

Remote consulting

How do to it

When using technology, find out the most convenient method for you and the client that is appropriate for the requirements. Live video calls are not always the answer, it can be more effective to ask the client to send you some photographs (via WhatsApp, email or text) and then follow this up with a phone consult. Where you are corresponding with a client via email, a pre-prepared questionnaire may be useful to gather additional information about the animal's general health that can be incorporated into the client records. If your client does send images, encourage them to send high quality, focused images if possible.

Where a video call is appropriate, specialist veterinary apps are not always necessary, particularly if they are new to you. It is better to use familiar tools such as Skype/FaceTime or Zoom and focus on the communications and discussion rather than the functionality of the technology.

Where possible use technology that records content for you and can be incorporated into the notes later. Accurate and detailed note keeping is even more critical as we manage unfamiliar work experiences and therefore photos, videos and chats, recorded via apps such as WhatsApp, can save you a lot of time when writing up the notes. Due to GDPR you should be careful not to record any human medical information. *Always make clients aware if you are recording a consultation and saving a copy of it.*

Consider a second triage phone call a few hours later, or calling an experienced

colleague or referral specialist if you are unsure how to proceed. Ensure you communicate as clearly and patiently as possible – owners may not be used to providing information or making decisions in this way. Avoid using too many technical terms.

What to ask

Your aim is to decide whether this animal needs to be seen for a consultation or can be managed remotely. Take as much time as you need by phone and/or video to get a complete and accurate history of severity and chronicity. Thinking through problem and differential lists will help you decide whether you need to see a case in the clinic. Very few cases will suffer adversely for you taking those extra few minutes. Guidance on potential urgent emergencies is provided in the **BSAVA Triage Tool**.

From a veterinary skills perspective, history taking will need to be more through than in a face-to-face consult. You also need to ensure you ask much broader questions to compensate for the aspects you might ordinarily pick up in a physical exam that the client has not considered important.

Remember to focus on your priorities, taking a good clinical history and drilling into information shared by the client through further questioning.

Clearly document all your decisions and ensure consent is as informed as possible (see **BSAVA consent guide**). Remember to prioritise public health.

This guidance should be read in conjunction with RCVS guidance and the accompanying flowcharts and documentation. It is effective from 21st April 2020 for the next 2 weeks and on a rolling 2 week basis thereafter. All the advice is intended as a guide to assist BSAVA members but it is not a replacement for professional judgement. The responsibility for clinical decisions resides solely with the attending veterinary surgeon. Created 28th April 2020.

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Specific history questions

- What is the pet's signalment age, neuter status, breed, vaccine history. For example, depending on whether the pet is young or elderly, it can have specific health issues.
- What is the problem? Is there more than one? Write a problem list, and include that in your clinical records.
- Is it a first-time problem or one the pet has had before? Does it relate to any diagnosed comorbidities or current medications?
- When was the pet last normal/how long has this problem been going on for? What was the first change that they noticed? Is it acute or chronic?
- Are the problems getting better, worse or staying the same? If improving, do you need to do anything?
- Can the owner think what might have happened to have precipitated this problem (e.g. change in management)? Is there relevant management history (e.g. outdoor access, number of animals in household, raw feeding)?
- If relevant, is there any risk of trauma, toxin or foreign body ingestion?
- If relevant, are other pets in the house affected?
- Have the owners given the pet any medications or remedies at home?
- Can they safely handle the pet to give you more specific information?
- How worried is the owner about their pet?
- Could they safely transport the pet to you if that was needed?
- What is the COVID-19 risk in this household and/or person bringing in the pet?
- Is the owner self-isolating because they are elderly (over 70s), vulnerable or shielding in line with UK Government Guidance?

Further specific questions are included in relevant problem sections of the **accompanying triage guide on differential diagnosis**. Use your findings to consider the major differential diagnoses for the problem(s) in this case and also to assess the logistics.

- What tests or treatment would make a difference?
- Is welfare compromised now, or will it be if left unattended?
- Does the pet need to be seen or can you post something/leave medications for the owner to collect?
- Could they administer those treatments to this pet in these circumstances?
- Is there an increased risk to you and your team?
- Discuss costs of likely scenarios.
- Document your decision-making in clinical records.

Finally, at the end of your notes on a telephone/video consultation, and in addition to ensuring you have recorded the time and date of the consult, you should add words to the effect of "In this case my clinical judgement was applied in the context of guidance in place relating to the COVID-19 pandemic".