

## **Department of Pediatrics**

### **Administrative Policy**

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

### **Policy Statement**

The City and County of San Francisco issued a shelter in place order on 3/16/2020. <https://www.sfdph.org/dph/alerts/files/HealthOrderC19-07-%20Shelter-in-Place.pdf>.

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 1<sup>st</sup> does of primary vaccine series)
- 4 months (receiving 2<sup>nd</sup> dose of primary vaccine series)
- 6 months (receiving 3<sup>rd</sup> 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



- Behavioral Concern
  - Respiratory Complaints (mild or screening for in office visit)
  - Headache (simple)
  - Vomiting
  - Diarrhea
2. History and Assessment: to be done with direct query of patient and parent/caregiver
3. Vital Signs
- If parent has equipment to obtain vital signs (weight, height, blood pressure), these can be used and interpreted by the provider during the visit.
  - Respiratory rate can be measured by direct observation by physician.
  - 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/VIDEO VISIT**)

## V. Telehealth Newborn Hospital Discharge Visits

### Newborn Clinical Criteria:

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

### Family Prioritization Criteria for Limited Scales

- 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/>