



Many settings. Multiple roles. One unifying specialty.

Telehealth Nursing Practice Essentials

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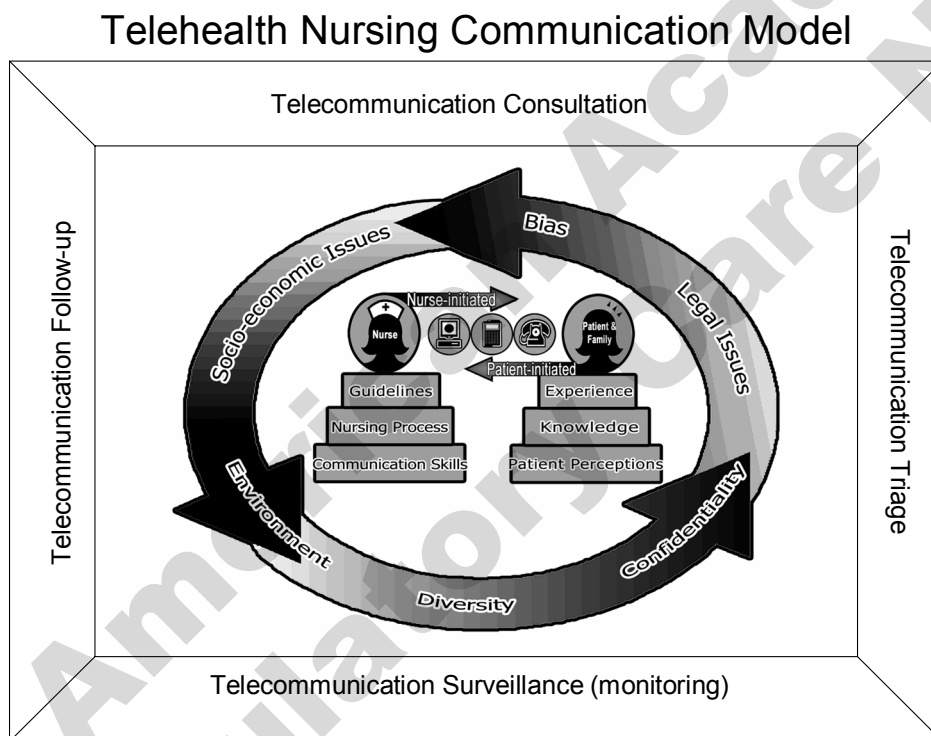


the nurse-patient encounter. Even though this is still a large part of the telehealth nursing role, it is now expected that the nurse also initiates outbound contact to the patient for consultation, follow-up care, and surveillance.

The Telehealth Nursing Communication (TNC) Model represents the nurse, the patient and family, and the exchange of information during the encounter. The contact may be initiated by either the nurse or the patient. The patient-initiated encounter to the nurse is usually to seek health information or advice, but it may also be a call for assistance with an appointment, prescription refill, or general information. The nurse-initiated encounter may be a consultation, a follow-up, or involve surveillance (monitoring).

The patient-initiated encounter to the nurse is usually to seek health information or advice, but it may also be a call for assistance with an appointment, prescription refill, or general information.

Figure 4-2.



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In Figure 4-2, both the nurse and the patient approach the encounter from different perspectives. The nurse is supported by the nursing process, communication skills, and guidelines used during the progression of the encounter. The care provided is supported by the nursing process (assessing,



The nurse must triage cautiously, and when in doubt, request that the patient be seen by a provider.

Frequent, chronic, or repeat callers. Callers who repeatedly contact the telehealth program may be ignored on the one occasion when they truly have a complaint, or the nurse may miss the progression of complaints due to familiarity with the caller.

Patients with recent surgery. Any patient who has undergone surgery in the last 4-8 weeks and is having symptoms should be referred to the surgeon or primary care provider. The old adage to "err on the side of caution" always takes priority over not contacting physicians during their off hours.

Calls that take less than 3 minutes or more than 10 minutes. If the assessment portion of a call takes more than 10 minutes, it's likely that the patient needs to be seen. If an assessment takes less than 3 minutes, the nurse and caller have not shared enough information to adequately assess symptoms and triage appropriately. By handling calls in this manner, nurses put themselves at risk (Espensen, 2000).

If the assessment portion of a call takes more than 10 minutes, it's likely that the patient needs to be seen. If an assessment takes less than 3 minutes, the nurse and caller have not shared enough information to adequately assess symptoms and triage appropriately.

TIPS & PEARLS

- ☞ The telehealth nurse is expected to maintain the same standard of care provided in face-to-face nursing while operating at a distance from the patient.
- ☞ The telehealth nurse must monitor developments to ensure appropriate scope of practice within the state(s) Nurse Practice Act, from which they are interacting with patients and national standards such as AACN's *Telehealth Nursing Practice Administration and Practice Standards*.
- ☞ Telehealth nurses must understand their liability. They can be named in a lawsuit involving an employer, or they may be the sole defendant in a lawsuit. Additionally, they may face disciplinary action for violating standards in state Nurse Practice Acts.
- ☞ The telehealth nurse has an implied agreement to provide care upon responding to a telehealth request (e.g., answering a call, responding to an email, or a taking part in a telemonitoring encounter).
- ☞ Develop and follow strategies to minimize liability before, during, and after an encounter.
- ☞ Develop and follow policies and procedures to manage risk.



Table 12-1.
Symptoms or Behaviors Specific to Child Abuse

Symptoms or Behaviors
<ul style="list-style-type: none"> • “Glove” or “stocking” burns on extremities, which may be indicative of dipping an extremity into a hot liquid. • Urinary discomfort in a young child. • Sudden aggressive or withdrawn behavior or hyper-sexualized behaviors. • Injuries inconsistent with the developmental abilities of the child. • Bruising, fractures, or injuries on the skin that do not match the description of how they occurred, especially if this is a frequent occurrence or the injuries are visible after days away from school. • Failure to thrive. • Sexually transmitted disease symptoms. • Fear or cringing when parents or adults are present. • Poor physical hygiene or clothing inappropriate for their size or the season of the weather.

Taking the Call

- ❖ **Be suspicious** if a child calls to discuss his/her own symptoms, especially injuries. Because they are afraid to disclose what is happening to them, teenagers will sometimes call under the guise of “a friend” who has the described problem.
- ❖ **Ask open-ended questions** like, “How did you burn yourself?” or “How did your child happen to burn himself?” Be careful not to insinuate that the caller caused the injury with statements like, “How did *you* burn your child?”
- ❖ **Refer the patient for a primary care provider visit.** Even if the symptoms are not otherwise indicative of a health care visit, a nurse who suspects possible child abuse should instruct the parent to have the child seen by a physician or midlevel provider. The child’s own primary care provider would be the preferable provider to evaluate the child’s condition/situation. If possible, discuss the situation with the provider prior to having the child examined. If the caller refuses to seek professional care for a potentially maltreated child, the telehealth nurse will need to follow the organization’s policy/protocol for reporting to Child Protective Services.
- ❖ **Consult an experienced co-worker or professional** if unsure or inexperienced in assessing child abuse. It can be extremely detrimental to a child and his/her family if a false report is turned in. On the other hand, it is essential to stop child abuse when it is occurring.

Even if the symptoms are not otherwise indicative of a health care visit, a nurse who suspects possible child abuse should instruct the parent to have the child seen by a physician or midlevel provider.