



## Otolaryngology Clinical Telemedicine Consultations

Clinics for comprehensive otolaryngologic care including otology, head and neck oncology, facial trauma, nasal and sinus problems, sleep apnea, and laryngology. After consult, transcribed notes with assessment and/or recommendations are sent to primary care provider.

### ***Procedures requiring Nasopharyngoscopy***

<b><u>Clinical Condition</u></b>	<b><u>Tests prior to Consult</u></b>
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Allergies	RAST
Dysphagia	
Hoarseness	
Neck Mass (Adult-Scope)	
Nasal Obstruction	
Odynophasia	
Recurrent Epistaxis	
Recurrent Sinusitis	Limited sinus CT
Rhinitis	RAST
Sinus Headache	Limited sinus CT
Sleep Apnea	Sleep study
Snoring (sleep study if obstructive sleep apnea is a possible diagnosis)	
Otitis Media (nasopharyngoscopy needed in adults without a history of ear problems)	

### ***Procedures requiring Otoscopy\****

<b><u>Clinical Condition</u></b>	<b><u>Tests prior to Consult</u></b>
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Cholesteatoma Audiogram	
Otitis Media with Effusion ( <i>in children</i> )	
Tympanogram	
Chronic Tonsillitis	
Halitosis	
Hearing Loss Audiogram	
Perforation Audiogram	
Recurrent Otitis Media Tympanogram	
Recurrent Tonsillitis	

*\*Please have patient's ears cleaned up to 7 days prior to consult*

### ***Appointment Scheduling:***

#### **Nasopharyngoscopy**

New: 30 minutes  
F/U: 20 minutes

#### **Otoscopy**

New: 20 minutes  
F/U: 20 minutes

### ***Level of Presenter Required:***

Primary Care Provider for entire consult

### ***Video Equipment Required:***

Videoconferencing unit  
Video Nasopharyngoscope and/or Video  
Otoscope with camera and light source

### ***The following information must be received prior to scheduling an appointment:***

1. Telehealth Referral Request Form
2. Recent H&P and all applicable clinical information from patient's chart
3. Condition-specific tests as outlined

### ***The following must be received before the consult begins:***

1. Signed NCTP Acknowledgement of Receipt: Notice of Privacy Practices form (new patients only)
2. Documented verbal consent from patient for participation in telehealth consultation.