**Remote Consulting (For Lessons of the Week)**

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Here are some tips on remote consulting which colleagues have shared during courses which have been run around the region and have been collated.

Please note - there will be exceptions to every rule, trust your instincts, and if something doesn’t feel right, it probably isn’t right. And remember … although we may question whether we need to go back to the good old days of seeing every patient when this virus eventually tires and there is an awful lot that can be done safely remotely, there is a reason why we have trained generations of doctors to examine their patients.

I’d love to hear others from colleagues who are happy to share … that’s how we all learn

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***2. Is my patient potentially really sick?***

* Try and get a functional assessment of what they have actually been able to do today (rather than relying solely on what they say the severity of their symptoms is)
  + E.g. have they just managed a 4 mile walk in spite of their symptoms
  + Or has their pain prevented them from doing something they would ordinarily be doing
  + If in doubt, “what are they doing right now?” (especially useful for kids)
* Are there any features that would justify a 999 response, for example
  + Too short of breath to finish a sentence on the phone
  + Typical cardiac sounding chest pain
  + Fever and non blanching rash
* For this collection of symptoms, what is the worst thing it could be? And have you documented enough important negatives to rule that out?

Most clinicians are extremely mindful of not wasting resources or calling an ambulance / sending a patent to A&E unnecessarily - but in the grand scheme of things, much lower acuity stuff that has not been filtered by you ends up as a 999 or trip to A&E.

If you are worried enough about them then you are probably right - you can always follow up the patient's progress and make a note to chase up the A&E report for confirmation if you wish.

* Are there enough reassuring features that you can document and negative red flags that makes them sound well?
* Whatever it is, “is it getting better, worse or about the same?”
  + If it’s getting better, can we leave it to get a bit more better?
  + If it’s getting worse, it probably needs some further attention, whatever it is