**Lessons of the Week – No. 3**

**Remote Consulting with Dr Andy Eaton**

Here are some tips on remote consulting which have been put together from things colleagues have shared during regional training courses.

Please note - there will be exceptions to every rule, trust your instincts, and if something doesn’t feel right, it probably isn’t right. Remember … although we may question whether we will need to go back to the good old days of seeing every patient when this virus eventually tires, as there is an awful lot that can be done safely remotely, there is also a good 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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***3. How far can you go to get patients to examine themselves over the phone?***

Is there a calibrated machine in the home that will give you the information you need objectively

* Do they have an oxygen saturation probe? (but don’t estimate sats - we all know the fate of the Roth score …)
* Blood pressure … but I don’t really want to hear every BP reading in the last 2 years (what was the most recent reading they took and what time was that taken?)
* Same goes for temperatures, although it’s always nice when parents tell you that temperature of 38.5 has now come down to 37.6
* Patients can try and move painful limbs, and they can tell you if they can weight bear or not if a fracture is suspected (a full range of pain free movement is always nice to hear)
* Their neck may “feel” stiff, but if they can physically put their chin on their chest, they probably don’t have clinically significant neck stiffness
* Some rashes can be described in a way that absolutely points to a particular diagnosis - but some can’t (see next installment for top tips on rashes remotely …)
  + But note, some can’t, and you then need to decide what to do (will a good picture do it, or will video help, it often doesn’t …. maybe you just need to bring them in like we used to in the old days)
* Abdominal pain - they probably can’t describe accurately the findings of abdominal palpation to you, but if a firm prod all over the tummy yields no pain at all, that surely makes an acute abdomen less likely?

By the time you call, some patients will have already ...

* Dipped their urine
* Done a BM
* Done a pregnancy test

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… so do ask what they have already done about it, and the FAST test has been validated for remote assessment of possible stroke.

BUT anything that took you more than a couple of attempts to learn is probably not appropriate to ask a lay person to do, for example, it may be a step too far to ask patients to calculate

* Respiratory rate
* Pulse rate

And finally, a word of caution … patient’s LEFTs and RIGHTs can be interchangeable on the phone when they are feeling unwell, stressed or frightened *(“did the doctor mean MY left or THEIR left? hmmmm”)*

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