Department of Pediatrics

Administrative Policy

Ambulatory Pediatric Acute and Well Child Visits during COVID-19 Pandemic with Shelter in Place Order

Policy Statement


To minimize travel and exposure to novel coronavirus for patients, families, staff, and clinical providers the following policy makes recommendations for in person and video visits for Acute and Well Child visits.

Related document:

UCSF Policy on converting to video visits to limit spread of COVID-19

Converting to video visits to limit spread of COVID-19 (PDF)

VISIT TYPE DEFINITIONS

I. In Person Visits Well Visits

There are some populations, who still need in person routine preventive or well visits. These include

- Newborn infants within 1-3 days of hospital discharge
- 2 week infant
- 6 weeks to 2 months (receiving 1st does of primary vaccine series)
- 4 months (receiving 2nd dose of primary vaccine series)
- 6 months (receiving 3rd dose of primary vaccine series)
- 12 months (receiving MMR and Varicella as well as routine 12 month vaccines)

II. In Person Visits Sick Visits

Patients who need to be present for physical examination, testing, or treatment related to an acute or subacute visit that cannot be done by telehealth. Examples of select diagnoses:
Jaundice in newborns
- UTI
- Fever without source
- Pneumonia
- Respiratory Distress
- Acute Otitis Media
- Strep Throat
- Abscess requiring treatment with I and D
- Wound debridement and/or packing
- Headache with concerning history, signs or symptoms

III. Telehealth Well Visits: There are some populations, who can have a telehealth (visit with real time video connection with patient and parent/caregiver) for routine preventive or well visits. Telehealth is to be conducted through UCSF Health approved HIPAA compliant devices and modalities.

Telehealth Well Visits are recommended for children birth to 5 years who do not qualify for an in person visit:

- Newborn infants for weight checks and low risk for jaundice (see Newborn Nursery protocol)
- Newborn infants 1 month of age
- 9 months of age
- 15 months of age
- 18 months of age
- 24 months of age
- 3-5 years of age annual visit
- For patients >5 years for annual visits, these should be scheduled as availability allows

1. History and Assessment: to be done with direct query of patient and parent/caregiver. Telehealth well visits should include a minimum of 5 components (e.g. interval history, questions and concerns, diet, sleep, behavior, development)
2. Vital Signs. Telehealth should include at least 2 vital signs (height, weight, respiratory rate, heart rate, or blood pressure)
   a. If parent has equipment to obtain vital signs (weight, height, blood pressure), these can be used and interpreted by the provider during the visit.
   b. Respiratory rate can be measured by direct observation by physician.
   c. Heart rate can be obtained by having parent palpate the pulse at using the brachial artery or radial artery. The parent/caregiver can count a
number for each beat they feel and this can be observed for 30-60 seconds to assess the heart rate.

i. To locate the brachial artery, place 2 or 3 fingers on the inside of the upper arm between the shoulder and elbow. Press the fingers gently for 5 to 10 seconds to feel for a pulse.

ii. To locate the radial pulse, place 2 or 3 fingers on the inside area of wrist and press gently to palpate pulse.

d. Any vital signs that cannot be obtained during telehealth visit need to be scheduled in the future, as a nurse visit for weight, height, head circumference, blood pressure and pulse that cannot be obtained by the parent/caregiver at home.

e. Patients should be tracked to identify who needs these vital signs obtained later.

3. Screening

a. Vision and hearing will need to be obtained at a future nurse visit. Patients should be tracked who need these similar to the vital sign tracking system.

b. Post-partum depression, MCHAT, ASQ, PHQ-9, CRAFFT and other questionnaire based screening tools should be sent by MyChart prior to visit and assessed during the telehealth appointment.

c. Patient confidentiality should be observed for sexual history, substance use and mental health screens in children 12-17 years.

4. Vaccines

a. For children needing vaccines at other ages than those seen by in person definitions above, these children should be tracked and have those vaccines administered at nurse only visits.

b. If the delay will be more than 2 months, consider nurse only visits for asymptomatic patients in the future.

5. Physical Exam: Telehealth well visits should include a minimum of 5 systems of physical exam findings (see below in section Physical Exam Assessment Best Practices by Telehealth/Video Visit).

Telehealth Sick Visits

1. Patients who can be assessed through telehealth include but are not limited to:
   - Conjunctivitis
   - Rash (e.g. eczema, diaper rash, hand-foot-mouth)
   - Constipation
   - Seasonal allergies
   - Lice
o Behavioral Concern
o Respiratory Complaints (mild or screening for in office visit)
o Headache (simple)
o Vomiting
o Diarrhea

2. History and Assessment: to be done with direct query of patient and parent/caregiver

3. Vital Signs
   o If parent has equipment to obtain vital signs (weight, height, blood pressure), these can be used and interpreted by the provider during the visit.
   o Respiratory rate can be measured by direct observation by physician.
   o Heart rate can be obtained by having parent palpate the pulse at using the brachial artery or radial artery. The parent/caregiver can count a number for each beat they feel and this can be observed for 30-60 seconds to assess the heart rate.
     ✓ To locate the brachial artery, place 2 or 3 fingers on the inside of the upper arm between the shoulder and elbow. Press the fingers gently for 5 to 10 seconds to feel for a pulse.
     ✓ To locate the radial pulse, place 2 or 3 fingers on the inside area of wrist and press gently to palpate pulse.

4. Physical Exam: Telehealth sick visits can be billed based on time. If billing based on care, these should include a minimum of 5 systems of physical exam findings (see below in section PHYSICAL EXAM ASSESSMENT BEST PRACTICES BY TELEHEALTH/VVIDEO VISIT)

V. Telehealth Newborn Hospital Discharge Visits

Newborn Clinical Criteria:
   o Gestational Age >37 weeks
   o No Jaundice Risk Factors: Coombs negative, No Cephalohematoma, etc
   o Low Risk for Hyperbilirubinemia: TCB/TSB > 6 mg/DL below NCNC phototherapy threshold at discharge
   o If breastfeeding, low risk for significant problems that require in-person lactation visit
   o No excessive weight loss for age (to be defined by attending)
   o No other medical concerns that would require in person evaluation

Family Prioritization Criteria for Limited Scales
   o Mobility of Mother
Conditions that might limit mother’s mobility include C-Section especially with complications, Significant maternal birth trauma (tears, etc), and Maternal Hemorrhage.

- Maternal COVID Vulnerability* (Immune Disorder, Chronic Disease)
- Elderly or COVID Vulnerable* persons living in the home
- Reliance on Public Transportation (priority is to keep mothers and babies off public transit where recommended social distancing is compromised)
- Lack of support at home to help/drive mother/baby to clinic
- Twins or multiples

*Vulnerability means vulnerable for serious/life-threatening disease

SUGGESTED PHYSICAL EXAM ASSESSMENT BY SYSTEM TO CONSIDER DURING A TELEHEALTH/VIDEO VISIT

General: appearance, evidence of overall distress (e.g. work of breathing, crying), activity
Skin: Areas of skin that can be uncovered and exposed to camera for evaluation of color, turgor, lesions etc..
Head: overall shape
Ears: pinna appearance
Eyes: Extra ocular movements, sclera, conjunctiva with patient/caregiver assistance
Nose: discharge at os; nasal flaring
Throat: oropharynx that can be observed through patient opening mouth to camera
Neck: patient initiated range or motion
Chest/Lungs: retractions, audible breath sounds, symmetry of respiratory efforts
Cardiac: evidence of cyanosis, capillary refill time with patient/caregiver assistance
Abdomen: palpation with patient/care giver assistance, Psoas sign is elicited by having the patient lie on his or her left side while the right thigh is flexed backward. Rovsing sign is pain referred to the right lower quadrant when the left lower quadrant is palpated. A positive obturator sign is pain that is elicited in a supine patient by internally and externally rotating the flexed right hip.
Extremities: patient/care giver initiated range of motion in joints can be observed, swelling in joint, age/developmentally appropriate use of extremities
Neuro: mental status, gait, finger to nose can be simulate with the screen, rapid alternating movements, gross strength, gross sensation with caregiver assistance.

Important Considerations:
Telehealth is to be conducted through UCSF Health approved HIPAA compliant devices and modalities.
There are no language limitations for newborn follow up televisits. 24/7 Interpreter Services for the vast majority of languages can be added the Telemedicine Interaction by “Inviting” > “Phone” = 877-472-2434.

Ensure that mother has at least a Smart Phone with an active cellular plan.** Desktop or laptop computer with home internet plan is not necessary.

For NEWBORNS being discharged. Prior to discharge consider assisting novices with installing Zoom, instructing & demonstrating how to log in, testing video & audio after installation, provide mother with language appropriate written instructions.

**According to Pew Research June 2019, while 26% of respondents who earn less than $30,000 per year do not have broadband internet a home, smartphone use across incomes and ethnic identifications is near ubiquitous amongst those of childbearing age. https://www.pewresearch.org/internet/fact-sheet/mobile/