENDENCY	GOUT	MIGRAINE	SLEEP APNEA
ANEMIA	CONVULSIONS/SEIZURES	HEART DISEASE	MONONUCLEOSIS	STROKE
	DIABETES			
ARTHRITIS/RHEUMATISM	GERD/REFLUX	HEPATITIS	OSTEOPOROSIS	THYROID PROBLEMS
ASTHMA				
ALLERGIES	EAR INFECTIONS	HIGH CHOLESTEROL	SINUS HEADACHES	TONSILLITIS
BLEEDING DISORDERS	EMPHYSEMA	HIV POSITIVE	SINUS INFECTIONS	TUBERCULOSIS
BRONCHITIS	EPILEPSY	HIGH BLOOD PRESSURE	PNEUMONIA	
CANCER	GLAUCOMA	CATARACTS	IMPLANTS: _____	

ALLERGIES (Medications, Food, Environmental): _____

MEDICATIONS/SUPPLEMENTS (include non-prescription)

SURGERIES/HOSPITALIZATIONS

PATIENT'S FAMILY HISTORY

Family History: Indicate Relative

Cancer	High Cholesterol	Please indicate if Alive/or Age and Cause of Death
Heart disease	Kidney Disease	
Diabetes	Psychiatric	
Stroke/TIA	Thyroid	
High Blood Pressure	Other	
		Mother
		Father
		Siblings

For ADULTS:

SOCIAL HISTORY

Your current employment status Retired Unemployed Homemaker Employed
 How many years of school have you completed? _____
 Do you currently use tobacco? No Yes How many packs per day? _____ How many years? _____
 History of tobacco use? No Yes Quit how many years ago? _____
 Do you use alcohol? No Yes Amount? _____
 Do you use caffeine? No Yes Recreational/Street Drugs? No Yes
 Is there added stress in your life? No Yes Do you work in a noisy place? No Yes
 Are there any pets in the home? No Yes

For CHILDREN:

SOCIAL and BIRTH HISTORY

Term pregnancy? Yes No Normal delivery Yes No If no explain _____
 Developmental history: Birth weight _____ Age when walking _____ Age when talking _____
 Immunizations up to date? Yes No If no explain _____
 Does your child attend daycare? Yes No Attend school? Yes No Grade: _____
 Name/address of daycare _____ Name/address of school _____
 Does either parent/caregiver smoke? Yes No Are there any pets in the home? Yes No

REVIEW OF SYMPTOMS Please circle the symptoms you **currently have or have had within the 18 months:**

<p>GENERAL</p> <p>ANXIETY CHILLS DAYTIME SLEEPINESS DENTAL PROBLEMS DEPRESSION DIZZINESS ENVIRONMENTAL ALLERGIES EXCESSIVE FATIGUE FEVER FORGETFULNESS HEADACHE LOSS OF SLEEP (RECENT) LOSS OF WEIGHT (RECENT) NAUSEA/VOMITING NERVOUSNESS NUMBNESS POOR APPETITE SWEATS</p> <p>EYES</p> <p>BLURRED VISION INFECTIONS WEAR GLASSES</p>	<p>EAR/NOSE/THROAT</p> <p>BALANCE DISTURBANCE</p> <p>DIFFICULTY SPEAKING DIFFICULTY SWALLOWING EAR DRAINAGE EAR PAIN HEARING LOSS HOARSENESS INABILITY TO SMELL MIGRAINE HEADACHES MOUTH SORES NASAL CONGESTION NASAL DRAINAGE NOSE BLEEDS RINGING IN EARS SINUS HEADACHES SINUS PROBLEMS SNORING SORE THROATS</p>	<p>CARDIOVASCULAR</p> <p>CHEST PAIN OR ANGINA HEART MURMUR HIGH BLOOD PRESSURE IRREGULAR PULSE PALPITATIONS</p> <p>RESPIRATORY</p> <p>BLOODY SPUTUM CHRONIC COUGH SHORTNESS OF BREATH</p> <p>GASTROINTESTINAL</p> <p>ABDOMINAL PAIN BURNING IN CHEST/HEARTBURN CHANGE IN BOWEL HABITS CONSTIPATION DIARRHEA INDIGESTION/PAIN WITH EATING JAUNDICE GASTRITIS SOUR TASTE IN MOUTH</p>	<p>GENITOURINARY</p> <p>PAINFUL URINATION INCONTINENCE</p> <p>INTEGUMENTARY</p> <p>RASH ITCHY SKIN CHANGE IN MOLES</p> <p>MUSCULOSKELETAL</p> <p>ARM/LEG WEAKNESS ARM/LEG PAIN JOINT PAIN/SWELLING</p> <p>NEUROLOGICAL</p> <p>FAINING SPELLS BLACKING OUT MEMORY LOSS DOUBLE OR BLURRED VISION FACIAL WEAKNESS</p> <p>PROBLEMS WITH GENERAL ANESTHESIA</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Patient Signature (Parent/Guardian signature if patient under 18)

Date

Pain Management

1. SCOPE

- 1.1. System Wide: This procedure applies to all regional telepresenters working with SIU HealthCare providers and SIU HealthCare's partner TeleHealth organizations providing care via TeleHealth.

2. PURPOSE

- 2.1. To outline the process for TeleHealth patient sites to prepare the environment and the patient for a TeleHealth Pain Management visit and to outline equipment, procedures, and physical exam requirements for working with a clinician via TeleHealth.

3. DEFINITIONS & EXPLANATIONS OF TERMS

- 3.1. **Polycom:** refers to the use of clinical video systems. Used interchangeably with codec

4. PROCEDURE BODY

All clinical staff responsible for the presenting of patients to Pain Management or any provider who may need a component of pain management history or physical exam shall be proficient in providing pain clinic data via TeleHealth technologies.

All clinical staff responsible for the presenting of patients to Pain Management or any provider who may need a component of pain management history or physical exam shall be appropriately trained.

4.1. Pain Management Referral Process:

- a. In order to schedule a TeleHealth Pain Management consult, follow the SIU HealthCare Appointment Process.

4.2. Pre-Consult Preparation


- a. Clean and prepare exam table for patient
- b. Turn on lights appropriate to provide lighting for patient's face and affected area(s). Obtain an exam light if necessary
- c. Prepare technology to include: digital still camera, otoscope, hand held camera, digital stethoscope and Polycom **one hour prior** to the TeleHealth visit.
- Make a test call at this time if system has not been used recently or desired

- d. Review and have readily available pertinent patient information for the exam

4.3. Patient Preparation

- a. When escorting patient from the waiting area to the TeleHealth room, obtain height and weight if applicable
- b. Inquire as to whether or not the patient has ever “seen the doctor on a television screen for an appointment” before
- c. If the patient answers “**No**”:
 - Explain TeleHealth
 - How it works – two way audio and video over a secure network
 - That the telepresenter will use cameras to show clear pictures of the patient’s condition
 - Emphasize that this is secure and private and that no one else is able to see and hear the visit (just as if this were an in person visit)
 - That the patient has the right to request that a resident or any other person who is in the room on the provider’s end to leave
 - That the telepresenter will stay in the room with the patient during the visit to run the equipment and help the provider, but that if the patient desires private time with the provider, they can request for the telepresenter to step out of the room
 - The patient should always ask the provider to repeat anything the patient did not hear or understand
- d. Complete vital signs. This should include: temperature, blood pressure, pulse, respirations, and height and weight. Enter results in the EHR
- e. Fill out the Pain Management Questionnaire (located in the TeleHealth Patient Materials binder)
- f. Verify medications (include dose and frequency), update if necessary. Also verify allergies, update if necessary.
- g. Have the patient remove clothing, jewelry, and make-up as necessary to obtain adequate view. Offer the patient a gown if necessary
- h. Frame the patient
- i. Take pictures of the affected area(s) according to the SIU Photography Protocol and upload to the SIU File Transfer system
- j. **Fax** any patient information **not** documented in the EHR to the provider’s office staff prior to the start of the appointment
- k. Call the provider’s office to inform them that the patient is ready and ask them the staff to check the patient in to the provider’s schedule
- l. Wait with the patient for the provider to call on the video system.

4.4. Assisting Provider with Clinical/Physical Exam

- a. Be prepared to assist with patient/provider interaction. The provider will direct the nurse in the room.
- b. Ensure that the patient is always framed appropriately so the provider can see all aspects of the patient interaction.
- c. Most of the Pain Management interaction is interview-based, minimal or no physical exam may be conducted during the visit.
- d. While the provider is talking to the patient and taking a history, make sure that the hand-held video camera is convenient and available for a live exam
- e. Ensure that the provider has good eye contact with the patient and can see any extraneous body movements that may occur.
- f. If the provider asks for additional assistance with examining and viewing the patient via the hand-held video camera:
 - Switch the HD input by using the "HDMI Switch" remote and selecting 



- Press the camera/play button on the camera



- Narrate the location and position of the image that is being displayed i.e., 'right hand', 'left lower leg', 'lower back', etc.
- Slowly move the video camera over the requested areas and wait for the clinician to direct the exam
- When finished with the live exam, set the camera down on the cart and return to telepresenting requirements of input 1 by pressing the 1 or 2 on the HDMI switch remote.

g. The provider may request the nurse to perform the following:

- Reflex exam.
- Flexion and extension for low back evaluation.
- Palpation of lower back.
- Strength testing of the lower extremities.

h. If appropriate, review the Informed Consent for Use of Controlled Pain Medications with patient. When completed and signed **FAX** to provider.

4.5. Post Physical Exam

- a. Reframe the patient so the patient and provider have good positions for their closing discussion.
- b. Move out of the direct view of the video system.
- c. Once physician has ended the appointment, turn off all equipment used during exam
- d. Provide any pamphlets, handouts, or other materials as requested by the clinician located in the SIU TeleHealth Patient Materials (provided by the SIU TeleHealth Clinical Coordinator)
- e. Assist the patient with dressing or any other needs and assist them in exiting the room

4.6. Post Consult Considerations

- a. Reinforce any patient teaching.
- b. Assist the patient with instructions for using
- c. Make sure the patient has a follow-up appointment if needed and a business card for the provider
- d. Give the patient the SIU TeleHealth Patient Satisfaction Survey and if possible, have them complete this form prior to leaving and return with the TeleHealth Technology Report Form.
 - If not, please ask the patient to complete this survey and return in one of the envelopes provided by SIU TeleHealth.
- e. Enter TeleHealth Facility Fee charge in billing system.
- f. Fill out TeleHealth Technology Report Form (located on the SIU TeleHealth website) and return in provided business reply envelopes.

5. ADDITIONAL RESOURCES

5.1. Additional Questions:

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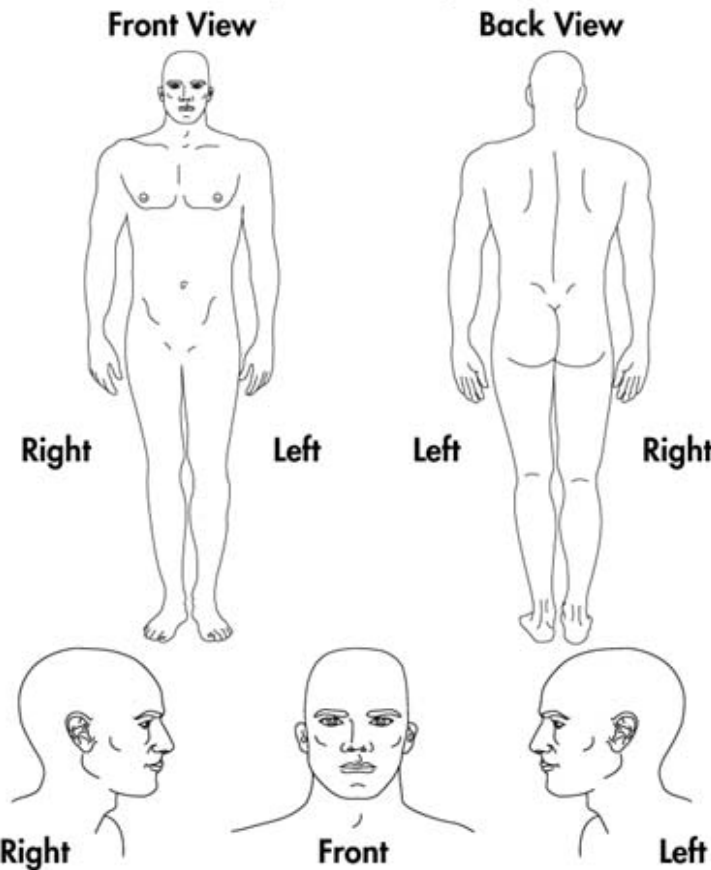
Patient name			
MHN	DOB	Age	Gender

Pain Location - Format II

Questionnaire

Page 1

Draw the location of your pain on the body outlines below.



Today's date (m/d/y) ____ / ____ / ____

Since your last visit, have you experienced any:	Yes	No
Weight change		
Arm weakness		
Leg weakness		
Bowel problems		
Bladder problems		
Fever/Chills		
Swelling/Rashes		

Have you:	Yes	No
Ever attended physical therapy		
Ever been seen by an osteopath		
Ever seen our pain management psychologist		
Been using TENS unit		
Ever had a spine surgery		

Might you be pregnant		
Have you ever had cancer		
Do you have diabetes		
Do you smoke		
Are you working		

On a scale (1 = no pain, 10 = intolerable pain) check (✓) the number that would indicate your pain level:

1 2 3 4 5 6 7 8 9 10

Have you been taking any blood thinners/anticoagulants: Yes No

What is your activity level (0 = you lie in bed all day, 10 = you are very active and are able to do anything you want to do)

0 1 2 3 4 5 6 7 8 9 10

Have you had a procedure or injection done by us at your last visit here: Yes No

If yes, how do you think the procedure(s) overall has changed your pain:

No change Decreased the pain Increased the pain Not sure

 Patient signature (patient's legal representative)

 (relationship)

____ / ____ / ____
 Date (month/day/year)

Pediatrics Presenting

1. SCOPE

- 1.1. System Wide: This procedure applies to all regional telepresenters working with SIU HealthCare providers and SIU HealthCare's partner TeleHealth organizations providing care via TeleHealth.

2. PURPOSE

- 2.1. To outline the process for TeleHealth patient sites to prepare the environment and the patient for a TelePediatric visit and to outline equipment, procedures, and physical exam requirements for working with a Pediatrician via TeleHealth.

3. DEFINITIONS & EXPLANATIONS OF TERMS

- 3.1. **Polycom:** refers to the clinical video conferencing device or software. Used interchangeably with Codec.

4. PROCEDURE BODY

All clinical staff responsible for presenting of patients to Pediatric Services or any provider who may need a component of pediatric physical exam shall be proficient and appropriately trained in providing pediatric exam data via TeleHealth technologies.

4.1. Pediatric Referral Process:

- In order to schedule a TelePediatric consult, follow the SIU HealthCare Appointment Process.

4.2. Pre-Consult Preparation

- *REMEMBER – CHILDREN ARE NOT JUST SMALL ADULTS****
- Clean and prepare exam table for patient
- Turn on lights appropriate to provide lighting for patient's face and affected area(s). Obtain an exam light if necessary
- Prepare technology to include: digital still camera, otoscope, hand held camera, digital stethoscope and Polycom **one hour prior** to the TeleHealth visit.
- Make a test call at this time if system has not been used recently or desired**
- Delete all picture from the memory care in the camera if pictures are stored
- Review and have readily available pertinent patient information for the exam

4.3. Patient Preparation

**** BE SURE TO INCLUDE AND SHOW INTEREST AND CONCERN FOR PATIENT'S FAMILY AS WELL THE PATIENT****

ALWAYS be honest with patient about procedures (a nurse will lose credibility if he or she is dishonest with the patient)

During the interview and exam, remember there are many stages of development and these should impact the nature of the appointment (trust, autonomy, etc.)

Developmental Stage	Age Group	Characteristics
Infancy	Birth to 12 months	Includes infants or babies up to 1 year of age, all of whom require a high level of care in daily activities.
Toddlerhood	1-2 years	Characterized by increased motor ability and independent behavior.
Preschool	3-5 years	The preschooler refines gross and fine motor ability and language skills and often participates in a preschool learning program.
School age	6-12 years	Begins with entry into a school system and is characterized by growing intellectual skills, physical ability, and independence.
Adolescence	13-18 years	Begins with entry into the teen years. Mature cognitive thought, formation of identity, and influence of peers are important characteristics of adolescence.

When escorting patient from the waiting area to the TeleHealth room, introduce self to patient and parent, ask patient if they brought any required forms provided by clinician office via mail prior to appointment and obtain height and weight if applicable

When escorting patient from the waiting area to the TeleHealth room, introduce self to patient and parent, ask patient if they brought any required forms provided by clinician office via mail prior to appointment and obtain height and weight if applicable

- For newborn through 24 months, weight obtained should be a naked weight.

Inquire as to whether or not the patient and/or the patient's parent has ever "seen the doctor on a television screen for an appointment" before

If the patient and/or parent of the patient answers "No":

- Explain TeleHealth
- How it works – two way audio and video over a secure network
- That the telepresenter will use cameras to show clear pictures of the patient's condition
- Emphasize that this is secure and private and that no one else is able to see and hear the visit (just as if this were an in person visit)
- That the patient has the right to request that a resident or any other person who is in the room on the provider's end to leave
- That the telepresenter will stay in the room with the patient during the visit to run the equipment and help the provider, but that if the patient desires private time with the provider, they can request for the

- telepresenter to step out of the room
- The patient should always ask the provider to repeat anything the patient did not hear or understand

If needed, allow patient to sit on parents lap as much as possible performing tasks in order from least to most distressing (ie: ear and throat)

Distraction can be a great tool (books, bubbles, etc.)

Complete vital signs. This should include: temperature, blood pressure, pulse, respirations, height and weight and head circumference in children through 36 months (in centimeters) . Vital signs will vary depending on age of patient. Enter results in the EHR

Age Group	Resp	Heart Rate	SBP	Weight (kg)	Weight (lb)
Newborn	30 - 60	100 - 180	50 - 70	2 - 3	4.5 - 7
Infant 1-12 months	20 - 50	80 - 160	70 - 100	4 - 10	9 - 22
Toddler 1-3 yrs.	20 - 35	70 - 150	80 - 110	10 - 14	22 - 31
Preschooler 3-5 yrs.	20 - 30	60 - 120	80 - 110	14 - 18	31 - 40
School Age 6-12 yrs.	15 - 30	60 - 110	80 - 120	20 - 42	41 - 92
Adolescent 13+ yrs.	12 - 20	55 - 110	110 - 120	>50	>110


- Chief Complaint/History of Present Illness** This should be the primary or main reason for the visit. The information should be listed chronologically and should list the initial symptom and then the subsequent symptoms
- For new patients, gather a **comprehensive health history**. This should include:
 - Perinatal and Neonatal Information:** More emphasis will be placed on this information especially when it pertains to an infant patient. The information in this section might include birth date, hospital, city, weight, and length. The type of delivery, for example, spontaneous and the type of presentation; vertex or breech. Apgar scores, age of mother, length of gestation, exposures to infectious diseases, and medications, drugs, or alcohol including tobacco used during pregnancy should be recorded if pertinent to the case. Information regarding the newborn, might include hypoglycemia, cyanosis, pallor, seizures, jaundice, skin lesions, muscle skeletal deformities, respiratory distress or feeding problems.
 - Previous Illnesses:** Age, severity, complications, and sequela.
 - Serious childhood illnesses
 - Surgical procedures, approximate dates, and complications
 - Injuries and fractures
 - Hospitalizations
 - Nutrition:** Questions should be appropriate for the child's age

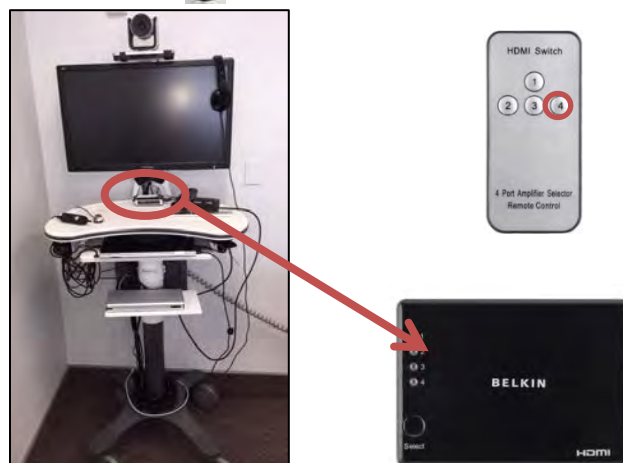
(breast or bottle fed, if formula is used which type, vitamin supplementation, appetite, typical diet, etc.).

- **Developmental History:** Record information regarding a child's current developmental status (gross motor, fine motor, social and language skills). When children are of school age also include information regarding academics and physical activities such as sports
- **Psychosocial:** Family composition, members living in the household, home atmosphere (emotional stress, abuse), financial concerns of the household, nature of dwelling, city or well water, possible toxin exposures (lead in older homes, cigarette smoke), animals in the home
- **Habits and Personality:** Sleeping pattern, Issues with regard to behavior (temper tantrums, aggressive behavior, bed wetting, etc.), substance abuse
- **Immunization:** Indicate sources of information, dates immunizations given, and which type of immunization was provided. During cold and flu season (September through March) be sure to include whether patient has received the flu vaccine
- **Medications and Allergies:** Verify medications (include dose, frequency, and indication), update if necessary. Also verify allergies (include reaction), update if necessary
- **Family/Genetic:** Record all known significant diseases in first degree relatives (parents, grandparents, aunts, uncles and siblings). Record all deaths in these first degree relatives. Things that should be included in this would be diabetes, cancer, epilepsy, allergies, hereditary blood disorders, early coronary artery disease, hyperlipidemia, mental retardation, dystrophies, congenital anomalies, degenerative diseases, cystic fibrosis, and celiac disease
- **Review of systems:** Review systems and include positive answers to questions.
 - HEENT (frequent ear or sinus infections, vision or hearing problems, lazy eye, etc.)
 - Respiratory (asthma, recurrent pneumonia, etc.)
 - Cardiac (murmur, HTN, PFO, etc.)
 - GI (frequency, hx of diarrhea, constipation IBS, etc.)
 - GU (nocturia, polyuria, infections, age when potty training, etc.)
 - Neuromuscular (hx of seizures, dizziness, fainting, etc.)
 - Muscular/Skeletal (weakness, gait, broken bones, etc.)
 - Hematologic (easily bruises, anemia, etc.)
 - Recent infectious disease contacts (contact with TB, persons who have traveled out of the country, etc.)

- Growth (general growth pattern)
 - Reproductive (**females:** onset of menses, last menses (include duration, frequency), discomfort, discharge)(**males:** swelling or pain in testicles, pain or discharge)(**both:** sexual activity, use of contraception)
- Have the patient remove clothing, jewelry, and make-up as necessary to obtain adequate view. Offer the patient a gown if necessary
 - Frame the patient
 - If applicable, take pictures of the affected area(s) according to the SIU Photography Protocol and upload to the SIU File Transfer system
 - Fax any patient information **not** documented in the EHR to the provider's office staff prior to the start of the appointment
 - Call the provider's office to inform them that the patient is ready and ask them the staff to check the patient in to the provider's schedule
 - Wait with the patient for the provider to call on the video system.

4.4. Assisting Provider with Physical Exam

- Be prepared to assist the provider with the physical exam. . The provider will direct the nurse in the room.
- Ensure that the patient is always framed appropriately so the provider can see all aspects of the patient interaction.
- While the provider is talking to the patient and taking a history, make sure that the hand-held video camera is convenient and available for a live exam
- When the provider asks for additional assistance with examining and viewing the patient via the hand-held video camera:
 - Switch the HD input by using the "HDMI Switch" remote and selecting 



- Press the camera/play button on the camera



- Narrate the location and position of the image that is being displayed i.e., 'right hand', 'left lower leg', etc.
- Slowly move the video camera over the requested areas and wait for the Pediatrician to direct the exam
- When finished with the live exam, set the camera down on the cart and return to telepresenting requirements of input 1 by pressing the 1 or 2 on the HDMI Switch remote.

4.5. Physical Assessment (for further detail, refer to pulmonary, dermatology, and otolaryngology procedures)

General Appearance: Size appropriate for age, respiratory distress or pain, and hydration and general nutrition status.

Head: Normal or abnormal facies and normal or abnormal cephaly. Fontanelle (size if open).

Eyes: Include all positive findings on eye examination and include proptosis, sclera, conjunctivae, amblyopia, strabismus, and photophobia.

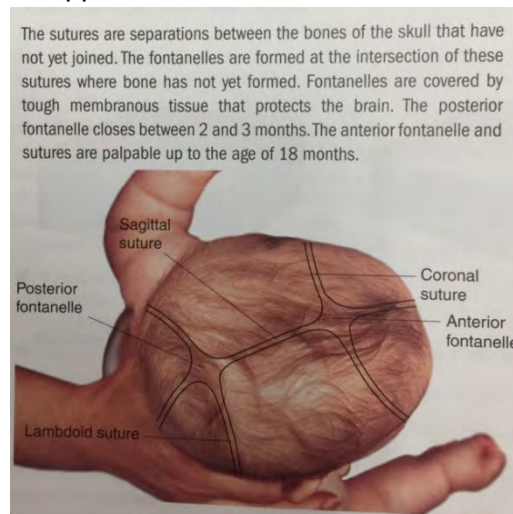
Ears: Hearing, discharge, tympanic membrane appearance.

Nose: Air movement, mucosa, septum, turbinate appearance, teeth-number and caries, gum – color and hypertrophy, epiglottis – appearance, tonsils – size and appearance.

Neck: Flexibility, masses. Thyroid (size).

Lymph node: If abnormal is size or texture record location, consistency, tenderness, size in centimeters.

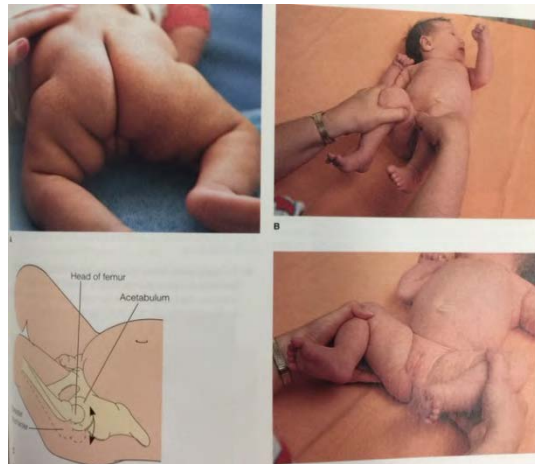
Spine: Scoliosis, mobility, tenderness.



Thorax: Appearance and contour, respiratory rate and effort, regularity of breathing, symmetrical chest movement, character of respirations such as retractions.

Cardiovascular:

- Inspection, precordial bulge, apical heave, auscultation, rhythm, character and quality of sounds.
- Palpation: PMI, thrills, heaves.
- Auscultation: quality and intensity of heart sounds, murmurs, for example, timing, duration, intensity, location, and radiation
- Pulses: radial and femoral pulses, rate and rhythm.
- Capillary refill



Abdomen:

- Inspection, contour, umbilicus, distention, veins, hernia.
- Percussion: fluid wave, shifting dullness, tympany, liver size (is liver palpable, it can be indicative of underlying cardiac issue) spleen size, CVA tenderness, abnormal masses.
- Palpation: tenderness, rebound, guarding, masses, and liver (if palpable, it can be indicative of underlying cardiac issue).

Genitalia:

- Male: circumcised, testes – appearance and size, hydrocele – presence hernia.
- Female: external genitalia, appearance of vulva, clitoris, hymen.

Breasts: development stage

Skin: texture, color, turgor, temperature, moisture, cyanosis, lesions, scars, ecchymosis, petechiae, hemangiomas, Mongolian spots, nevi

Extremities: Tone, color, warmth, clubbing, cyanosis, mobility, Ortolani and Barlow maneuvers in newborns and infants (pictured to the right), deformities, joint swelling or tenderness



Figure 25-22 Mongolian spots.

Neurologic: (see Neurology sequence)

- Mental status: affect, level of consciousness, speech.
- Motor: gait, stances, muscle power, tone, tics, ataxia.
- Cranial nerves: testing 1-12
- Deep tendon reflexes: 2+ is average when recording.
 - Record if Babinski present.
 - Infants, for example grasp, suck, moro, rooting, stepping, placing.
- Abnormal sensory findings.
- Meningeal signs

Rectal: Fissures, hemorrhoids, prolapse, sphincter tone, stool in ampulla, abnormal masses.

4.6. Post Physical Exam

- Reframe the patient so the patient and provider have good positions for their closing discussion.
- Move out of the direct view of the video system.
- Once physician has ended the appointment, turn off all equipment used during exam
- Provide any pamphlets, handouts, or other materials as requested by the pediatrician located in the SIU TeleHealth Patient Materials binder (provided by the SIU TeleHealth Clinical Coordinator)
- Assist the patient with dressing or any other needs and assist them in exiting the room

4.7. Post Consult Considerations

- Reinforce any patient teaching.
- Assist the patient with instructions for using medications and making sure that medication schedules are filled out as needed
- Make sure the patient has a follow-up appointment if needed and a business card for the provider
- Give the patient the SIU TeleHealth Patient Satisfaction Survey and if possible, have them complete this form prior to leaving and return with the TeleHealth Technology Report Form.
 - If not, please ask the patient to complete this survey and return in one of the envelopes provided by SIU TeleHealth.
- Enter TeleHealth Facility Fee charge in billing system.
- Fill out TeleHealth Technology Report Form (located on the SIU TeleHealth website) and return in provided business reply envelopes.

5. ADDITIONAL RESOURCES

5.1. References:

London, Marcia L., Ladewig, Patricia W., Ball, Jane W., Bindler, Ruth C., and Cowen, Kay J. (2011). *Maternal & Child Nursing Care* (3rd ed.). New York: Pearson.

5.2. Additional Questions:

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Pediatric Neurology

1. SCOPE

- 1.1.** System Wide: This procedure applies to all regional telepresenters working with SIU HealthCare providers and SIU HealthCare's partner TeleHealth organizations providing care via TeleHealth.

2. PURPOSE

- 2.1.** To outline the process for TeleHealth patient sites to prepare the environment and the patient for a TelePediatric Neurology visit and to outline equipment, procedures, and physical exam requirements for working with a Pediatrician via TeleHealth.

3. DEFINITIONS & EXPLANATIONS OF TERMS

- 3.1. Polycom:** refers to the clinical video conferencing device or software. Used interchangeably with Codec.

4. PROCEDURE BODY

All clinical staff responsible for presenting of pediatric patients to Neurology Services or any provider who may need a component of a pediatric neurological history or physical exam shall be proficient and appropriately trained and proficient in providing a pediatric neurological exam via TeleHealth technologies.

4.1. Pediatric Neurology Referral Process

- In order to schedule a TeleNeurology consult, follow the SIU HealthCare Appointment Referral Procedure.

4.2. Pre-Consult Preparation

- Clean and prepare exam table for patient
- Turn on lights appropriate to provide lighting for patient's face and affected area(s). Obtain an exam light if necessary
- Prepare technology to include: otoscope, hand held camera, digital stethoscope and codec. Prepare standard instruments including: tuning fork, reflex hammer, tape measure (with cm measurement). In addition to the standard instruments and technology the following may be useful: a tennis ball; a few small toys, including a toy car that can be used to assess fine motor coordination; a bell; and some object that attracts the child's attention (e.g., a pinwheel).
- Delete all picture from the memory care in the camera if pictures are stored

- Review and have readily available pertinent patient information for the exam
- Inquire as to whether or not the patient and/or the patient's parent has ever "seen the doctor on a television screen for an appointment" before
- If the patient and/or parent of the patient answers "**No**":
 - Explain TeleHealth
 - How it works – two way audio and video over a secure network
 - That the telepresenter will use cameras to show clear pictures of the patient's condition
 - Emphasize that this is secure and private and that no one else is able to see and hear the visit (just as if this were an in person visit)
 - That the patient has the right to request that a resident or any other person who is in the room on the provider's end to leave
 - That the telepresenter will stay in the room with the patient during the visit to run the equipment and help the provider, but that if the patient desires private time with the provider, they can request for the telepresenter to step out of the room
 - The patient should always ask the provider to repeat anything the patient did not hear or understand
- Child's height, weight (with shoes off), blood pressure, and head circumference on all patients 3 years or younger. Head circumference is measured from most prominent point over forehead and posterior occiput. Enter results in the EHR
- Perform orthostatic blood pressure on patients who are being evaluated for syncope or dizziness.
 - Have patient lay supine, with legs flat for 5 minutes, check blood pressure and pulse; have patient stand, immediately check blood pressure and pulse; have patient continue to stand for one minute and recheck blood pressure and pulse.
- Verify medications (include dose and frequency), update if necessary. Also verify allergies, update if necessary.
- Note the general appearance of the child, in particular the facial configuration and the presence of any dysmorphic features. Skin lesions such as hyperpigmentation (cafe' au lait spots), angiomas, or areas of depigmentation are clues to the presence of phakomatoses. The condition of the teeth provides information about prenatal defects. Note the location of the hair whorl and the appearance of the palmar creases. Abnormalities of whorl patterns can indicate the presence of cerebral malformations. Assess the scalp hair, eyebrows, and nails. Compare the size of the thumb nails and their convexity might disclose a growth disturbance, a frequent accompaniment to a hemiparesis. Presence of an unusual body odor may offer a clue to a metabolic disorder. Record any pertinent information in provider worksheet.

4.3. Assisting Provider with Physical Exam on children 2 years and older

- Because 75% of cortical development is complete by 2 years of age, the neurological exam of a child older than 2 years is similar to that of an adult. The THNC may utilize the hand held camera or the room camera during this portion of the physical exam. When utilizing the room camera, frame the patient and the caregiver.
 - Gait:** Instruct the child / adolescent to walk normally from one end of room to other. Provider may request the patient walk on tiptoes away from the THNC and walk on heels back toward the THNC. Tandom walking, instruct the child / adolescent to walk as if they were on a tightrope, with the heel of one foot touching the toes of the other foot. Run, may have child retrieve a ball.
 - Balance / Coordination:** Instruct the child to stand with feet together, arms extended straight out in front, with eyes closed. Provider will be assessing for weakness, swaying and / or rotation of arms.
 - Cranial Nerves:** To allow the provider to assess the oculomotor nerve, the THNC will instruct the child / adolescent to follow an object or the THNC finger as they move it in all directions. If the patient has difficulty looking up, down or toward the nose there may be oculomotor nerve involvement.
 - Motor / Tone:** Muscle tone is examined by manipulating the major joints and determining the degree of resistance. The THNC will hold child / adolescent extremity with two joints in between THNC hands, evaluate fluid mobility (smoothness of the motion).
 - Motor / Strength:** Provider may instruct patient to shrug shoulders; bend upper arms with elbows out (like wings); make a muscle with bicep; push THNC away with arms, testing the strength of the triceps; wrist flexion / extension against resistance; finger flexion / extension against resistance.
 - Tendon Reflexes:** The THNC will elicit by tapping briskly with a heavy, rubber reflex hammer (not plastic) on a bony prominence, such as the radial styloid process or a tendon. This action stretches the muscle slightly and results in a contraction (reflex), which is graded on a scale from one to four. A score of two is normal response; one is slow, and both three and four are abnormally brisk responses. Refer to attachment.
 - Sensation:** The THNC will test for perception of sensation (temperature, touch, and vibration) on corresponding sides of the body with a tuning fork by light touch / cold sensation on each extremity; trunk front and back; vibration on distal extremities.
 - Hearing:** Rap the tuning fork against palm and hold about 2 inches from child / adolescent's ear and ask the patient, "Can you hear the buzzing?" Make sure the provider can see the patient's response.
 - Ataxia:** Provider will instruct the child / adolescent to touch their finger to their nose and then touch the same finger to THNC finger. THNC will have finger positioned to allow patient's upper extremity to be fully outstretched, with elbow fully extended. Child / adolescent toe to THNC finger, with finger held inches above straight leg.

4.4. Assisting Provider with Physical Exam on children 2 years and younger

- In younger or cognitively challenged children the neurologic examine is a "catch as you can" procedure, considerable amount of information revealed by the child's play activities, including the child's dominant handedness and the

presence of cerebellar deficits, a hemiparesis, and possibly a visual field defect. Note the general appearance of the child, in particular the facial configuration and the presence of any dysmorphic features. Skin lesions such as hyperpigmentation (cafe' au lait spots), angiomas, or areas of depigmentation are clues to the presence of phakomatoses. The condition of the teeth provides information about prenatal defects. Note the location of the hair whorl and the appearance of the palmar creases. Abnormalities of whorl patterns can indicate the presence of cerebral malformations.

Posture (Resting): With the hand held or room camera, allow the provider to inspect the infant lying undressed and undisturbed on the exam table. Hypertonia of the flexors is normal of the elbows, hips, and knees during the first few months of life and decreases markedly during the third month of life. Tone in the neck and extremities increases between 8 –12 months.

Passive Tone: Evaluation of passive tone is accomplished by determining the resistance to passive movements of the various joints with the infant awake and not crying. With the hand held or room camera allow the provider to view the passive flapping of the hands and feet to ascertain muscle tone. Scarf sign – with the infant sustained in a semi-reclining position, the THNC takes the infant's hand and pulls the arms across the infant's chest toward the opposite shoulder, allowing the provider to assess the position of the elbow in relationship to the midline. Hypotonia is present if the elbow passes the midline.

Active Tone: To allow the provider to assess the infants traction response with the room camera. The THNC will sit down facing the infant, placing their thumbs in the infant's palms and fingers around the wrists, and gently pulls the infant from the supine position. In the healthy infant less than 3 months of age, the palmer grasp reflexes becomes operative, the elbows tend to flex, and the flexor muscles of the neck are stimulated to raise the hand so that even in the full-term neonate the extensor and flexor tone are balanced, and the head is maintained briefly in the axis of the trunk. The test is abnormal if the head is pulled passively and drops forward, or if the head is maintained backward. The infant's head may be rotated laterally and extended when the infant is in the resting prone position with abnormal hypertonia.

Primitive Reflexes: With the room camera, the telepresenter will assist the provider to assess the following reflexes:

Flexion Reflex– the THNC will unpleasantly stimulate the dorsum of the infants foot. Dorsiflexion of the great toe and flexion of the ankle, knee and hip should occur.

Moro Reflex– is elicited by a sudden dropping of the baby's head in relation to its trunk. However, can also be elicited by hitting the infant's pillow with both hands. The infant opens the hands, extends and abducts the upper extremities, and then draws them together. Reflex is present in all newborns and fades between 3 to 5 months of age. Its persistence beyond 6 months of age, or absence or diminution during

the first few weeks of life indicates neurologic dysfunction.

☐Tonic Neck Response– THNC will rotate the infant’s head to the side while maintaining the chest in a flat position. A positive is extension of the arm and leg on the side toward which the face is rotated, and flexion of the limbs on the opposite side. Tonic neck responses can be elicited for as long as 6 to 7 months.

☐Righting Reflex– With the infant in the supine position, the THNC turns the head to one side. The healthy infant rotates the shoulder in the same direction, followed by the trunk, and finally the pelvis. If the shoulders, trunk and pelvis rotate simultaneously, and the infant rolls like a log, this is always abnormal.

☐Palmar and Planter Grasp Reflexes– Are elicited by pressure on the palm or sole. Generally, the plantar grasp reflex is weaker than the palmar reflex. The palmar grasp reflex becomes weak and inconsistent between 2 to 3 months of age, when it is covered up by voluntary activity. Absence of the reflex before 2 to 3 months of age, persistence beyond that age, or a consistent asymmetry is abnormal.

☐Vertical Suspension– The THNC suspends the child with his or her hand under its axillae, allowing the provider to assess the position of the lower extremities. Marked extension or scissoring (legs abnormally cross) is an indication of spasticity.

☐Landau Reflex – The THNC lifts the infant with one hand under the trunk, face downward. Normally, a reflex extension of the vertebral column occurs, causing the newborn infant to lift the head to slightly below the horizontal, which results in a slightly convex upward curvature of the spine. With hypotonia, the infant’s body tends to collapse into an inverted U shape.

☐Buttress Response – The THNC places the infant in the sitting position and displaces the center of gravity with a gentle push on one shoulder. The infant extends the opposite arm and spreads the fingers. The reflex normally appears at approximately 5 months of age. Delay in its appearance and asymmetries are significant.

☐Parachute Response– The THNC will suspend the child horizontally about the waist, face down and suddenly project the child toward the floor. Consequently extension of the arms and spreading of the fingers will occur in children between 4 and 9 months of age.

4.5. Post Physical Exam

- Reframe the patient so the patient and provider have good positions for their closing discussion.
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- Provide any pamphlets, handouts, or other materials as requested by the pediatrician located in the SIU TeleHealth Patient Materials binder (provided by the SIU TeleHealth Clinical Coordinator)
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5. ADDITIONAL RESOURCES

5.1. References:

Bickley LS, Szilagvi PG. *Bates' Pocket Guide to Physical Examination and History Taking*. Ninth Edition. Philadelphia, PA: Lippincott Williams & Wilkins; 2007.

5.2. Additional Questions:

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