

Empowering Elders Through Technology – Monitoring Activity Sheet *

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|---------------|-----|----------------------------|
| Patient Name: | ID# | Start of Care Date: / / 04 |
|---------------|-----|----------------------------|

A. **Monitoring Schedule.** Please indicate how often a patient is scheduled to transmit vital signs.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Total number of successful, scheduled telehealth transmissions: _____

Total number of missed telehealth transmissions: _____

B. **Peripherals.** Please indicate which peripherals are used by the patient.

| BP Cuff | Scale | Glucometer | Pulse Oximeter | Thermometer | PT/INR |
|---------|-------|------------|----------------|-------------|--------|
| | | | | | |

C. **Non-scheduled transmissions.** Please indicate the date and peripherals used for patient initiated transmissions.

| Date | BP Cuff | Scale | Glucometer | Pulse Ox | Thermometer | PT/INR |
|------|---------|-------|------------|----------|-------------|--------|
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D. **Technical Difficulty Log.** Please indicate any technical difficulties.

A = Audio problem (e.g. poor sound quality, lost audio) – describe in “Notes”.

C = Could Not Connect

T= Data Would Not Transfer

DD = Problems with the digital display on the patient unit

Patient = Patient had difficulty with device – describe in “Notes”.

Peripheral = peripheral device would not work – describe in “Notes”.

Other = Any other problems with peripheral device or the system – describe in “Notes”.

| Date | A | C | T | DD | Patient | Peripheral | Other | Notes |
|------|---|---|---|----|---------|------------|-------|-------|
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* Complete each time the Central Station records a “Yellow” alert and when patient is discharged.

Empowering Elders Through Technology – Video Visit Activity Sheet*

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|---------------|-----|---------------------|---|-----|
| Patient Name: | ID# | Start of Care Date: | / | /04 |
|---------------|-----|---------------------|---|-----|

A. **Video Visit Log.** Complete for each scheduled visit.

Date _____ Total # minutes: _____

B. **Peripherals.** Please indicate which peripherals were used during this video visit.

| | | | | | | |
|---------|-------|------------|----------------|-------------|--------|-------------|
| BP Cuff | Scale | Glucometer | Pulse Oximeter | Thermometer | PT/INR | Stethoscope |
| | | | | | | |

C. **Non-scheduled transmissions.** Please indicate the date and peripherals used for patient-initiated transmissions, since last video visit.

| Date | BP Cuff | Scale | Glucometer | Pulse Ox | Thermometer | PT/INR |
|------|---------|-------|------------|----------|-------------|--------|
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D. **Technical Difficulty Log.** Please indicate any technical difficulties.

- A = Audio problem (e.g. poor sound quality, lost audio) – describe in “Notes”.
- C = Could Not Connect
- T= Data Would Not Transfer
- DD = Problems with the digital display on the patient unit
- V = Problems with video (e.g., poor video quality, lost video) – describe in “Notes”.
- Patient = Patient had difficulty with device – describe in “Notes”.
- Peripheral = Peripheral Device would not work - describe in “Notes”.
- Other = Any other problems with peripheral device or system – describe in “Notes”.

| Date | A | C | T | DD | V | Patient | Peripheral | Other | Notes |
|------|---|---|---|----|---|---------|------------|-------|-------|
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* Please use separate sheet for each video visit.