

# Principle considerations when using video consultations with Clinicians for your residents or service user

## Prior to consultation

- Ensure you have access to records of the individual concerned
- Document aims and desired outcomes using S.B.A.R.D approach
- Where possible document consent of the individual for the consultation to take place
- Consider if the clinician needs to do a remote visual examination? Can this be done in a private area?

## During Consultation

- Introduce everyone in the room, even those off camera or confirm with the clinician to ensure confidentiality is maintained
- If the connection or video quality is poor, ask the clinician if you can either re-book or conduct a phone or face to face consultation to ensure the clinical judgement made is appropriate and safe.
- Confirm the resident's identity e.g. name and date of birth.

## After consultation

- Document in the individual's record that the consultation was via video\*, together with all the other aspects of the consultation along with the clinicians' name
- Record who was present for the consultation also
- Report to line manager.

Date:

Name:

DOB:

Care Home:

Staff Name:

S

Individual **Situation** you are having the consultation about and your concern:

B

**Background** history, i.e. medication currently taking, any allergies, known health conditions

Height and Weight:

A

What is your **Assessment** of the situation, State what you think the problem is:

Please **circle** symptoms which apply:

**Respiratory:** Shortness of Breath      Cough or sputum production      New chest pain      Chestiness

Increasing breathlessness      Has blue lips

**Gastrointestinal:** Nausea/ Vomiting      New abdominal pain      New onset diarrhoea

**Skin / Soft Tissue:** New redness or mottled rash      Warmth/Swelling      Appearance of pus

**Soft signs:** A change in usual drinking or diet habits.      A shivery fever hot/ cold to touch      Reduced mobility

**New or increased:** Confusion agitation or pain      Normal taste and smell

**Changes to usual level of alertness:** Alert      Sleeping more or less

"Can't pee" or "no pee"      Change in pee appearance

**Vital Sign:** Respirations:      Saturation:      BP:      Temp:

**NEWS2 score:**

**Delirium:** Rambling speech

Having disturbed speech patterns of sleeping and waking

Being prone to rapid swings of emotion- afraid, irritable, anxious, depressed.

Experiencing hallucinations.

Suddenly being confused or anxious

Disorientated, behaving out of character

Difficulty following what is being said

Drowsy or withdrawn

Difficulty speaking clearly

Other:

R

What is your specific **request/ask**? Remember to check their understanding of what you are asking also

D

What was the **decision** made?