The following is a listing of clinical conditions appropriate for clinical telehealth consultations for pediatric pulmonary and sleep medicine. 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 (Children > 6 Months)**

- Asthma
- Persistent/Recurrent cough
- Difficulty breathing
- Noisy breathing
- Cystic Fibrosis (or suspected)
- Suspected obstructive sleep apnea
- Excessive daytime sleepiness
- Insomnia
- Parasomnia (sleep walking, night terror, dream enactment behaviors)
- Suspected respiratory allergies

**In addition to vitals and oxygen saturation, the following clinical information may be beneficial:**

<table>
<thead>
<tr>
<th>Clinical History</th>
<th>Tests/Studies (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory symptoms</td>
<td>Chest x-ray within past month</td>
</tr>
<tr>
<td>Previous hospitalizations</td>
<td>Relevant lab results</td>
</tr>
<tr>
<td>Birth history</td>
<td>Spirometry/PFTs</td>
</tr>
<tr>
<td>Growth chart</td>
<td>Allergy tests</td>
</tr>
<tr>
<td>Surgical history (T&amp;A)</td>
<td>Sleep study results</td>
</tr>
<tr>
<td>Family history</td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
</tr>
</tbody>
</table>

**Consultants:** Sanjay Jhawar, MD  
Kiran Nandalike, MD

**Appointment Scheduling:**

New: 40 minutes  
F/U: 20 minutes

**Level of Presenter Required:**

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 [UC Davis Health Acknowledgement of Receipt: Notice of Privacy Practices form](#) (new patients only)
2. Documented verbal consent from patient for participation in telehealth consultation