



# Philippine Pediatric Society




## Guidelines in the Teaching and Implementation of Basic Telemedicine for Pediatric Trainees

January 2021

## FOREWORD

Health care delivery has significantly changed in the past several months brought about by the COVID-19 pandemic. The lockdown and the fear of contracting the disease have prevented many families from visiting their Pediatricians. This has caused interruptions with the vaccine schedules, health maintenance visits and care for the chronically ill. Among the many changes in the delivery of Pediatric health care services, the fast adoption of telehealth among Pediatricians was the most prominent. The Philippine Pediatric Society has strongly advocated continued access to health care for all children and adolescents even during the COVID-19 pandemic whether face to face or via telehealth. The PPS Hospital Accreditation Board has therefore recognized the need to set guidelines for the use of telehealth in the residency training program. An ad-hoc committee was organized to lay the ground work for this and to standardize the delivery of this mode of health care service.

This module is designed to help with the teaching and the implementation of telehealth. It consists of modular readings, video lectures and instructional videos that would cover all aspects of the delivery of telehealth across all ages and health concerns. This approach adapts to the learning style of our trainees at the present time. I congratulate the committee for the hard work and commitment to come up with this innovative and relevant module.

  
**Joselyn A. Eusebio, MD, FPPS**  
President  
Philippine Pediatric Society, Inc.

## **PPS Task Force on Telemedicine in Pediatrics**

### **Head:**

**Joselyn A. Eusebio, MD**

### **Members:**

**Maria Emma A. Llanto, MD  
Wilfredo R. Santos, MD  
Michael M. Resurreccion, MD  
Jacqueline O. Navarro, MD**

## **Acknowledgements**

### **Manual and Lecture Contributions:**

**Atty. Ivy D. Patdu, MD  
Atty. Steve Nancho  
Maria Antonia Aurora M. Valencia, MD**

**Division of Adolescent Medicine, Department of Pediatrics,  
Philippine General Hospital:**

**Hannah Lei Arriesgado-Ho, MD  
Gewelene Asuncion, MD  
Elaine Dawn Butron, MD  
Michelle Concepcion, MD  
Natasha Ann Esteban-Ipac, MD  
Margaret Mae Maano, MD  
Vanessa Ma. Torres Ticzon, MD**

### **Video Contributions:**

**Jacqueline D. Bernabe, MD  
Kristine Marie F. Gutierrez, MD  
Jose B. Salazar, MD  
Maria Antonia Aurora M. Valencia, MD**

## TABLE OF CONTENTS

<b>CHAPTER</b>	<b>CONTENT</b>	<b>PAGE</b>
I	Overview of Telemedicine	4
	A. Introduction	4
	B. Declaration of Principles	4
II	Telemedicine Guidelines	9
	A. Persons Legally Allowed To Engage In Telemedicine	9
	B. Recommended Physical And Technical Requirements	10
	C. Activities Within a Consult	11
	D. General Documentation Requirements	13
	E. Telemedicine Consultation Process Flow	14
	F. Development Of Quality And Clinical Outcome Indicators	20
III	Guidelines for History Taking and Physical Examination	21
	A. History Taking	21
	B. Physical Examination	21
	1. PPS Code of Ethics Basic Principles	21
	2. General Checklist	21
	3. How To Take the Anthropometric Measurements	22
	4. How to Take the Vital Signs	26
	5. Telemedicine Physical Examination	27
	6. Instructional Guide For A Screening Virtual Neurological Examination For Children	28
	References	32
Appendix A:	Sample Consent Form (English and Filipino)	34

# **CHAPTER I: OVERVIEW OF TELEMEDICINE**

## **A. INTRODUCTION**

The COVID-19 pandemic has caused many challenges to the delivery of health care for pediatric patients because of the different levels of community quarantine limiting transportation and travel. Aside from logistic issues, families are gripped with fear and anxiety in visiting the hospital for their well child or sick child visits. These challenges have therefore hastened the adoption of telemedicine as a platform to deliver various health care services.

Telemedicine refers to the practice of medicine by means of electronic and telecommunication technologies such as phone call, chat or short messaging service (SMS), audio and video-conferencing among others to deliver healthcare at a distance between a patient at an originating site and a physician at a distant site.<sup>1</sup>

This module aims to provide the minimum guidelines for the practice of telemedicine in the pediatric residency training program. This guideline for the practice of telemedicine in pediatrics shall apply to the implementation of telemedicine to children and adolescents by pediatric residents of the PPS Hospital Accreditation Board (HAB) accredited hospitals. The consultant members of the training committee should oversee the practice of telemedicine of the residents and provide the necessary supervision for the resident trainees.

## **B. DECLARATION OF PRINCIPLES**

The Philippine Pediatric Society has recently published the Ethics in the Use of Telemedicine in Pediatric Practice. These ethical principles shall govern the practice of telemedicine among pediatric residents. This is included in the PPS Code of Ethics as Article VI.

### **Article VI: Ethics in the Use of Telemedicine in Pediatric Practice**

#### **Section 1. Rationale**

Children belong to a special segment of the population that requires considerable attention during telehealth consults. They are still growing and developing and have characteristic peculiarities at certain ages. Therefore, some services should be adopted appropriate for the children based on the following factors: physical, legal,

communication or data gathering, developmental stage, unique pediatric conditions and age specific peculiarities in both normal and disease states.

## **Section 2. Ethical Principles Relevant to Telemedicine**

Telemedicine shall be guided by the bioethical principles that are relevant to telemedicine such as autonomy, confidentiality, justice, beneficence and non-maleficence.

## **Section 3. Objectives**

The objective of this guideline is to ensure effective, safe delivery of quality health care and ethical practice of telemedicine in Pediatrics

## **Section 4. Requirements of the Practice of Telemedicine**

4.1. Webside Manners During a Telemedicine Consultation (*Source: DOH-UP Manila Joint Memorandum Circular No. 2020-0001*)<sup>1</sup>

### 4.1.1. Greeting:

- a. Introduce self and your role. Ask patient to introduce himself and family members or other companions in the room, if assisted.
- b. Confirm with patient that he can see and hear you clearly
- c. Acknowledge the use of the new technology. Normalize any discomfort with the use of the platform.
- d. Demonstrate confidence in the technology and reason for use. Include instructions on what to do in case of disconnection

### 4.1.2. Maintaining Etiquette

- a. Be aware of one's actions since these will be magnified on camera. Sit fully upright in an appropriate attire.
- b. Do not fidget, scratch, play with your hair or touch your face
- c. Disable picture in picture function
- d. Look directly at the camera. This can be perceived by the patient as making eye contact.
- e. Position video window of patient's image at the top of your screen below the webcam.
- f. Explain and narrate all your actions

### 4.1.3. Empathy and Communication

- a. Speak slowly and clearly. Pause longer between statements to allow for transmission delay
- b. Type into the chat window to reiterate instructions or next steps

- c. Check in frequently to elicit reactions and confirm understanding
- d. Use non-verbal cues even on virtual visits: Smile often. Use a warm tone of voice
- e. Increase the frequency of empathetic statements to show that you are listening
- f. Inform the patient when occupied such as when writing notes or looking at radiologic images or laboratory results
- g. Summarize and clarify questions in case of delay or signal interference
- h. In case of disconnection during video consultations, inform the patient how to continue the consultation.

## 4.2 Informed Consent

4.2.1. Proper informed consent must be obtained prior to the collection of personal data and the teleconsultation regardless if it is an initial consultation or a follow up consultation. Consent shall be evidenced by written, electronic or recorded means. *(Adapted from DOH-UP Manila Joint Memorandum Circular No. 2020-0001<sup>1</sup> and Data Privacy Act 2012<sup>2</sup>)*

4.2.2. Obtaining the informed consent shall be guided by the same principles as specified in the PPS Code of Ethics Article I Section 1.

4.2.3. The existing principles of the data privacy act (Data Privacy Act 2012 section 3.b)<sup>2</sup> and the PPS code of ethics statement regarding privacy (General Principles) shall guide in obtaining the informed consent.

4.2.4. The informed consent should include the following: purpose, participants, scope and limitation, nature of teleconsultation, medical information and records, confidentiality, rights, risks and consequences, benefits, consent.

4.2.5 The informed consent should include this waiver: that the teleconsultation has its limitations and the Pediatrician should exercise professional judgement whether a face to face consultation is required.

## 4.3 History Taking

History taking shall be done in the conventional way of listening to the chief complaint, taking of the history of the patient's illness, review of systems, birth and maternal history, nutritional history, developmental and psychosocial history, past medical history, immunizations, family history, medications and other relevant information which may aid in the diagnosis of the patient's condition.

#### 4.4 Physical Examination

4.4.1. Information gathered in a traditional way of doing a face-to-face physical examination shall as much as possible be gathered through on-line “physical examination” of the patient with the help of the parent or guardian.

4.4.2. A parent or guardian should be present to assist the Pediatrician in performing the physical examination and in obtaining anthropometric measurements and vital signs.

4.4.3. During the physical examination of an adolescent, the Pediatrician should request the presence of a third person of the adolescent’s choice.

#### 4.5 Laboratory and Other Ancillary Procedures

4.5.1. Except in extraordinary situations, results of laboratory and diagnostic procedures must be viewed directly on the monitor by the Pediatrician and must not rely solely on the reading of another person on the other side of the virtual room. In case of doubt, the Pediatrician must consult the signatory of the report for confirmation of the result.

4.5.2. In addition to the actual physical examination, the Pediatrician may request for the necessary diagnostic and ancillary procedures to aid him or her in the diagnosis and as a guide for the treatment of the patient’s illness.

### **Section 5. Practice of Telemedicine by Telephone**

Telephone calls and text messaging are generally discouraged. It is up to the physician’s discretion to entertain such when the situation is deemed urgent. This consult shall be duly recorded. An immediate consult at the Emergency Room or a face to face consult at the earliest possible time is then routinely advised.

### **Section 6. Professional Fees**

Professional fees should be commensurate to the services rendered with due consideration to the patient’s financial status, nature of the case, time consumed and the professional standing and skill of the physician in the community. The patient shall be informed ahead of time of the cost of the consultation. *(adapted from the PMA Code of Ethics Article II Section 7)*

### **Section 7. Electronic Prescription**

Online prescription of medicines shall be allowed. The Pediatrician shall ensure that, before his/her electronic signature is affixed, the prescription complies with basic principles of prescription order writing. Regulated drugs are prescribed as mandated by existing laws.



## **Section 8. Peddling and Advertisements**

8.1. The Pediatrician shall be guided by Article IV of the PPS Code of Ethics in his relationship with the healthcare industry. All members of the PPS who are invited to participate in any platform or fora should assume personal responsibility in clearly defining the purpose of his participation and to avoid inadvertent endorsement of any product.

8.2. All members shall abide by the PMA guidelines for doctors in advertising/peddling/posting services and or products. What the pediatrician can post is limited only to his name, profession, clinic address and contact number.

## **Section 9. Pediatrician-Healthcare Industry Relationship**

The pediatrician shall comply with the guidelines of Pediatrician-Healthcare Industry Relationship under Article IV of the PPS Code of Ethics.

## CHAPTER II: TELEMEDICINE GUIDELINES

The practice of telemedicine entails legal, technical, documentation and practical aspects and these are covered in this chapter. Most of the contents of this chapter were adapted from the Joint Memorandum Circular of the Department of Health and the University of the Philippines Manila published in June 2020.<sup>1</sup>

### A. PERSONS LEGALLY ALLOWED TO ENGAGE IN TELEMEDICINE

1. With the current gaps in legislation, only physicians licensed by the Professional Regulation Commission can engage in telemedicine with patients physically residing in the Philippines
2. Required competencies
  - a. Digital communication (detailed below) and web-side manner (in Chapter I)
  - b. Scope and standards of care
    - (1) RA 2382 (The Medical Act of 1959)<sup>3</sup> and the Philippine Medical Association (PMA) Code of Ethics:<sup>4</sup> The practice of telemedicine must be in accordance of RA 2382 and its implementing rules and regulations as well as the standards of practice of medicine as defined under the PMA Code of Ethics and the PPS Code of Ethics taking into account the absence of physical contact and the intrinsic limits of telemedicine.
    - (2) RA 10173 (Data Privacy Act of 2012):<sup>2</sup> All the health information of patients extracted in a telemedicine consultation platform shall be kept and handled in accordance with the privacy and data protection requirements provided under RA 10173 and its implementing rules and regulations. Recording and filing shall adhere to the principles of transparency, legitimate purpose, and proportionality.
    - (3) FDA Circular no. 2020-007 (Guidelines in the implementation of the Use of electronic Means of Prescription for Drugs for the Benefit of individuals Vulnerable to COVID-19):<sup>5</sup> The prescribing of medication as necessitated during the telemedicine consultation will abide by the standards and guidelines specified in the FDA circular no. 2020-007. There was a first amendment<sup>6</sup> published in August 2020 and a further amendment<sup>7</sup> published in September 2020.
3. Required skills
  - a. Knowledge and attitude
    - (1) Demonstrate knowledge of the operation of telemedicine and patient monitoring technologies
    - (2) Identify how technology can be used in sharing information with colleagues
    - (3) Formulate how telemedicine can be deployed in existing pathways
    - (4) Demonstrate how to collect health-related data for patient monitoring
    - (5) Validate the potential benefits of telehealth
    - (6) Present confidence that technology is not difficult to use
    - (7) Demonstrate open-mindedness to innovations in ICT and motivational attitude

- b. Technological skills
  - (1) Demonstrate skills to train the patient to use the equipment
  - (2) Apply skills to check equipment for functionality
  - (3) Formulate skills to manage telemedicine data sets, software packages and tools
- 4. Required trainings:
  - a. Videoconferencing: equipment selection, medico-legal issues, ergonomic room design, recording media and storage
  - b. Remote telemedicine: troubleshooting, medico-legal issues, physician assistant skills, patient care, technical assessment, knowledge of a wide range of technologies, basics of imaging technologies
  - c. Health information structures: privacy legislation, security and confidentiality, information and database management, knowledge of computer and network technologies
  - d. Tele-imaging: image capture and transfer, network capacity, software interfaces, picture archiving and communication systems management, imaging standards, storage and transfer over networks
  - e. Home telecare: tele-monitoring device troubleshooting and installation, patient education skills, medico-legal issues, knowledge of tele-triage

## B. RECOMMENDED PHYSICAL AND TECHNICAL REQUIREMENTS

1. Recommended minimum technology requirements shall be as follows:

a. A stable internet connection	A minimum of 2 Mbps per user for a resolution of HD720p and a frame rate of 30fps
b. Communication device with or without video capabilities (landline, mobile phone with or without camera, tablet, laptop or desktop computer)	Low resource setting: landline phone calls, cell phone messages or SMS (synchronous type of teleconsultation)  Other settings: consider use of dual monitors or two separate devices <sup>2</sup>
c. Headphones or earphones	Noise-canceling if possible
d. Speakers and microphones	-
e. Secure, privacy-enhancing and non-public-facing videoconferencing or communication software; or a videoconferencing facility integrated with an electronic medical record system, if available.	Examples are: Zoom, Google Meet, MS Teams, Viber, WhatsApp, Telegram

f. Stands/cases with stands for mobile devices with video capabilities	As long as it will stabilize the device to deliver stable images and protect the device from falling
--	--

2. The set-up of a telemedicine workstation is recommended to observe the following measures:
  - a. Ensure room is quiet, interruption-free, secure, and private with adequate lighting.
  - b. Use headphones or speakers for better audio, if available, and test functionality before every patient consult.
  - c. Learn about the platform or software that will be used for the telemedicine consultation. Always test ahead of the visit, download, or install any updates needed.
  - d. Check internet speed.
  - e. Turn off other web applications and notifications.
  - f. Angle the screen so no one can walk by and see the consultation.
  - g. Wear same level of professional attire as in face-to-face consultation. Preferably use pastel colors to optimize visual transmission since white coats, dark or very bright colors affect contrast. Use of busy patterns including horizontal stripes are discouraged since it can distort image.
  - h. Avoid visual distractions such as messy desks, food and drinks, photos and posters on background wall.
  - i. No virtual background.
  - j. Prepare all the needed materials or equipment (e.g. screening tools, etc.) beforehand and have it within reach from the seat.
  
3. In choosing the right telemedicine platform, consider the following:
  - a. The platform is supportable across all devices (e.g. laptop/desktop computer or tablet, etc.), and possibly, can be integrated to a new EMR system, or interoperable with an existing EMR system.
  - b. The quality of service with the use of the platform is equal or better than face-to-face consultation.
  - c. The platform allows for remote patient monitoring, and clinical validation.
  - d. The webside manners are properly observed and addressed when using the platform.
  - e. The platform is as easy as possible for patients to access and use, and for the physician to manipulate its features and present oneself appropriately to the patient.
  - f. The platform is secure, privacy-enhancing and non-public facing.

### **C. ACTIVITIES WITHIN A CONSULTATION**

1. Proper informed consent and assent (from the parent/guardian and adolescent) must be established with all the necessary information regarding the features of the

telemedicine consultation and fully discussed with the parent/patient, including, but not limited to:

- a. How telemedicine works, including the services to be provided, expected benefits, patient and parents' rights and responsibilities including right to refuse to use telemedicine and billing and insurance, if any, within the telemedicine consultation;
- b. Limitations of telemedicine, including risk of technology failures, and service limitations;
- c. Manner of processing of health information, including submission to public health authorities such as DOH for health policy and planning purposes;
- d. Privacy and security measures and concerns;
- e. Protocol on referral or care coordination; and
- f. Documentation of the consent/assent.

The consent and assent form should be sent in advance to the parent or guardian of the patient. The signed consent form or assent form should be sent back via email prior to the scheduled teleconsultation. A sample consent form is in Appendix A.

2. For instances where a consultant is present to supervise the pediatric trainee or a student trainee (clinical clerk or intern) will be part of the teleconsultation, the following should be observed:
  - a. The physician-in-charge must disclose to the parent/guardian and to the patient if the patient is an adolescent that there will be a consultant preceptor or student trainee observing in the session.
  - b. The consultation should be done in a private space
  - c. The consultant preceptor or student trainee must maintain the confidentiality of the teleconsultation
  - d. The student trainee may gather information from the teleconsultation but must keep it anonymized
  - e. If any of these provisions cannot be met, the consultation with the student trainee observer should not proceed
3. Teleconsultations, considerably different from face to face consult by the physical remoteness of both physician and patient, must be clarified at the very beginning as a *non-crisis* service.
4. Discuss about the different format used in interviewing adolescents where parents/guardians will be asked to leave the adolescent/patient alone with the physician.
5. Define the basis of confidentiality and its limits. Remind them that there may still be potential risks on the privacy with the system being used.
6. Provide instructions on next step of action if disconnection or emergency occurs.
7. General recommendations for conducting virtual history and physical examination are as follows:
  - a. Take a thorough medical history.
  - b. Have a keen eye for observing the patient's condition.
  - c. Consider what can be examined while going through the Review of Systems.
  - d. Partner with the patient or his/her companion to gain valuable clinical insight.

- (1) Using home monitor, request patient or relative to take vital signs.
- (2) Request a family member or relative to conduct palpation maneuvers or to assist in physical examination while giving instructions.

The specific guidelines for history taking and virtual physical examination are discussed in Chapter III.

- e. Take advantage of available technology (i.e. sharing photos or videos that are difficult to visualize on webcam).
8. All physicians shall issue electronic prescriptions in accordance with FDA Circular No. 2020-007<sup>5</sup> and any subsequent FDA guidelines,<sup>6,7</sup> and pursuant to RA 2382.
9. Explain home instructions and schedule follow-up consult.
10. Remind and secure evaluation form from patient and parent.

## **D. GENERAL DOCUMENTATION REQUIREMENTS**

1. All telemedicine consultations should have proper documentation, which includes, but not limited to, the following:
  - a. General data of the patient including the current location and immediate contact information.
  - b. General data of a responsible, trusted and capable adult (*point person*) available onsite and accessible to both the patient and the provider, including the immediate contact information.
  - c. Family members or other companions present during the telemedicine consultation, regardless of who is seen on the camera.
  - d. Name of the consultant preceptor/supervisor and any student trainee present during the teleconsultation
  - e. Classification of the telemedicine mode used for the teleconsultation (e.g. audio or video call) and whether it was:
    - (1) Completed
    - (2) Cancelled – due to wrong triage, patient called to cancel or connection was interrupted and not reconnected
    - (3) No show – not contacted despite several attempts
  - f. Parental consent and patient’s assent.
  - g. Referring physician, if applicable;
  - h. Telemedicine platform or videoconference or communication software used.
  - i. Patient’s feedback about the telemedicine consultation.
  - j. Nearest health care facility in case of emergency.
2. All health care providers whose services are sought through telemedicine shall keep records of all electronic clinical abstracts/consultation summaries, prescriptions and/or referral forms issued.
3. Recording of a teleconsultation is not standard practice. Recording of the whole or part of the teleconsultation, however may be justified for educational and training purposes, research purposes or as part of the evaluation of the telemedicine service. In the event that recording the teleconsultation is warranted, the patient should be consulted and informed how the consult will be recorded, used and stored. Consent

for the recording should be obtained. The consent should include the purpose of recording the session, how it will be recorded, stored and managed.<sup>8,9</sup>

## **E. TELEMEDICINE CONSULTATION PROCESS FLOW**

### **1. Before Telemedicine Consultation**

- a. The physician should utilize his professional judgement to decide whether a telemedicine consultation would be appropriate for a given situation. This suitability for teleconsultation should depend on the complexity of the patient's health condition. This determination of suitability can be done by a triage or the physician himself. It is recommended that the consultant preceptor supervise the pediatric trainee in the determination of suitability of the patient's health condition for teleconsultation.
  - (1) Telemedicine is suitable when a physician is not physically accessible (e.g. in the event of a national emergency, community quarantine in place or when safety is an issue), in the management of chronic health conditions or in follow up consultations after initial treatment.
  - (2) Telemedicine is not suitable for emergency and serious conditions where face to face assessment and physical evaluation are most essential.
- b. Send the consent and assent form to the parent or guardian of the patient. The signed consent form or assent form should be sent back via email prior to the scheduled teleconsultation.
- c. Remind the patient and adult caregiver via phone call, email, or text messaging of the scheduled consultation a day and an hour prior to the schedule. Specify in the message that medical problems to be consulted for must be non-urgent or must not need immediate emergency care since the teleconsultation is a non-crisis service. A form of words can be drafted as template for these pre-consult reminders, and as infographics posted on the service's social media page.
- d. Prepare technical set up of the telemedicine workstation.
- e. Address any discomfort with the telemedicine platform, if any.
- f. Prepare the patient's previous medical records, if applicable.
- g. Check that the consent and/or assent form has been signed
- h. Collect pertinent pre-session information, history, mental status examination, anthropometric measurements, vital signs measurements, physical examination, laboratory or imaging studies, and other pre-session information necessary for the consult. The infographic on what to prepare before the teleconsultation can be sent to the parent/guardian. Inform the parent that if the measurements cannot be done on their own, then it will be obtained during the teleconsultation.
- i. Ensure that both signal/audio/video are clear on both the patient's and provider's side.

### **2. During Telemedicine Consultation**

- a. Give introductions. Family members or other companions present should also be introduced. If a consultant preceptor or trainee is present to observe in the

teleconsultation, the physician in-charge should disclose this to the parent/guardian and to the patient if the patient is an adolescent.

Table 1 shows the components of a standard introduction.

- b. Verify the patient's identify prior to the teleconsultation by utilizing two identifiers, the name and date of birth of the patient. The identity of the parent or guardian present in the teleconsultation should also be verified by obtaining the name and relation to the child.<sup>8</sup> This should be properly documented in the medical record. Document also the location, immediate contact information for both the provider, patient and *point person (parent or guardian)*.
- c. Set expectations and secure consent from the parent or guardian and assent if the patient is an adolescent.
- d. Determine mutually agreeable agenda items.
- e. Explain to the parent, guardian or patient how you will get the information you need for diagnosis and plan of management. Include confidentiality and its limits, again reminding them that there may still be potential risks on the privacy with the system being used.
- f. Observe webside manners (as seen in Chapter I, page 6).
- g. Conduct history taking with both the patient and the parent or guardian
- h. Conduct the virtual physical examination with the help of the parent or guardian
- i. Discuss the diagnosis and plans with the parent/guardian and obtain feedback.
- j. If the patient is an adolescent, determine if the patient is developmentally able or mentally stable to be interviewed alone. If yes, discuss the format of the interview where parents/guardians will be asked to leave the adolescent/patient alone with the physician. The history should be conducted with both the adolescent and the parent or guardian. Perform the virtual physical examination in the presence of a third person of the adolescent's choice. Ask to see the adolescent alone for the psychosocial history taking. Discuss the diagnosis and plans with the adolescent and obtain feedback. Call in the parent/guardians to wrap up. See Table 2 for Guidelines for the Teleconsultation of Adolescents.

**Table 1: Components of a Standard Introduction in a Teleconsultation**

- |  |
|--|
| <ol style="list-style-type: none"><li>1. Greet the patient and make the necessary <b>introductions</b></li><li>2. <b>Verify the identity</b> of the patient (name and birthday) and companion (name and relation to the patient)</li><li>3. Check that the <b>video and audio</b> are clear and inform the parent that you will call in case of disconnection</li><li>4. Confirm that the <b>consent/assent form</b> was signed</li><li>5. Clarify the <b>purpose and limitation</b> of the teleconsultation</li><li>6. Confirm that the teleconsultation is <b>private and confidential</b> and that <b>recording</b> of the session <b><u>will not be allowed</u></b> (unless otherwise required).</li></ol> |
|--|



**Table 2: Guidelines for the Teleconsultation of Adolescents**

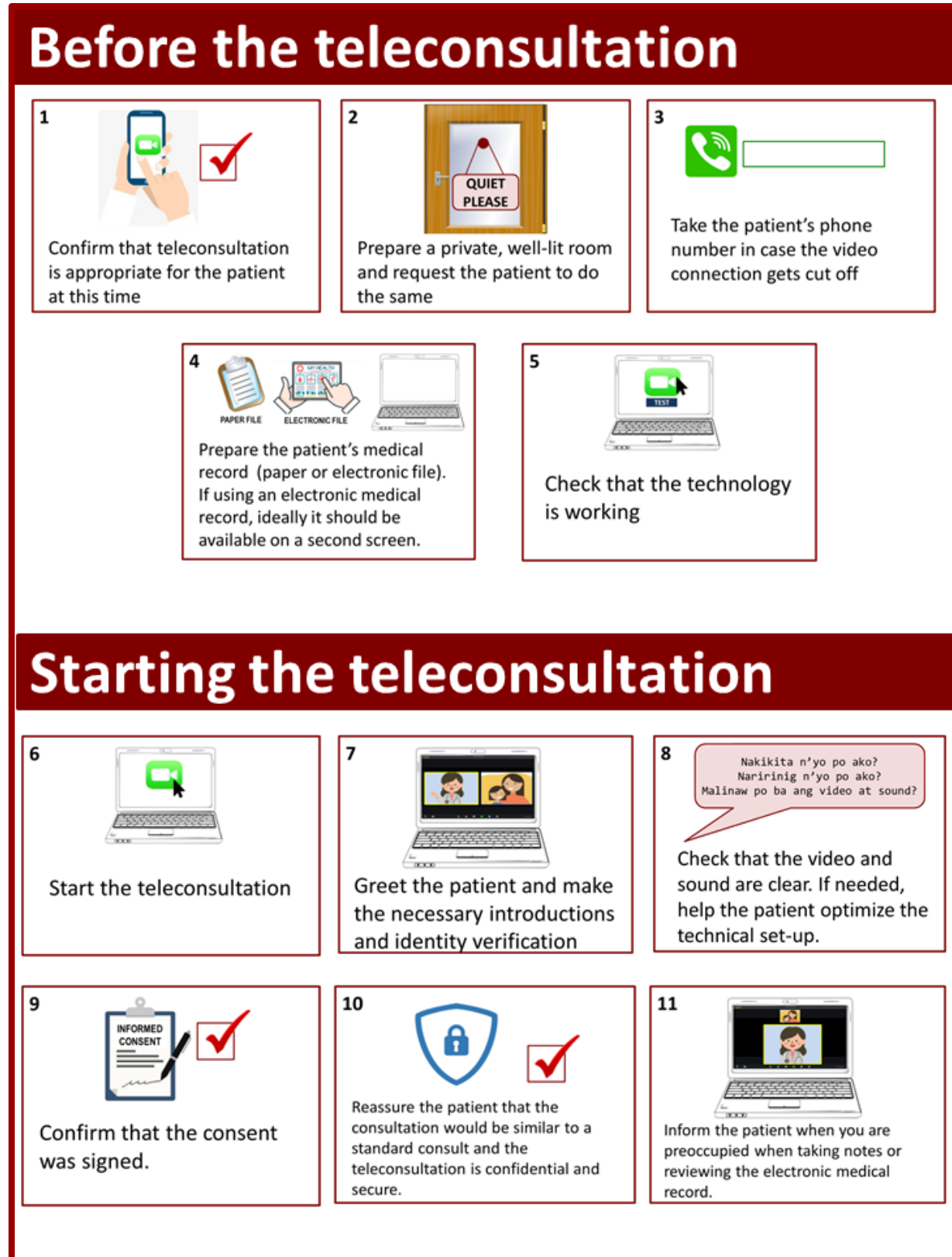
1. Get parental consent as well as the adolescent's assent. Ask the parent/guardian to read the consent form with the adolescent and to ask the adolescent to sign consent/assent form, too. This may be deferred if the adolescent has an intellectual disability.
2. Introduce yourself to the adolescent, ask for the adolescent's name and birthday to verify the identity. Ask the adolescent to introduce the companion and clarify their relationship. Ask if the parent and the adolescent consent to the consultation and discuss the limitations of the telemedicine as per protocol. Ask the parent/guardian for an alternate contact in case of disconnection or emergencies.
3. Discuss confidentiality and limits with both parent and adolescent. Confidentiality may be breached if there's a threat to self or to others, if there's disclosure of abuse or when in the physician's judgment, the adolescent's safety is in question.
4. Discuss the format of the consult: parent with adolescent for the medical history, the adolescent alone for the psychosocial assessment and adolescent with the parent for summary and plans.
5. Before starting the psychosocial interview, ask the adolescent if the parent/guardian has left the room and if the door is closed. Ask the adolescent to use earphones for the duration of the conversation.
6. If a physical examination is necessary, have a chaperone with the adolescent. The parent/guardian of the same sex is preferred. Explain what you plan to inspect or observe. Have the adolescent expose only the area that will be inspected. Until further guidelines are available, it is prudent to defer the examination of private parts. Schedule a clinic consultation when a breast or genital is necessary to make a diagnosis.

3. After the Telemedicine Consultation
  - a. Summarize key points and ask for clarifications. Have the patient and parent/guardian repeat back what they understood.
  - b. Explain plan for laboratories and ancillaries.
  - c. Explain e-prescription instructions.
  - d. Schedule the next follow up consult.
  - e. Arrange for a face-to-face follow-up consultation, or give instructions to go to the nearest health facility in case of worsening symptoms or emergencies post-telemedicine consultation.
  - f. Ask if the patient was comfortable with the telemedicine set-up.
  - g. Give a clear sign to the patient that the consultation is coming to an end and provide an opportunity for the patient and guardian to finalize their queries.
  - h. Thank the patient and parent/guardian.
  - i. Once the consult has ended, the physician in charge may request the parent/guardian to end the call so that the physician-in-charge is assured that the parent/guardian does not have any more questions/concerns.
  - j. Complete the documentation.
  - k. Email the patient a password-protected file of a summary on what was discussed during the telemedicine consultation. A password-protected prescription can also be included, if applicable.
4. In cases of disconnection (due to system failure, loss of power, loss of connectivity)
  - a. Inform the parent/guardian that the physician-in-charge will be the one to call back should there be any connection interruptions.

- b. Provide a back-up plan (e.g. telephone access that can be used even if there is no internet connection available) which should be discussed at the start of the consult.
5. In cases of emergency (need to establish safety protocols)
- a. Specify again that teleconsultations are a non-crisis service.
  - b. Contact the *point person* identified pre-consult using the verified contact number in case when the adolescent's words or actions indicate danger to self or others.
  - c. Contact the emergency numbers (e.g. 911) nearest the location of the patient.
  - d. Remain available until emergency responders are able to evaluate and plan for the patient.

The telemedicine process flow is summarized in Figure 1.

Figure 1: Telemedicine Process Flow



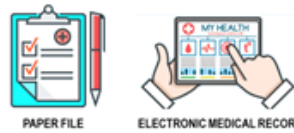
# Having the teleconsultation

12



Proceed with history taking and conducting the physical examination through the help of the parent or guardian

13



Document the teleconsultation in the same manner as a standard consultation.

# Closing the teleconsultation

14

Mga kailangang tandaan.....

1. ....
2. ....
3. ....

Summarize the key points of the teleconsultation.

15

Mayroon po ba kayong tanong o bagay na dapat ulitin?

Ask the patient if there is anything that needs clarification.

16



Ask if the patient is satisfied with the teleconsultation.

17



Inform the patient that the teleconsultation has ended, say goodbye and request the patient to end the call.

# After the teleconsultation

18



Send by email the summary of the consult and the instructions. If needed, email also the referral letters, electronic prescription or laboratory requests.

## **F. DEVELOPMENT OF QUALITY AND CLINICAL OUTCOME INDICATORS**

1. Ask for parent, patient and provider feedback after consult in terms of:
  - a. Satisfaction Ratings
    - (1) Technical aspect of care
      - Video quality
      - Sound quality
      - Privacy
    - (2) Clinical aspect of care
      - Patient's ability to understand and have confidence in the provider
      - If the family would return
      - Is it comparable to an in-person appointment (include adolescent's own satisfaction)
      - Referring clinician perceives greater ease in management and improvement of patient functioning
  - b. Clinical outcome indicators (efficacy data)
    - (1) Scales
    - (2) Functional assessment
2. Establish an evidence base and quality improvement guidelines which will ensure best practices and inform future guidelines.

## CHAPTER III: GUIDELINES FOR HISTORY TAKING AND PHYSICAL EXAMINATION

### A. HISTORY TAKING

As specified in the PPS Code of Ethics, history taking shall be done in the conventional way of listening to the chief complaint, taking of the history of the patient’s illness, review of systems, birth and maternal history, nutritional history, developmental and psychosocial history, past medical history, immunizations, family history, medications and other relevant information which may aid in the diagnosis of the patient’s condition. The pediatrician may also utilize standardized forms used by the institution that the parent can fill up prior to the consultation. These forms should include the different parts of the history that the parent or guardian can accomplish online. These forms can already be reviewed prior to the consult and clarified during the consultation.

### B. PHYSICAL EXAMINATION

1. The PPS Code of Ethics also provides the basic principles for a physical examination. These are the basic principles:
  - a. Information gathered in a traditional way of doing a face-to-face physical examination shall as much as possible be gathered through on-line “physical examination” of the patient with the help of the parent or guardian.
  - b. A parent or guardian should be present to assist the Pediatrician in performing the physical examination and in obtaining anthropometric measurements and vital signs.
  - c. During the physical examination of an adolescent, the Pediatrician should request the presence of a third person of the adolescent’s choice.
  
2. General Guidelines

**Table 3: Virtual Examination Checklist**

Before the physical exam	
	Ensure patient’s comfort and privacy
	Explain that video consultation is not recorded, cannot be posted or forwarded
	Ensure the best possible video experience
During the physical exam	
	Describe what you plan to do

	Acknowledge discomfort or awkwardness of the virtual exam
	Engage and encourage cooperation from patient and parent/guardian
	Give clear instructions to patient and parent/guardian
	Clarify frequently. Ask if the parent understands the instructions.
	Observe closely
<b>After the physical exam</b>	
	Summarize the observations during the exam
	Allow the patient and parent/guardian to clarify as needed
	Advise the need for face-to-face consultation if the video exam is not adequate

### 3. How to take the Anthropometric Measurements

The Anthropometric measurements can be obtained prior to the teleconsultation with the help of the parent or guardian. The infographic on how to take measurements can be provided in advance. The parent or guardian can be requested to take down the measurements obtained. If the parent or guardian is unable to obtain the anthropometric measurements, the physician may provide the step by step procedure on how to obtain these during the teleconsultation.

**Table 3: How to Take Anthropometric Measurements** <sup>10,11,12,13</sup>

<b>Anthropometric Measurement</b>	<b>Equipment</b>	<b>Procedure for the Parent at Home</b>
Weight <sup>10,12</sup>	Weighing Scale	<p>For children who will stand on the weighing scale:</p> <ul style="list-style-type: none"> <li>• With the child lightly clothed, the child should stand on the weighing scale for a few seconds until the weight in kilograms is obtained.</li> </ul> <p>For children who cannot or will not stand on the weighing scale:</p> <ul style="list-style-type: none"> <li>• With the parent carrying the child, the parent should stand on the weighing scale to obtain a joint weight in kilograms. The parent then hands the child to a caregiver and proceeds to get his own weight. The parent's weight is now subtracted from the joint weight and this is the weight of the child in kilograms.</li> </ul>

<p>Recumbent Length<sup>11,12</sup> (for children &lt; 2 year old)<sup>12</sup></p>	<p>Tape Measure</p>	<p>Lay down the tape measure flat (with the centimeter side facing up) on a firm surface beside a wall or a firm headboard. With one end of the tape measure, the one with zero (0) mark secured near the wall or headboard, the tape measure is laid out and secured on the other end. Place the child on top of the tape measure with the top of the head in contact with the wall or headboard. Align the child's legs by placing one hand gently but with mild pressure over the knees. The parent then places a firm board (e.g. hard bound book) to rest firmly at the child's heels. The toes must point directly upward with both soles of the feet flexed perpendicular against the firm board. Ask the parent to note the measurement in centimeters where the heels of the feet rest and record.</p>
<p>Height<sup>10,12</sup> (for children 2 years old and older)<sup>12</sup></p>	<p>Tape Measure</p>	<p>The tape measure can be taped on a wall, vertically straight, with the centimeter side facing out and with the zero (0) mark on the floor. On bare feet, the child should stand with his heels together and with weight evenly distributed. The child should be positioned with the back on the wall where the tape measure was placed. The shoulder blades, buttocks and heels should be touching the wall. Place a flat hard material like a wooden ruler or hard bound book on the top of the head and get the corresponding measurement and record.</p>
<p>Head Circumference<sup>11,13</sup> (0-3 year old)<sup>13</sup></p>	<p>Tape Measure</p>	<p>Measure head circumference by placing the tape measure above the eyebrows, above the ears, and over the occipital prominence. Tighten the measuring tape until there is a snug fit. Record the measurement obtained in centimeters.</p>



**Figure 2: English Infographic for Parents: How to take Anthropometric Measurements and things to prepare (Illustrations for PPS by Philip Honrado)**



**Philippine Pediatric Society**

**GETTING MEASUREMENTS FOR THE TELECONSULTATION**

**Prepare the weighing scale and tape measure**




---

**Getting the weight in kilograms of infants and children who cannot or do not want to stand on the weighing scale**

**STEP 1**  
Get the weight of the parent and child



**STEP 2**  
Get the weight of the parent



**STEP 3**  
Subtract the weight of the parent from the joint weight

*Reminder: The child should have light clothing*

---

**Getting the weight in kilograms of children who can stand on the weighing scale**

**Ask the child to stand on the weighing scale for a few seconds and get the weight in kilograms**

*Reminder: The child should have light clothing*




---

**Getting the length in centimeters for children less than 2 years old**



1. Secure the tape measure on a flat surface
2. The zero of the tape measure should be placed near the headboard or wall
3. Position the child beside the tape measure with the head and knees straight
4. Place a board or hardbound book on the soles of the feet
5. Take the measurement

---

**Getting the height in centimeters for children 2 years old and older**

**STEP 1**  
Paste the tape measure on the wall

**STEP 2**  
Have the child stand without shoes with his heels, back and shoulder blades touching the wall



**STEP 3**  
Place a flat board or hard bound book on top of the head of the child and get the measurement



---

**Getting the head circumference in centimeters (for children 0-3 years old)**



Place tape measure above the ear

Place tape measure above the eyebrows

---

**THINGS TO PREPARE FOR THE TELECONSULTATION**

**1. Thermometer (any of the following kinds of thermometer can be used)**



Armpit thermometer



Ear thermometer




Infrared thermometer

**2. Penlight or flashlight**





**Figure 3: Filipino Infographic for Parents: How to take Anthropometric Measurements and things to prepare (Illustrations for PPS by Philip Honrado)**



**Philippine Pediatric Society**


**PAGKUHA NG MGA SUKAT PARA SA TELECONSULTATION**

**Ihanda ang timbangan at medida**




**Pagkuha ng timbang sa kilo/kilogramo ng mga sanggol at mga bata na hindi kaya o ayaw tumayo sa timbangan**

**UNA**  
Kunin ang timbang ng magulang at bata



**PANGALAWA**  
Kunin ang timbang ng magulang




**PANGATLO**  
Ibawas ang timbang ng magulang sa magkasamang timbang ng magulang at bata

*Paalala: Ang bata ay dapat nakasuot ng magaan na damit*

**Pagkuha ng timbang sa kilo/kilogramo ng mga bata na kayang tumayo sa timbangan**


**Patayuin ang bata sa timbangan ng ilang segundo at kunin ang timbang sa kilo/kilogramo**

*Paalala: Ang bata ay dapat nakasuot ng magaan na damit*



**Pagkuha ng haba (sentimetro) para sa mga bata na may edad na mas mababa sa 2 taong gulang**

**Ulunan ng kama o dingding**



Ang zero (0) ng medida ay dapat nasa dingding o ulunan ng kama


**Medida sa matigas na patungan**

1. Idikit ang medida sa matigas na patungan
2. Ang zero (0) ng medida ay ilagay sa dingding o ulunan ng kama
3. Ilagay ang bata sa tabi ng medida. Ang ulo at tuhod ay ituwid.
4. Ilapat ang tabla o matigas na libro sa talampakan
5. Kunin ang sukat


**Pagkuha ng taas sa sentimetro para sa mga bata edad 2 taong gulang pataas**

**UNA**  
Idikit ang medida sa dingding


**PANGALAWA**  
Patayuin ang bata ng walang sapatos, isandal sa dingding at ilapat sa dingding ang sakong at likod.



**PANGATLO**  
Maglagay ng tabla o matigas na libro sa ibabaw ng ulo ng bata at kuharin ang taas



**Pagkuha ng sukat ng ulo sa sentimetro (para sa mga bata 0 hanggang 3 taong gulang)**




**Ilagay ang medida sa itaas ng tenga**


**Ilagay ang medida sa itaas ng kilay**

**IHANDA ANG MGA BAGAY NA ITO PARA SA TELECONSULTATION**


**1. Thermometer**  
(alinman sa mga uri ng thermometer na nakalarawan ay maaaring gamitin)



**Armpit thermometer**  
Para sa kilikili




**Ear thermometer**  
Para sa tenga



**Infrared thermometer**  
Para sa zool

**2. Lente**



#### 4. How to Take the Vital Signs

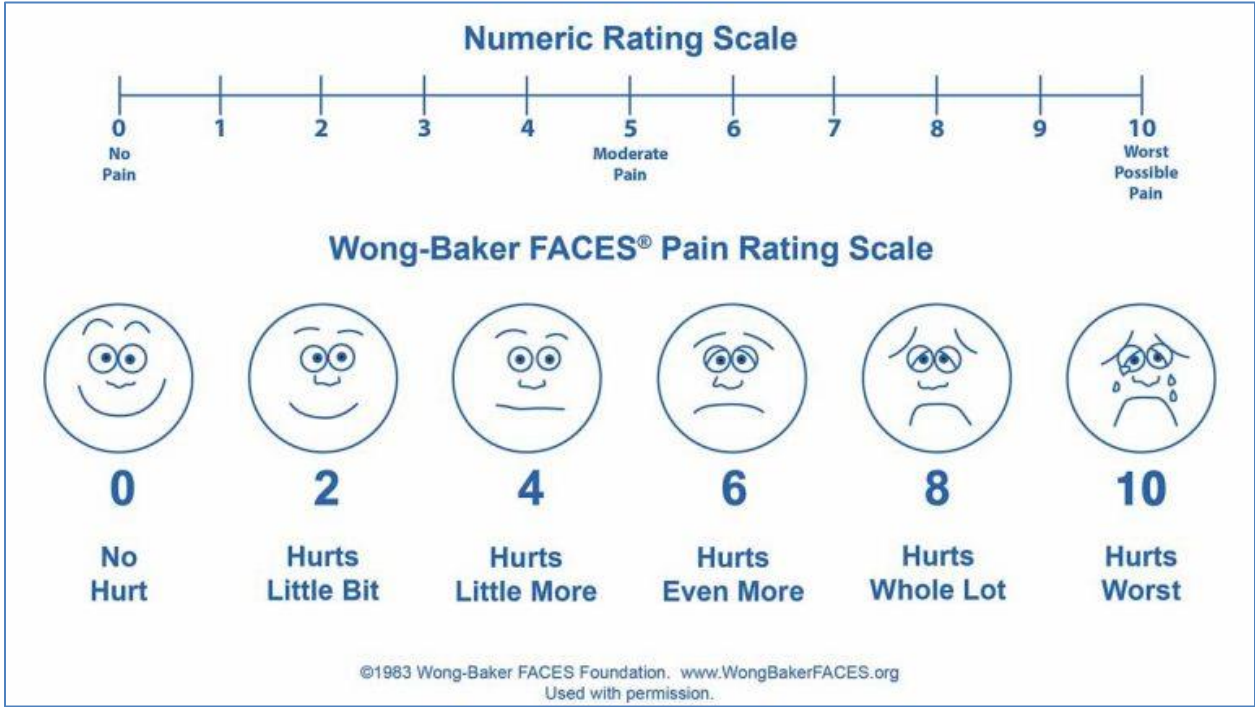
The vital signs can be obtained with the help of the parent or guardian. The measurements can be obtained before the teleconsultation if there is a household member capable of taking these measurements. Alternatively, the measurements can be obtained during the teleconsultation with the physician guiding the parent or guardian through the step by step procedure on how to obtain these measurements.

**Table 4: How to take Vital Signs**

<b>Vital Sign</b>	<b>Procedure</b>
<b>Temperature</b>	Instruct the guardian how to use any of the following thermometers: <ul style="list-style-type: none"><li>• Ear thermometer</li><li>• Digital thermometer for the armpit</li><li>• Infrared thermometer (for the forehead)</li></ul> The reading on the thermometer may be shown on camera for verification.
<b>Respiratory Rate</b>	Instruct the parent or guardian to bring the child close to the camera. With the shirt of the child pulled up for a clear view of the chest, the physician can proceed to count the respirations for a minute.
<b>Pulse Rate</b>	Demonstrate to the parent or guardian how to palpate the radial pulse. Instruct the parent or guardian to count the pulse while the physician keeps time. Once the pulse is located, ask the parent or guardian to start counting while the physician looks at the watch. After a minute, the physician asks the parent to stop counting and to reveal the count.
<b>Pain</b>	Pain can be assessed by using an appropriate pain scale (Figure 4). From 3 years old, the Wong Baker Faces Pain Scale <sup>14</sup> may be used. For 5 year old children and above who can count, the Numeric Rating Scale can also be used. These scales can be shown on the video or shared via screen share and the child can indicate or point to the appropriate figure or number.
<b>Oxygen saturation</b>	If the parent has a portable pulse oximeter, request the parent to place the device over the finger or thumb. After a few seconds or when the device is ready, request the parent to read or show the value displayed on the device.
<b>Blood Pressure</b>	If there is an available blood pressure apparatus with the appropriate cuff size, the blood pressure can be obtained. Either a digital portable blood pressure apparatus or a sphygmomanometer can be used. The sphygmomanometer can only be used if there is a person in the home capable of using the equipment. Note: If the blood pressure is required because of the patient's

	condition and there is no available apparatus and personnel knowledgeable on how to obtain the BP, the patient can be brought to a facility that can obtain the blood pressure.
--	---

**Figure 4: Pain Scales<sup>14</sup>**



**5. Telemedicine Physical Examination**

Performing a physical examination via telemedicine can be particularly challenging specially if the assessment tool like the stethoscope is not available in the home. With thoughtfulness, cooperation of the parent and child, adequate lighting and camera, the physician will be able perform the examination of the different organ systems.<sup>15</sup> Not all parts of the physical examination can be performed virtually and cannot replace an in-person examination. If the complaint is concerning, alternative means must be sought for the patient to be assessed urgently in-person.

**Table 5: Telemedicine Physical Examination<sup>15</sup>**

Organ System/ Parts of the PE	Telemedicine Physical Examination
<b>Inspection</b>	Looking can gather much information
<b>General Survey</b>	<ul style="list-style-type: none"> <li>• Checking on appearance, tone, activity, sensorium, nutritional status, hydration</li> <li>• Ill or well appearing, comfortable, fatigued, attentive or distracted</li> </ul>

<b>Observe</b>	environment, interaction of parent and child, demeanor of parent/child
<b>Skin</b>	<ul style="list-style-type: none"> <li>• color, presence, type and distribution of rashes, petechiae, bruises (ask parent to send pictures of rashes), ulcers, cracking, fissures</li> <li>• cyanotic, diaphoretic</li> <li>• skin turgor</li> </ul>
<b>Head</b>	size, shape, deformities, unusual facies
<b>Eyes</b>	jaundice, redness, discharges, “allergic shiners” strabismus, extra-ocular muscle movement
<b>Nose and sinuses</b>	External appearance of the nose (scars, lesions or masses), flaring, nasal discharges, “allergic salute” Pain or tenderness when parent palpates the sinuses
<b>Mouth</b>	<ul style="list-style-type: none"> <li>• Inspection of the lips (dry, moist) color, teeth and gums, gross inspection of the throat (tonsillar enlargement or exudate), oropharynx presence of malformations, cleft palate.</li> <li>• Characterization of voice (hoarseness)</li> </ul>
<b>Ears</b>	External appearance of ears (scars, lesions or masses), visible discharges and pain on tagging the tragus
<b>Face</b>	Appearance of the face (symmetric, appropriate movement of the mouth, no drooling or labial flattening, ability to raise eyebrow, frown/smile, close eyes, show upper and lower teeth, puff out cheeks)
<b>Neck</b>	External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention goiter, masses, and use of accessory muscles)
<b>Chest and Lungs</b>	<ul style="list-style-type: none"> <li>• Inspection of the breast (symmetry, nipple discharge)</li> <li>• Presence of deformities, symmetrical chest wall movement</li> <li>• Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentence or limited due to shortness of breath)</li> <li>• Audible wheezing, stridor or grunting</li> <li>• Presence and nature of cough (frequent, occasional, dry or coarse).</li> <li>• <b>Breathing Patterns:</b> tachypnea, hyperpnea, hypopnea periodic breathing, Cheyne-Stokes</li> <li>• Chest wall or costochondral tenderness with palpation of the parent or guardian</li> </ul>
<b>Heart</b>	precordium (dynamic)
<b>Abdomen</b>	shape, distension, scars, visible veins, discoloration, have parent palpate on different quadrants, pain on jumping and coughing
<b>Genitals</b>	testes descended, enlarged scrotum, inguinal masses, ambiguous genitalia, discharges, lesions

<b>Musculoskeletal</b>	<ul style="list-style-type: none"> <li>• Examination of the gait and station</li> <li>• Inspection of digital and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, petechiae, pallor)</li> <li>• Capillary refill time is obtained by asking the parent to apply moderate pressure on the finger of the patient for 5 seconds. The return to normal color is observed and timed in seconds.</li> <li>• Extremity exam may include: <ul style="list-style-type: none"> <li>○ Alignment, symmetry, defects, tenderness on palpation of the parent or guardian</li> <li>○ Range of motion, pain, contracture</li> <li>○ Joint swelling</li> <li>○ Muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movement</li> <li>○ Presence and nature of edema</li> </ul> </li> </ul>
<b>Palpation</b>	Parent can be asked to: <ul style="list-style-type: none"> <li>• Do the maneuver to determine the CRT</li> <li>• Palpate the abdomen while observing the reaction of the child</li> <li>• Elicit the costovertebral angle tenderness</li> </ul>

## 6. Instructional Guide For A Screening Virtual Neurological Examination For Children

The history is still the MOST important element of the neurological assessment. It will help determine which neuroanatomic circuit/s are involved (mental, motor , sensory) and guide the examiner in his/ her focused virtual neurological evaluation during the telemedicine consultation.

We reiterate that not all parts of the neurological examination can be performed virtually and cannot replace an in-person examination. If the complaint is concerning- alternative means must be sought for the patient to be assessed urgently in-person.

### General Requirements:

1. Patient if able to sit should sit on a chair in a well-lit room
2. Limit visual obstructions and distractions
3. Enough space to have the patient move away and closer to the camera and to be able to observe gait.
4. Adult companion should be present- preferably parents/ primary caregiver
5. Prepare the following materials: Pen light, tissue or cotton balls, toothpick, spoon

The Neurological Examination begins as the child sits in-front of the camera. Observe for age appropriate skills. Detailed cognitive testing is not covered by this guide and is

usually not required unless pertinent to the complaint. Asking about the grade level and performance will be sufficient.

**Table 6: Screening Virtual Neurological Examination for Children** <sup>16,17,18,19</sup>

Screening Virtual Neurological Examination for Children		
Mental Status	Level of sensorium: Able to maintain wakefulness and interact with environment Orientation: Where are you now? Who are you with? Day today? Language and Communication skills: able to follow commands with expressive language appropriate for age Attention, Behavior, Mood , Stream of thought Cognitive skills appropriate for age Memory: What did you eat for breakfast? Visuospatial skills- Draw a Person test for children 3-15 years	
Cranial Nerve	CN I Olfactory	Not routine Test face to face if with history of trauma or anosmia by history
	CN II Vision	Acuity: Make sure to test one eye at a time Dazzle response for infants- blinks to bright light, Identification of objects by children or ask child to read a text from a book, Identify colors Pupillary response for CN II and III- Note size, shape and reactivity of pupils
	CN III, IV, VI Eye Movements	Observe for ptosis, position of eyes at rest Conjugate eye movements on visual tracking or on command (9 cardinal positions of gaze) Note for nystagmus
	CN V Motor Muscles of Mastication	Note for jaw deviation as child opens and closes mouth/bites
	CN V Sensory Facial sensation	Test 3 branches ophthalmic , maxillary and mandibular branches
	CN VII Facial Expression	Observe Facial asymmetry Check frontalis muscle and Orbicularis oculi muscles Ask patient to smile – check nasolabial fold
	CN VIII Hearing	Finger rub, ballpen click on both sides with the eyes closed. If with asymmetry- needs face to face testing with Weber and Rinne
	CN IX, X Swallowing and phonation	Note position of uvula at rest and palatal elevation during phonation Voice quality Coordination in swallowing – mas ask the child to

		drink
	CN XI Head turning and shrugging of shoulders	Note movements of head side to side and bulk of sternocleidomastoid muscles Shrug shoulders
	CN XII Tongue movements	Note atrophy, Fasciculations Position of tongue at rest Note deviation on protrusion
Motor	Assess: gait and station, symmetry of muscle bulk and movement Normal gait- narrow base, symmetrical arm swing and a heel -led stride Note for abnormal movements- tremors, dystonia, chorea Assess for pronator drift Functional maneuvers: Ask patient to stand from a sitting position, walk on heels and toes *Utilize Age appropriate gross and fine motor skills	
Sensory	As a general screen just compare light touch (cotton tip) and/ or pin prick (using a toothpick) may test fingers and toes and areas with subjective complaints Temperature can be assessed using a spoon For posterior cord function do the Romberg's Test (proprioception)	
Coordination	Observe gait and general condition during activities like reaching for toys, playing video games Older children can do Finger to Nose test and Heel to shin test Bradykinesia noted with finger tapping or opening and closing of fists Tandem gait can be performed well by 6 years of age	
Meningeal signs	Ask child to try and touch the chest with the chin with mouth closed by flexing the neck. Note for limitation in flexion and pain	



## REFERENCES:

1. Department of Health-University of the Philippines Manila Joint Memorandum Circular No. 2020-0001. Telemedicine Practice Guidelines. June 2020.
2. Republic Act 10173: Data Privacy Act of 2012. Available from: <https://www.privacy.gov.ph/data-privacy-act/>
3. Republic Act No. 2382 (The Medical Act of 1959) available from: [https://lawphil.net/statutes/repacts/ra1959/ra\\_2382\\_1959.html](https://lawphil.net/statutes/repacts/ra1959/ra_2382_1959.html)
4. Philippine Medical Association. Code of Ethics of the Medical Profession. Available from: <https://www.philippinemedicalassociation.org/wp-content/uploads/2017/10/FINAL-PMA-CODEOFETHICS2008.pdf>
5. FDA Philippines. Guidelines in the implementation and use of electronic means of prescription for drugs for the benefit of individuals vulnerable to COVID-19 (March 17, 2020). Available from: <https://www.fda.gov.ph/wp-content/uploads/2020/03/FDA-Circular-No.-2020-007.pdf>
6. FDA Philippines. Amendment to FDA Circular No 2020-007 entitled: Guidelines in the implementation and use of electronic means of prescription for drugs for the benefit of individuals vulnerable to COVID-19 (August 26, 2020). Available from: <https://www2.fda.gov.ph/attachments/article/688464/FDA%20Circular%20No.2020-007-A.pdf>
7. FDA Philippines. Further Amendment to FCA Circular No 2020-007 entitled: Guidelines in the implementation and use of electronic means of prescription for drugs for the benefit of individuals vulnerable to COVID-19 (September 22, 2020). Available from: <https://www.fda.gov.ph/wp-content/uploads/2020/09/FDA-Circular-No.2020-007-B.pdf>
8. American Telemedicine Association. Operating Procedures for Pediatric Telehealth. April 2017. Available from: <https://www.americantelemed.org/resources/operating-procedures-for-pediatric-telehealth/>
9. NSW Government Agency for Clinical Innovation. Telehealth in Practice. August 2019. Available from: [https://www.aci.health.nsw.gov.au/data/assets/pdf\\_file/0008/509480/ACI\\_0261\\_Telehealth\\_guidelines.pdf](https://www.aci.health.nsw.gov.au/data/assets/pdf_file/0008/509480/ACI_0261_Telehealth_guidelines.pdf)
10. Anthropometric measurements. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537315/>
11. National health and Nutrition Examination Survey, Anthropometry Procedures Manual. Available from: [https://www.cdc.gov/nchs/data/nhanes/nhanes\\_09\\_10/BodyMeasures\\_09.pdf](https://www.cdc.gov/nchs/data/nhanes/nhanes_09_10/BodyMeasures_09.pdf)

12. WHO. Training Course on Child Growth Assessment. B. Measuring a Child's Growth. Available from:  
[https://www.who.int/childgrowth/training/module\\_b\\_measuring\\_growth.pdf](https://www.who.int/childgrowth/training/module_b_measuring_growth.pdf)
13. Flaherty-Hewitt M. Nutrition and Growth Measurement Technique. Available from:  
<https://emedicine.medscape.com/article/1948024-technique>
14. Wong Baker Faces Pain Scale. Available from: <https://wongbakerfaces.org/>
15. Showalter, G. (2020, March 30). Telehealth Physical Exam. Loengard, A., Findley, J. (Eds.). <https://caravanhealth.com/>
16. Child Neurology Society. Pediatric Neurological Examination via Telemedicine. Available from: <https://www.childneurologysociety.org/docs/default-source/2020-cns-/pediatric-neuro-exam-via-telemedicine---may-2020-final.pdf>
17. Swaiman KF, Ashwal S. Swaiman's Pediatric Neurology Principles and Practice 6<sup>th</sup> edition 2018; 7-19
18. DeMyer WE. Technique of Neurological Examination 5<sup>th</sup> edition 2009
19. Hussona AH, Maher M, et al. The Virtual Neurologic Exam: Instructional Videos and Guidance for the Covid-19 Era . Can J Neurol Sci 2020;47:598-603

## APPENDIX A: SAMPLE CONSENT FORM (ENGLISH AND FILIPINO)

### CONSENT TO ONLINE MEDICAL CONSULTATION PAG SANG AYON SA ONLINE MEDICAL CONSULTATION

The undersigned hereby agrees to an online medical virtual consultation or telemedicine consultation with DR. \_\_\_\_\_ under the following terms and conditions:

Ang may lagda ay sumasang-ayon sa isang medical virtual consultation/telemedicine kay Dr. \_\_\_\_\_ ayon sa mga sumusunod na mga kondisyon at panuntunan:

1. I understand that online medical virtual consultation or telemedicine consultation is not a substitute for a regular or face-to-face consultation at the out out-patient clinic due to its inherent limitations, like, among others, the inadequacy of physical examinations, and/or lack of access to medical tools and difference between the accuracy of treatment using photographs/videos as compared to face-to-face clinical assessment and/or physical presence in the clinic setting.

Nauunawaan ko na ang online medical virtual consultaion o telemedicine ay hindi kapalit nang isang regular o face to face consultation sa mga klinika o ospital. Ito ay may kaukulang limitasyon, tulad ng kakulangan sa pisikal na pag susuri at kakulangan ng kagamitan sa pagsusuri. Maari rin na magkaron ng pagkakaiba sa kawastuhan ng gamutan gamit ang mga larawan na nakuha online kung ihahalintulad sa face-to-face na pagsusuri.

2. Dr. \_\_\_\_\_ has fully explained to me how telemedicine consultation may affect such consultation and the accuracy of the advice, given the system's limitations and imperfections.

Naipaliwanag sa akin ng lubos ni Dr. \_\_\_\_\_ ang proseso ng telemedicine at ang mga limitasyon nito. Naipaliwag rin kung paano makakapekto ang limitasyon ng proseso ng telemedicine sa kawastuhan ng konsulta at mga payo.

3. Dr. \_\_\_\_\_ can discontinue the telemedicine consultation if it is felt that the video-conference connections are not adequate for the situation, and or continuation thereof may not be to the best interest of the parties.

Maaring hindi ipagpatuloy ni Dr. \_\_\_\_\_ ang telemedicine kung hindi ito magiging sapat upang suriin ang kondisyon ng pasyente. Ang konsultasyon ay maaring ipag-paliban kung ito ay mas makakabuti sa interes ng pasyente at ng doktor.

4. I understand that there is no guarantee that this telemedicine consultation will eliminate the need for me to see Dr. \_\_\_\_\_ or any doctor in person. Accordingly, I shall not hold Dr. \_\_\_\_\_ and his/her medical staff liable for any incomplete or inadequate treatment/management and or misdiagnosis if the same was a result of my having withheld any material information or due to inherent limitations of this telemedicine consultation, and other unforeseen and unavoidable circumstances.

Nauunawaan ko na walang katiyakan sa telemedicine consultation na maalis ang pangangailangan na makipagkita ako kay Doktor \_\_\_\_\_ o sa iba pang doktor ng personal. Dahil

dito, walang pananagutan si Dr. \_\_\_\_\_ at ang kanyang mga kasamahan para sa kakulangan ng gamutan o kawastuhan ng diyagnosis lalo na kung ito ay dulot ng kakulangan sa ibinigay na impormasyon, limitasyon ng telemedicine o anumang hindi inaasahan na pagkakataon.

5. I hereby certify that I freely, knowingly, and voluntarily give my consent to Dr. \_\_\_\_\_ to obtain, collect, examine, process, and store copies of any personal information, including sensitive personal and medical data, privileged information and medical records pertaining to me or the patient hereunder named.

Nauunawaan at kusang loob kong ibinibigay ang aking pahintulot kay Dr. \_\_\_\_\_, upang mangalap, kunin at suriin ang mga personal na impormasyon, tulad ng medical na datos, maging ang mga sensitibong kaalaman tungkol sa nakalagda at sa pasyenteng nakatala.

6. Any information obtained relative to the authority herein given shall be treated with utmost confidentiality in accordance with our Data Privacy Law (R.A. No. 10173) and other applicable laws. I agree not to record in video or audio or share with others the details of the teleconsultation in compliance with the Data Privacy Law (R.A. No. 10173).

Anumang impormasyon na naitala ay mananatiling lihim/kumpidensyal ayon sa Data Privacy Law (R.A No. 10173) at iba pang umiiral na batas. Pumapayag akong hindi i-record sa anyo ng video o audio gayon din ang pagbabahagi sa iba ng mga detalye tungkol sa aking konsultasyon bilang pagtugon sa Data Privacy Law (R.A. No. 10173).

7. I fully understand that Dr. \_\_\_\_\_ and his/her medical staff involved in the teleconsultation are entitled to a reasonable compensation which shall be settled in the most expeditious and judicious manner.

Nauunawan ko na si Dr. \_\_\_\_\_ maging ang kanyang mga kasamahan sa teleconsultation ay nararapat sa kaukulang kompensasyon sa madaling panahon at patas na paraan.

8. All the information I submitted/disclosed to Dr. \_\_\_\_\_ or his/her medical staff is true and correct to the best of my knowledge and belief, and I hereby freely and voluntarily affix my consent and conformity to this agreement.

Lahat ng impormasyon na aking isinumite/isiniwalat kay Dr. \_\_\_\_\_ at sa kanyang mga kasamahan ay tunay at wasto ayon sa aking kaalaman at paniniwala. Kusang loob ko na inilalagda ang aking pahintulot alinsunod sa mga kasunduan na nabanggit.

\_\_\_\_\_ 2020.  
Petsa

\_\_\_\_\_  
Name of Patient/Pangalan ng Pasyente

\_\_\_\_\_  
Signature of Patient/Guardian  
Lagda ng Magulang

Conforme: \_\_\_\_\_  
Signature of Patient (if Adolescent)  
Lagda ng Pasyente