

Remove Pediatric Telemedicine Face to Face Contact?

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Letter to Editor

Telemedical methods are increasingly used worldwide. Since corona pandemic, telemedicine settings were used to examine, diagnose and treat children with different diseases. We focused on an innovative approach of telemedicine to examine, diagnose and treat abdominal pain in 120 pediatric patients. Telemedicine setting was performed in 120 children by two medical assistants in the pediatric department who were in contact with the patient, one of holding the telemedicine device and the pediatrician placed outside. 120 children with an age range of 4 months to 16 years were examined. One of the two medical assistant had 15 years of pediatric experience in handling children in ambulances or pediatric day centers. Fever was measured before telemedicine examination. The parents gave uniform consent for telemedicine evaluation. Both assistants positioned the child on the examination table and placed both arms along the body. Abdominal examination started in a following manner: pressing left lower quadrant at first, then palpating left upper quadrant, epigastrium, right upper quadrant and at least right lower quadrant. Despite examination, face mask was removed to see any signs in relation to pain or unpleasant reaction of the patient. The telemedicine device was positioned from feet above to the head, pediatrician could see all examination steps and the facial pain emotions in the moment of abdominal palpation. 120 children were diagnosed in telemedicine setting and prescriptions or recommendations for next diagnostic steps were performed. The Corona pandemic in particular has ensured that online consultations becoming increasingly popular: Instead of crowded waiting rooms, you can simply get treatment from home. In this way, an illness can be diagnosed even though the pediatrician is not in the same place as the person being treated. If necessary, examination data such as temperature, urine analysis, blood tests can also be transmitted. Subsequently, a discussion can be held about any necessary therapy and whether a personal visit to

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the doctor's office is still required. Concerning pediatric abdominal examination, telemedicine virtual setting with a pediatrician was not performed yet. The future could be, in “fast track” pediatric departments like ambulances or pediatric day centers, that the pediatric doctors work as a virtual doctor in examining, diagnosing and treating pediatric patients in urgency. Signs of appendicitis or epigastric pain can be found virtually as good as in normal setting. Telemedicine management has high sensitivity to diagnose and treat correctly when examiner and doctor have much experience in treating children.

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