

PEDIATRIC MEDICAL TREATMENT GUIDELINES FOR SUSPECTED OR CONFIRMED COVID + PATIENTS

See COVID portal for PPE Instructions

Cases of COVID-19 among children in China have been less severe than those in adults according to several studies. Those at highest risk for severe disease include infants under 1yr, children with medical complexity, or immunocompromised patients such as those on chronic steroids or chemotherapy. Symptoms of COVID-19 include fever (40-50%), cough, congestion, rhinorrhea and sore throat. Testing criteria are the same as adults, and treatment is supportive. Mild cases are not recommended for testing OR hospitalization. Warning signs include acute worsening with respiratory distress.

ED guidelines: similar to adult, with the exception that existing procalcitonin serum is known to be high in kids, therefore not useful test for the pediatric population

INDICATIONS FOR HOSPITALIZATION:

- HYPOXEMIA <90%
- SIGNS OF MODERATE RESPIRATORY DISTRESS
- INABILITY TO TOLERATE ORAL INTAKE/DEHYDRATION
- INFANT <29D OF AGE WITH FEVER >100.4

INDICATIONS FOR ICU ADMISSION:

- SIGNS OF SEVERE RESPIRATORY DISTRESS/IMPENDING RESP. FAILURE
- >6L O2 HIGH FLOW FOR INFANTS <5kg, AND 12L O2 HIGH FLOW FOR INFANTS >5kg
- HIGH SUPPORT >6L OR 60%FIO2
- PATIENTS WITH TRACHEOSTOMY, HOME CPAP/BIPAP

***Direct admission and avoidance of the ED for immunocompromised children is recommended after discussion with subspecialist**

*** *can use NIMV, Bipap, Cpap for suspected COVID if providers are equipped with proper PPE**

Mild symptoms may not need testing or treatment and can be discharged home. LABORATORY/IMAGING/TESTING:

- Consider RSV/Influenza or RPA
 - CBC, CMP
 - Portable CXR- avoid sending patient to radiology to limit potential contamination
- *additional fever workup guided by symptoms and age

IDENTIFICATION OF suspected or COVID + patients- Consult with Infection Prevention or an Infectious Disease Specialist. High risk patients include any hospitalized pediatric patient with unexplained severe bilateral lower respiratory infection (rsv/flu or RPA negative) requiring oxygen support. If pediatric transport is required, notify all providers of concern for COVID-19.

MANAGEMENT AND TREATMENT:

- Treatment is supportive
- Avoid aerosolizing interventions when possible including nebulized medications, wall suction, and heated high flow. Refer to OSF PORTAL PPE recommendations for PPE indications.
- Determine ***if*** a patient requires bronchodilator therapy for bronchospasm. For PUI or COVID-19 positive patients, the recommendation is to use albuterol in MDI, with a spacer in order to conserve supply in a canister reuse program. Nebulized medications can still be used, See COVID Portal for patient placement, PPE, and precaution types
- Avoid steroids as they can increase viral replication
- Avoid Ibuprofen, use acetaminophen when possible to treat fever
- IV Fluids be conservative unless patient in shock. Evaluation for clinical response or signs of volume overload after each bolus.
- If severe disease consult Infectious Disease for possible COVID-19Regimen