



Pediatric Ambulatory Screening and Triage of Suspected of COVID-19

Updated: 5/12/20

When patient's parent/guardian calls practice due to illness:

- Perform basic symptom check
 - Fever, *new* cough, *new* shortness of breath (e.g. retractions, poor feeding)
- Assess possible COVID-19 exposure risk
 - Close contact with person with suspected or confirmed COVID-19
 - Travel to/from or residence in [high risk areas](#) within last 14 days
- If (+) symptoms **or** (+) exposure, route to RN / Provider
- If no symptoms or exposures, proceed as usual

Assess symptoms, risk factors, and severity of illness

- Verify any **clinical manifestations** and ask for **additional symptoms**
 - Fever, may be subjective or confirmed, or chills
 - Upper respiratory symptoms, nasal congestion or rhinorrhea
 - Sore throat
 - Myalgias (e.g. marked decrease in limb movement or activity)
 - Fatigue (e.g. marked decrease in activity or increase in sleeping)
 - Gastrointestinal symptoms (e.g. vomiting, diarrhea)
 - Poor appetite or poor feeding
 - Headache
 - Loss of smell or taste
- Assess **risk factors** for severe illness
 - Age < 1 year
 - Chronic or congenital lung, cardiovascular or kidney disease including asthma and hypertension
 - Diabetes mellitus
 - Immunocompromising conditions
 - Obesity (BMI \geq 95th percentile for age and sex for age \geq 2 years)
 - Cerebral palsy/Neuromuscular disease with caregiver

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- dependence
 - Technology Dependence
 - Smoking tobacco or vaping
- Assess **severity of illness**
 - Abnormal vital signs
 - Signs of dehydration
 - Altered level of alertness or marked decrease in activity
 - Respiratory distress, dyspnea or cyanosis
- If patient requires ED, instruct patient's Parent/Guardian to proceed to ED and phone ahead to ED
- If safe to manage as outpatient, consider testing based on Table 1
- If home caregiver is a first responder or healthcare provider, have lower threshold for testing
 - Symptomatic patients managed by practice should be provided with education and a system of monitoring (phone)

Table 1. COVID-19 Testing Recommendations

Clinical Features	Risk factors?	More serious illness	COVID-19 Testing?
Asymptomatic	+/-	N/A	No
Symptoms of <u>acute respiratory infection</u> , such as fever ¹ , new cough, new shortness of breath, etc. ²	None	NO	Clinical judgement required. Mildly ill persons or those with primarily upper respiratory symptoms do not need to be tested but should be advised to self-isolate and Parents/Guardians should call PCP if symptoms worsen.
	Special populations ³	+/-	Yes
	Any of the following within the past 14 days	+/-	Yes

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	of symptom onset: • Travel to affected area ⁴ or cruise ship • Close contact ⁵ to confirmed COVID-19 case		
	+/-	YES	Yes

Notes:

1. Fever may be subjective or confirmed. Patients with documented fever with a possible alternative source can be tested for COVID-19 if they are being admitted.
2. Patients with **new**, atypical symptoms (predominantly upper respiratory symptoms, loss of smell or taste, severe myalgias) can be considered for testing if they have known contact to a COVID-19 case or other significant risk factor and are being admitted or have a home caregiver who is a first responder or healthcare provider. Patients with **new**, isolated GI symptoms can be considered for testing if an alternative diagnosis is not identified; however, sensitivity of NP samples in this scenario is unknown.
3. Special populations: **Infants** (age < 1 year), **patients with chronic medical conditions** (e.g., diabetes, chronic or congenital heart, lung or kidney disease), **immunocompromised patients** (e.g., cancer, inherited immunodeficiencies, immunosuppressant therapies), **patients living in homeless or in congregant facilities** (e.g., shelters, prisons), and **patients** with cerebral palsy or neuromuscular disabilities, **patients** with technology dependence
4. For additional information see: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
5. Close contact: Defined as (a) being within approximately 6 feet, or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment (PPE); close contact can include being cared for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case.– or – (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment. (Particular attention should be paid to patients < 2 years as masking is not appropriate for this age group).

Re-testing Guidance

- Most patients will need only one test.
- The sensitivity of PCR-based testing is generally very high, assuming a good sample was obtained. Patients' viral loads in the nasopharynx around the time of symptom onset have been shown to be 100-10,000

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times higher than the detection limits of the tests currently being used at ChristianaCare.

- For that reason, retesting is not recommended other than in the limited situations in **Table 2**.
- A patient that the provider highly suspects has COVID-19 (based on risk factors and/or symptoms) but whose test is negative, should be managed as a COVID-19+ patient in terms of self-isolation without retesting, unless symptoms become severe.

Table 2. Retesting Recommendations

Patient status	Situation	Re-test?
Initial test negative	1 st test done early in disease course, symptoms have progressed	Yes, ideally at least 48 hours after 1 st test
	1 st test done early in disease course, symptoms unchanged or improving	No
	1 st test done when patient has significant illness (fever, cough, and/or shortness of breath)	No

Patient Home Isolation:

- Patients who have clinical syndromes consistent with COVID-19, but who are not tested, should follow the guidance as for a COVID-19 positive patient below.
- Patients who are tested:
 - Patient's Parent/Guardian should be advised to isolate the patient while their COVID-19 test is pending.
 - All caregivers and age-appropriate patients should be provided patient education.
 - Practice should notify patient's parent/guardian with test results and offer services for monitoring for those who are positive.
- For patients whose tests are positive:
 - Home isolation may be discontinued when:
 - At least 3 days have passed since recovery (defined as resolution of fever without use of fever-lowering medications AND improvement in respiratory symptoms), AND
 - At least 10 days have passed since symptoms first appeared.
 - After discontinuing home isolation, persons must continue to avoid sustained close contact with others, maintain strict social distancing and hand hygiene, and not return to congregate settings (e.g. daycare) or work for an additional 4 days (total of 7 days without symptoms). They may return to congregate settings (e.g. daycare) or work after this 7-day period.

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- Please note that requirements for infected healthcare personnel are more stringent and the person's employer and/or DPH should be consulted.
- For patients whose tests are negative:
 - For those with a known exposure to a confirmed COVID-19 case, quarantine for 14 days from last date of exposure is required per DPH.
 - For those without a known exposure and who are asymptomatic, self-isolation can be discontinued. Continue social distancing.
 - For those without a known exposure and who remain symptomatic, maintain home isolation and social distancing until 3 days have passed without fever (without use of fever-lowering medications) and respiratory symptoms are improving.
- For more information, see [DPH Patient Instructions After Testing](#).

***Recommendations for Clearing a CONFIRMED or SUSPECTED COVID-19 Parent/Guardian to Return to Parenting:**

Options include a time-since-illness-onset and time-since-recovery (“non test-based”) strategy and a “test-based” strategy (consider limiting “test-based” strategy to healthcare providers and to parents/guardians of children with high risk for severe illness and extreme caregiver dependence)

- **Time-since-illness-onset and time-since-recovery strategy (“non-test-based” strategy)**
 - At least 3 days have passed since recovery (defined as resolution of fever without use of fever-lowering medications AND improvement in respiratory symptoms), AND
 - At least 10 days have passed since symptoms first appeared.
 - After discontinuation of home isolation, persons must continue to avoid sustained close contact with others, maintain strict social distancing and hand hygiene, and not return to work for an additional 4 days (for a total of 7 days without symptoms) due to the possible risk of continued infectiousness. Persons may return to childcare duties after this 7-day symptom free period however should continue to recognize the risk of infectiousness and self-monitor for symptoms.
- **“Test-based” strategy** A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. At this time, test-based strategy should ONLY be employed for persons with CONFIRMED COVID-19 infection.
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of

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- breath), and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected \geq 24 hours apart (total of two negative specimens)

*Adapted from: [DPH Guidance for Management of Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work Updated: 5/7/20](#)

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