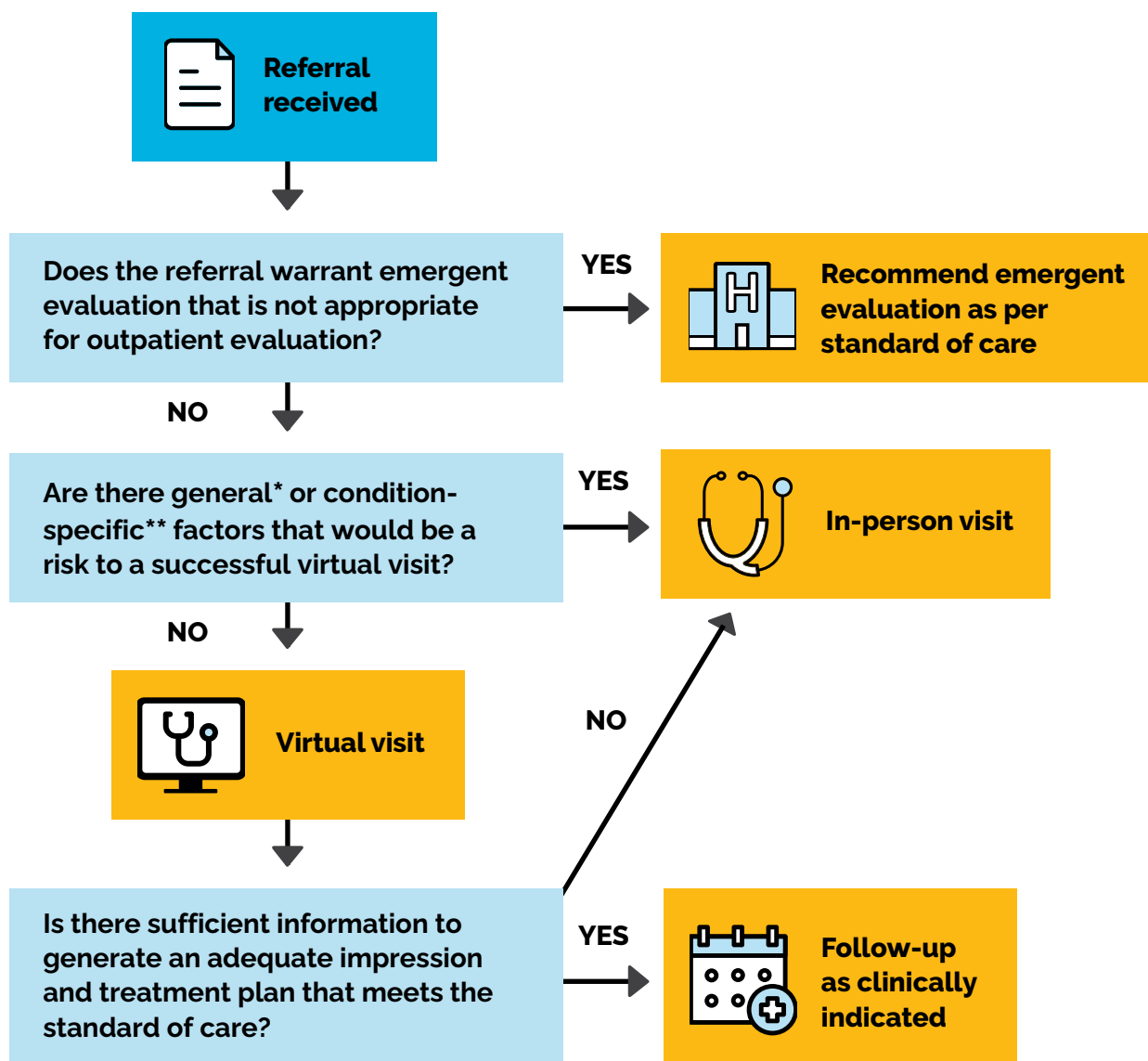


Guidance for the Clinically Appropriate use of Virtual Care in Outpatient Neurology

Seizure/Epilepsy, Concussion, and Headache Types



Note: This flow chart supports but does not replace the need for applying clinical judgment in decision-making for which modality may be most suited to these three outpatient conditions.

CLINICALLY APPROPRIATE CARE

Clinically appropriate care is safe, timely, and effective care provided within the scope of practice of the practitioner in a setting or using a modality that permits appropriate clinical assessment of presenting conditions and that is reasonable to the patient and practitioner. Person-centered care and equity considerations are critical to clinical appropriateness.¹

GENERAL FACTORS FOR CONSIDERATION*

- Do patient factors support a virtual option (e.g., stated preference for virtual, have barriers to mobility/travel, are able to effectively communicate virtually, have support available if needed)?
- Is the referral suitable and sufficient (i.e., is the clinician comfortable with available information and prior assessment/investigations)?
- Is an assessment using virtual means likely to yield the required clinical information (e.g., an in-person physical assessment is not indicated)?

EPILEPSY-SPECIFIC CONDITIONS**

- Red Flags or concerning clinical presentations in the context of epilepsy (examples include but are not limited to: acute or evolving neurological or neurosurgical condition, intracranial infection/insult or raised intracranial pressure, electrolyte disturbance or toxic ingestion, concern for infantile spasm, less than six months of age).
- New/progressing focal neurological deficit evolving in the context of known seizure disorder or presentation of first seizure.
- Recent Emergency Department assessment/physical examination may guide determination of appropriateness of virtual visit.

HEADACHE TYPES SPECIFIC CONDITIONS**

- Red flags or concerning clinical features (examples include but are not limited to: new onset or progressive headache, concern for raised intracranial pressure, focal neurologic deficits/abnormal exam, headaches with transient hemiplegia, thunderclap headaches, age-related risk factors, head injury).
- Recent neuroimaging may guide determination of appropriateness of virtual visit.
- Recent Emergency Department assessment/physical examination may guide determination of appropriateness of virtual visit.

CONCUSSION-SPECIFIC CONDITIONS**

- Red flags or clinical features that may raise concern for a more serious head injury, and thus prompt either emergent evaluation or in-person evaluation (examples include acuity, age, patient medications such as blood thinners, etiology of the head injury [fall, syncope, sport-related, etc.], past medical history such as dementia).
- Recent neuroimaging may guide determination of appropriateness of virtual visit.
- Recent Emergency Department assessment/physical examination may guide determination of appropriateness of virtual visit.

¹ Clinically Appropriate Use of Virtual Care in Primary Care Guidance Reference Document (Nov 2022). Retrieved May 18, 2023. ontariohealth.ca/providing-health-care/clinical-standards-guidelines/clinically-appropriate-virtual-care-guidance-primary-care