

# University of California, Davis Health System University of California, Irvine

## Pediatric NEUROLOGY

### Telemedicine Program Referral Guideline for Live Video

The following is a listing of clinical conditions appropriate for telemedicine pediatric neurology consultation. If you would like to refer a patient with a condition that is not listed below, please send your request along with the patient's chart notes to the telemedicine coordinator for the specialist's consideration.

#### **Clinical Conditions:**

Seizures  
Development/neurological deterioration  
Weakness/hypotonia  
Neuromuscular disorders  
Movement disorders

#### **Clinical Information if Available:**

Complete H&P  
Pertinent outside records, documentation of previous neurological/developments evaluation  
Current medications, allergies & drug levels  
Summary of patient's course regarding neurological issues: frequency, severity and response to interventions  
Copy of PCP initial intake & follow-up evaluation pertaining to problem prompting referral indicating his/her impression, plan & specific questions  
Relevant family/social history  
Report of labs, diagnostics (EEG), CT and MRI films  
Some assurance that family understands reasons for referral

***Appointment Scheduling:*** 45-60 min

***Level of Presenter Required:*** Primary Care Provider for the last 15 minutes of the appointment to assist with physical exam

***Video Equipment Required:***

1. Videoconferencing unit

***Non-Video Equipment Required:***

1. Exam Table

***If possible, please also include:***

Video ophthalmoscope

Electronic stethoscope

Reflex hammer

Sharp pin (for sensation testing)

***The following information must be received prior to scheduling an appointment:***

1. Telemedicine Consult Request form

2. "Necessary Clinical Information" listed in column on left

***Signed consent form, explained to the patient's satisfaction must be received before consult begins***

**UC Davis Consultant: Shubhangi Chitnis, M.D**

**UC Irvine Consultant: Ira T. Lott, M.D.**

**Patient Presentation Considerations:** Upon request, presenter must be able to direct the camera to the patient's feet to capture the gait. Patient must be placed in a comfortable chair or on the parent's lap.

**To refer a patient, please fax referral request form and patient medical record information outlined in this guideline to either of the following:**

For UC Davis: Intake Coordinator: (877) 430-5332 Intake Fax: (866) 622-5944

For UC Irvine: Clinic Coordinator: (714) 456-5333 Fax: (714) 456-8466

**For patient scheduling and Neurology clinic coordination, please contact :**

For UC Davis: Clinic Coordinator: (916) 734-1682 Clinic Fax: (916) 456-2607

For UC Irvine: Clinic Coordinator: (714) 456-5333 Clinic Fax: (714) 456-8466