

Telehealth Otolaryngology Presenting Procedure

1. SCOPE

- 1.1. MCHS Telepresenter
- 1.2. Facilities and departments included in the scope listed above are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Abbreviations
 - MCHS: Marshfield Clinic Health System
- 2.2. Definitions
 - Edema: swelling caused by fluid in the body's tissues
 - Erythema: any abnormal redness of the skin
 - External Auditory Meatus: the passage leading into the ear
 - Exudate: fluid that leaks out of blood vessels into nearby tissues
 - Pinna: the external part of the ear
 - Standing Order: Documentation of authorization of a delegated medical act
 - Steri-strips (Also known as butterfly closures and butterfly stitches): Adhesive tape to hold the superficial part of an incision together during healing
 - Telehealth Provider: MD, DO, PA or NP who is available during the visit via video
 - Tonsillar pillars: The anterior and posterior borders of the tonsillar fossa. They are composed of muscle tissue
 - Tragus: a prominence on the inner side of the external ear, in front of and partly closing the passage to the organs of hearing
 - Uvula: a fleshy extension at the back of the soft palate which hangs above the throat

PROCEDURE

3. PROCEDURE BODY

Purpose Statement: All clinical staff responsible for the presenting of patients to Otolaryngology Services or any provider who may need a component of an otolaryngology history or physical exam shall be proficient in providing otolaryngology exam data via Telehealth technologies and be appropriately trained while working within scope of practice.

3.1. Pre-Consult Preparation

- a. [Telehealth Core Presenting Procedure](#)
- b. Vital Signs: Be sure to select the appropriate provider and the necessary package that coincides with the visit. Vital signs should be obtained **prior** to any wound assessment.
 - Weight
 - Blood Pressure
 - Pulse
 - Temperature
 - Oxygen Saturation
- c. Assessment of Incision and Staple/Suture/Steri-strip removal. LPN or RN must work within scope of practice.
 - See [Telehealth Post-Op Wound Care Standing Order](#)
 - Telehealth provider must perform visual assessment of surgical site for LPN and communicate assessment findings before LPN can remove butterfly adhesive strips, sutures, or staples.
 - RN to assess surgical site for approximation and signs/symptoms of infection prior to removal of butterfly adhesive strips, sutures, or staples. RN will consult telehealth provider if incision is not well approximated prior to removing butterfly adhesive strips, sutures, or staples.
 - See [Skin Suture Removal](#)
 - See [Skin Staple and Clip Removal](#)

3.2. Provider Directed Physical Exam

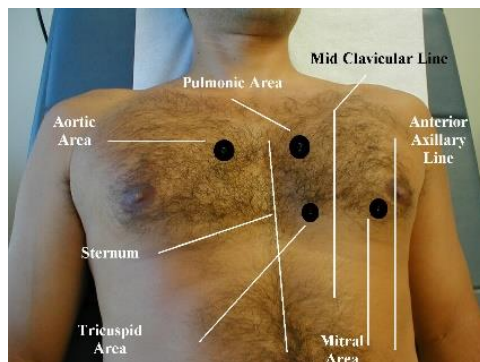
- a. **Wound/Incision Assessment**
 - Use the handheld camera to show provider the wound/incision
 - Be sure to note to provider any abnormalities such as:
 - Edema
 - Erythema
 - Drainage

b. Lung Assessment

- Position patient so his or her posterior side is to the room camera
- Place limited pressure with the digital stethoscope at the six posterior lung fields for two complete breaths or until prompted by provider to switch landmarks
- Begin with upper lobes of lung, moving the diaphragm of the stethoscope in a ladder-like pattern, from one side to the other. This will allow the provider to identify patterns of breath sounds and compare symmetric areas of the lungs
- Position patient with anterior side facing the room camera. Use the digital stethoscope to auscultate two anterior lung fields or until prompted by provider to switch landmarks.

c. Heart Assessment

- Position patient's anterior side to room camera and apply limited pressure to the digital stethoscope to auscultate in the four landmarks below:
 - Aortic valve
 - Pulmonic valve
 - Tricuspid valve
 - Mitral Valve/Point of Maximal Impulse (PMI)



- Watch the provider for cues to move to the next landmark

d. Ear Assessment

- Position the patient in an upright position, looking forward.
- Inspect the external ear
 - Size and shape – should be equal in size with no swelling or thickening
 - Skin condition – skin color should be consistent with the patient's facial skin color. The skin is intact with no lumps or lesions
 - Tenderness – lightly move the pinna and push on the tragus. They should feel firm and light movement should not cause pain
 - External Auditory Meatus – there should be no swelling, redness, or discharge to this area in which you will place the otoscope

Inspect with otoscope

- For use of the digital otoscopes, please refer to the otoscope user guides below coordinating with your otoscope model:

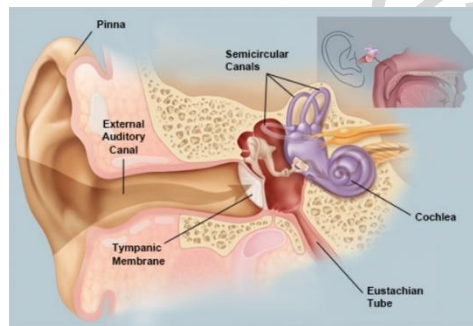
[Horus Scope Series 3](#)

[Horus Scope 2P](#)

[Horus Scope](#)

[Horus+ Scope EOC 100](#)

- Tilt the patient's head slightly away from you toward the opposite shoulder
- Pull the pinna up and back when working with an adult or older child



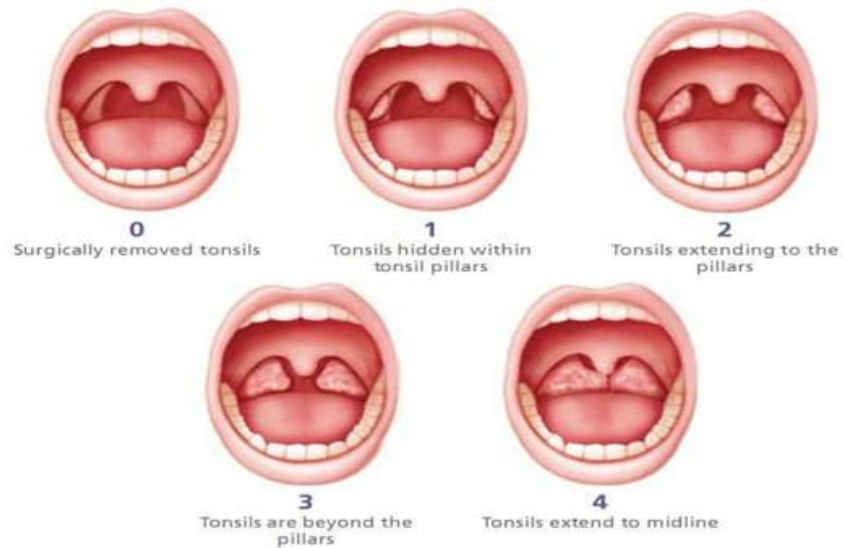
- When working with an infant or a child younger than three years, pull the pinna down
- Hold the pinna gently, but firmly and do not release traction until you have removed the otoscope and the examination is complete
- Insert the speculum slowly and carefully along the canal – avoid touching the inner bony section of the canal wall which is very sensitive to pain (if unable to see anything but the canal wall, try to reposition the patient's head, apply more traction to the pinna, or re-angle the otoscope)
- Once the otoscope is in place you may need to rotate it slightly to visualize the entire eardrum
- The eardrum, or tympanic membrane, is typically shiny and translucent with a pearly gray color. Note any redness, swelling, or drainage
- The eardrum should lie flat and slightly pulled at the center
- Inspect the eardrum in its entirety for any perforations and report any abnormalities to provider

e. Throat Assessment

Inspect the throat

- Observe the oval and rough shaped tonsils
- The color of the tonsils should be the same as the oral mucosa

- There should be no exudate on the tonsils
- Grading of the tonsils:
 - 0 Surgically removed tonsils
 - 1+ Tonsils hidden within tonsil pillars
 - 2+ Tonsils extending to the pillars
 - 3+ Touching the uvula/beyond the pillars
 - 4+ Touching one another/extending to the midline



3.3. Post Telehealth Visit Considerations

- a. See [Telehealth Core Presenting Document](#)

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4. ADDITIONAL RESOURCES

4.1. References:

- Lippincott Procedures: Skin Suture Removal
<https://procedures.lww.com/lmp/view.do?pld=3563531&hits=suture,sutures,suturing,sutured&a=true&ad=false>
- Lippincott Procedures: Skin staple and clip removal
<https://procedures.lww.com/lmp/view.do?pld=3563533&hits=removal,staple,staples&a=true&ad=false>
- Medline Plus: <https://medlineplus.gov/edema.html>
- Up to Date:
- https://www.uptodate.com/contents/the-pediatric-physical-examination-heent?search=tonsil%20grading&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2

4.2. Supporting documents available:

- [Telehealth Core Presenting Procedure](#)
- [Telehealth Post-Op Wound Care Standing Order](#)

PROCEDURE

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	New Document
2.0	
3.0	

6. DOCUMENT PROPERTIES

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Live

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