

RAPID DEPLOYMENT: GETTING STARTED WITH TELEHEALTH

Post-visit Form (PALTC-ED Telehealth)

- 1) Patient Name (First, Last):
- 2) What is your role (provider who conducted the visit)?
Physician
Nurse
Other (write-in):
- 3) Please indicate initial diagnosis and treatment plan:
- 4) Do you recommend that the patient be transferred at this time?
Yes. Where do you recommend that the patient be transferred?
To an ED
To other outpatient facility
Other (write-in):
No
- 5) Does the patient need testing for COVID-19 at this time?
Yes. Where do you recommend that the patient be tested for COVID-19?
At the ED
In place (i.e., at the PALTC)
At other outpatient setting
Other (write-in):
No
- 6) Does the patient need isolation so as to avoid risk of spreading infection?
Yes. How long do you recommend that the patient be isolated so as to avoid risk of spreading infection? days
No

Care for patients recommended to be managed in place

(Note: The following questions do not apply if the patient is being transferred.)

- 7) List any new medications being prescribed along with any instructions for administration. Please also indicate any medications patient is currently taking that should be discontinued.

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- 8) How often should patient vital signs be re-assessed?
- 9) Is any other monitoring of patient status needed currently (e.g., mental status, etc.)?
- 10) Provide details of any follow-up appointment recommendations/details.
- 11) Please list any “red flags” that should result in either physician consult or transfer to emergency department: