



**7. When should a resident be referred to VVED?**

**10. Does the RACH Registered Nurse have to refer the resident to VVED or can another staff member refer?**

**16. Can family members and GPs be included in the telehealth consult?**

Communication with the resident and their family is especially important, particularly for residents who do not have capacity to make their own decisions. The VVED will contact the resident's Medical Treatment Decision Maker by telephone where needed and can include them in the video consult if the family member has access to a device.

**20. What are the some of the common conditions managed by VVED?**

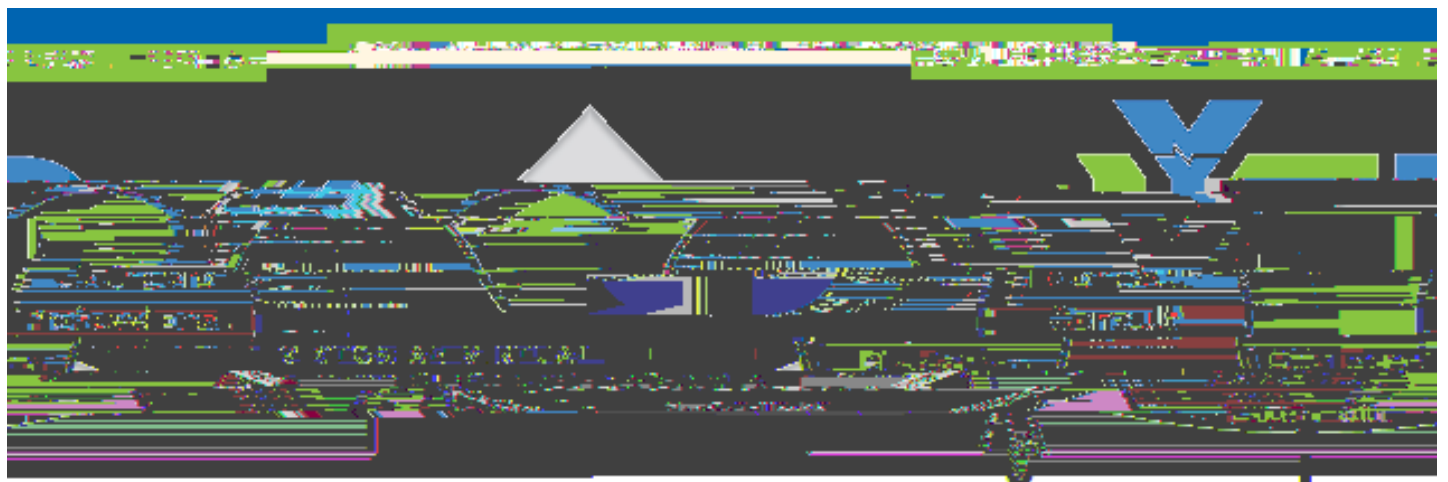
- Post falls assessment, including head strike +/- anticoagulant/antiplatelet (such as aspirin, warfarin, apixaban)
- Acute infections; urinary, pneumonia, gastroenteritis, influenza, cellulitis, COVID
- Nausea, vomiting, diarrhoea
- Non-severe exacerbation of chronic disease; COPD/CCF/Diabetes/HT
- Acute confusion or delirium
- Non-severe pain and discomfort
- Dizziness or faint
- Dehydration
- Urinary issues
- Challenging behaviours
- Functional decline
- Abnormal blood tests
- Complex wounds
- End of life care (in the absence of an available palliative health team)

**21. The RACH policy states Triple Zero (000) must be called when a resident who is on an anticoagulant/platelet medication has a fall with headstrike. Can a referral to VVED replace the need to call Triple Zero (000) in these circumstances?**

If a resident presents with a high acuity emergency (taking into consideration their advance care directive) or they have a bone fracture or severe pain then Triple Zero (000) should be called. After applying first aid, if the resident has sustained minor or no obvious injury then Residential In-Reach or VVED can be contacted in the first instance, ahead of Triple Zero (000).

The In-Reach or VVED clinician will conduct an assessment and advise of the treatment options available including the risks and benefits of each option. Although imaging is the standard assessment for people with head strike who are on anti-platelet and/or anti-coagulant therapy, the resident's level of frailty and goak lty and goak man





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