Pediatric CARDIOLOGY Clinical Telehealth Consultations

The following is a listing of clinical conditions appropriate for clinical telehealth consultations for pediatric cardiology. If you would like to refer a patient with a condition that is not listed below, please send your request along with the patient’s chart notes to the telehealth coordinator for the specialist’s consideration.

**Clinical Conditions**
- Murmurs
- Suspected heart disease
- Hypertension
- Syncope
- Chest pain
- Concern for arrhythmias
- ECG interpretation
- Post-operative follow-up
- Other cardiac concerns not listed

**In addition to 4-Limb BPs, Vitals, the following if available:**

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Test/Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG interpretations</td>
<td>EKG</td>
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<tr>
<td>Murmurs</td>
<td>EKG</td>
</tr>
<tr>
<td>Chest pain syndromes:</td>
<td>EKG</td>
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<tr>
<td>Arrhythmias:</td>
<td>EKG</td>
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<tr>
<td>Hypertension</td>
<td>EKG</td>
</tr>
<tr>
<td>Syncope</td>
<td>EKG</td>
</tr>
</tbody>
</table>

An echocardiogram may not be necessary

**Consultants:**
- Stuart Berger, MD
- Jonathan Dayan, MD
- Jeanny Park, MD
- Mark Parrish, MD, MPH
- Andrew Pelech, MD
- Jeff VanGundy, MD
- Jay Yeh, MD

**Appointment Scheduling:**
- New: 40 minutes
- F/U: 20 minutes

**Level of Presenter Required:**
May include a brief introduction from the primary care provider when appropriate

**Video Equipment Required:**
1. Videoconferencing unit
2. General patient exam camera

**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. If available, test results from any of the clinical conditions

**The following must be received before the consult begins:**
1. Signed [UCDHS Acknowledgement of Receipt: Notice of Privacy Practices form](#) (new patients only)
2. Documented verbal consent from patient for participation in telehealth consultation

UCDHS Clinical Telehealth Program
Toll Free: (877) 430-5332
Referral Fax: (866) 622-5944