Protocol for Telemedicine
General Neurology and Epilepsy Visits

I. Purpose

The purpose of this protocol is to outline participation of ADPH staff in the provision of remote neurology care with Alabama licensed neurologists.

II. Cost Center and Funding for Telemedicine

A. Staff time should be coded to T01-Telemedicine Clinic.

B. County health departments should use the Telehealth Encounter Log to receive payment for telehealth services provided. A copy of the form and instructions are included.

III. Equipment

Equipment will be furnished by The Alabama Public Health Training Network. It will consist of a mobile telemedicine cart that contains a monitor so the patient can see and hear the provider at a remote location in real time. The cart contains a Bluetooth Stethoscope so the nurse and the remote provider can both listen to heart, lung, and abdominal sounds. The cart also has a handheld exam camera with three lenses (general viewing, dermatology, and otoscope).

IV. Procedure

A. Neurologists will be seeing patients in the ADPH clinic using Telehealth technology. Provider names and contact information are located in the Telehealth cart drawer.

B. Records:

1. Records Brought by the Patient:

   Patients may have records, from other physicians when they present for the visit. Staff should fax these records to the appropriate physician if the patient was unable to do so prior to the visit. These records should be returned to the patient.

2. A CHR should be opened. CHR forms required include:

   a. Patient Log (CHR-1), follow instructions for this form;

   b. Consent for Services (CHR-3), follow instructions for this form;

   c. Progress Notes (CHR-10), document the visit, assistance given, specimens obtained and shipped, and any information pertinent to the visit; and

d. Health Assessment Worksheet (CHR-11), document vital signs on this form.

C. Consent:

Patients may have a signed distant provider consent form which will need to be faxed to the distant provider location at the time of signing the consent during the telemedicine visit. The consent will then be retained in the ADPH patient chart.

D. General Neurology and Epilepsy Visits:

1. The patient will have had labs done previously so no labs will be drawn at this visit. If the patient has a copy of the lab results, fax to the patient's physician; and

2. The patient will be encouraged to bring all of their medication bottles to the clinic. The medications will be reconciled by nursing staff at the distant provider location or the physician during the telemedicine visit; and

3. The patient's blood pressure, heart rate, and temperature should be taken, documented, and verbally communicated to the physician or nursing staff at the time of the telemedicine visit; and

4. The staff member should assist the physician by moving the Bluetooth stethoscope so the physician can hear cardiac, lung, and abdominal sounds. The hand-held examination camera should be used as instructed by the physician.

E. Safety Considerations:

In case of a breakthrough seizure event, the following first aid practices will be employed.

1. In all instances, the instructions of the physician should be followed during the telemedicine visit. Refer also to Convulsions (Seizure) Treatment protocol in the First Aid/Emergencies chapter in the Clinic Protocol Manual (located at end of this protocol).

2. If the seizure lasts longer than 3-5 minutes, abortive medication that the caregivers carry with them should be administered by the patient's caregiver (e.g., Diastat-rectal valium or other benzodiazepine). If the seizure does not stop within 5-10 min after abortive medication has been used, 911 should be called.

3. If abortive medication is not available, 911 should be called if the seizure does not stop within 5 minutes, or as directed by the physician.

4. No object should be placed in the patient's mouth. They cannot swallow their tongue. If possible, the patient should be placed on their side.

5. Lastly, the seizure should be allowed to run its course. Restraining the patient is neither needed nor warranted. After the seizure is over, the patient should be allowed to rest and completely recover from the seizure.

Patient's safety is of paramount importance – some patients may become agitated or belligerent when in post-ictal state.

V. Scheduling

After the telemedicine visit is completed, the physicians will decide when a follow-up visit will be scheduled and if it will be a telemedicine visit or an in-person visit. The physician's staff will facilitate the coordination of scheduling all telemedicine visits and they will schedule all in-person visits.

VI. Emergency Protocol for seizures from the Clinic Protocol Manual

Convulsion (Seizure) Treatment Protocol

I. Purpose

To provide guidelines for staff to follow in order to provide a safe environment and protect the patient who is having a seizure in the clinic.

II. Equipment and Supplies

A. Stethoscope

B. Sphygmomanometer

C. Emergency Treatment Record

III. General Instructions

A. Activate the clinic emergency system;

B. Prevent injury by removing sharp or other dangerous objects from the patient's vicinity;

C. If no contraindications, roll the patient to his/her side to prevent aspiration of saliva or vomitus;

D. During the seizure, monitor and document pulse and respirations. Monitor blood pressure if possible and document results;

E. Initiate CPR including the use of the AED if indicated;

F. Record length and characteristics of seizure; and

G. Refer to the patient's physician or to a healthcare provider for evaluation.