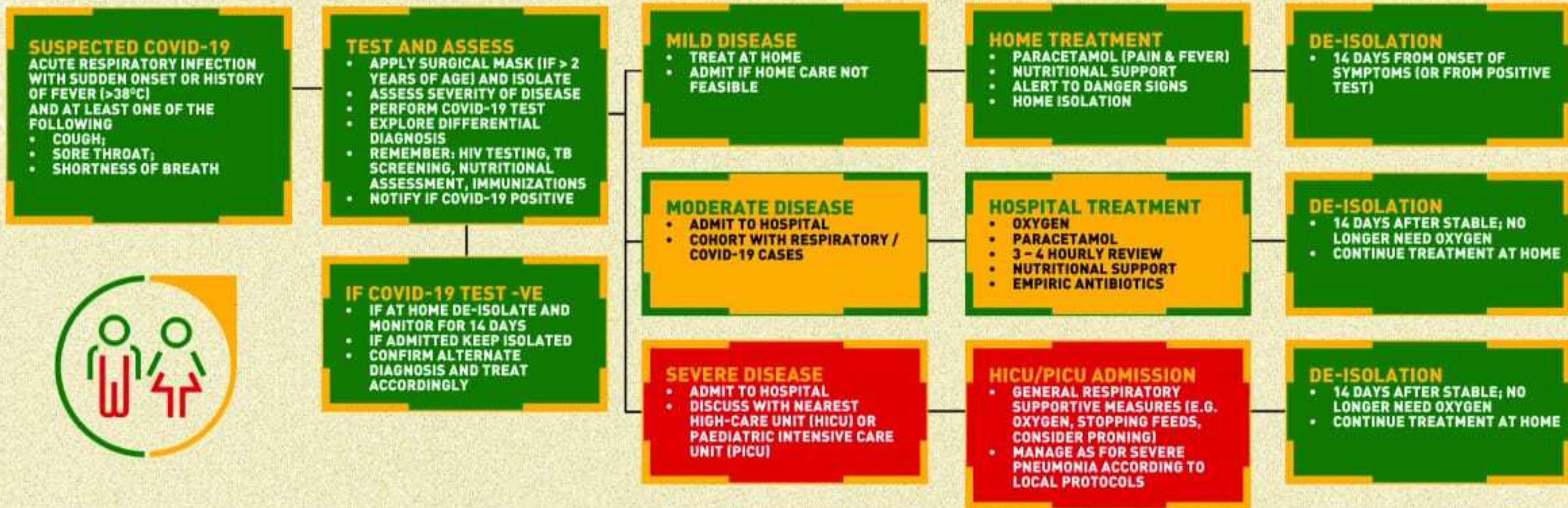


MANAGEMENT OF CHILDREN WITH SUSPECTED / CONFIRMED COVID-19 INFECTION



ASSESSMENT OF SEVERITY

	MILD	MODERATE	SEVERE
MENTAL STATUS	NORMAL	RESTLESS	IRRITABLE/LETHARGIC
FEEDING	FINISHES FEED	DOES NOT FINISH FEED	UNABLE TO FEED
TALKING	FULL SENTENCE	INTERRUPTED SENTENCE	UNABLE TO TALK
RESPIRATORY RATE	<40/MIN IF UNDER 1YR <30/MIN IF 1 - 5 YRS <20/MIN IF OVER 5 YRS	40-60/MIN IF UNDER 2 MONTHS 40-50/MIN IF 2 - 12 MONTHS 30-40/MIN IF 1 - 5 YEARS 20-30/MIN IF OVER 5 YEARS	>40/MIN IF UNDER 2 MONTHS >50/MIN IF 2 - 12 MONTHS >40/MIN IF 1 - 5 YEARS >30/MIN IF OVER 5 YEARS
RESPIRATORY SIGNS	NO DISTRESS	LOWER CHEST WALL INDRAWING	GRUNTING AND/OR SEVERE LOWER CHEST WALL INDRAWING
PULSE OXIMETRY (SpO ₂)	≥95% IN ROOM AIR	<92% IN ROOM AIR	<92% IN ROOM AIR, CENTRAL CYANOSIS

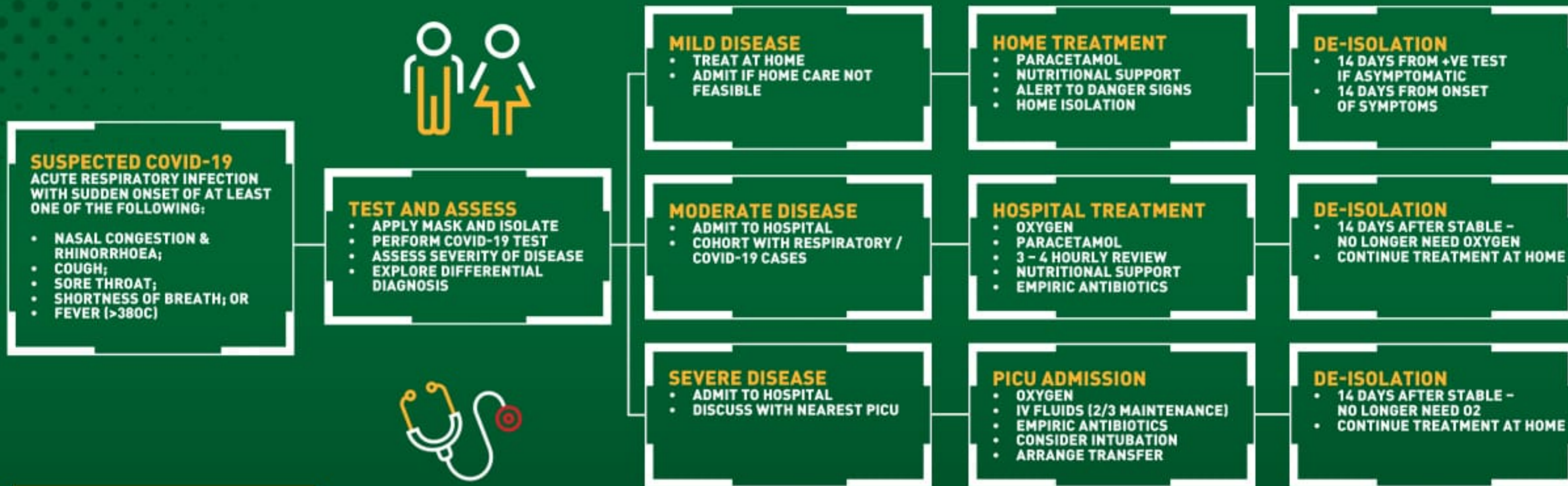
AVOID THE FOLLOWING IN CHILDREN WITH COVID-19 INFECTION

- ROUTINE OROPHARYNGEAL EXAMINATION UNLESS WEARING FULL PERSONAL PROTECTIVE EQUIPMENT (PPE, INCLUDING N95 RESPIRATOR AND EYE PROTECTION)
- NEBULISERS - RATHER USE A METERED-DOSE INHALER (MDI) WITH SPACER
- NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) AND ORAL STEROIDS
- HIGH-FLOW NASAL CANULA (HFNC) OXYGEN THERAPY
- MINIMISE NASAL OR ORAL SUCTIONING AND BAG-MASK VENTILATION
- NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE (NCPAP) OR BILEVEL POSITIVE AIRWAY PRESSURE (BIPAP); RISK OF AEROSOLISATION TO STAFF OUTWEIGHS POSSIBLE BENEFIT TO INDIVIDUAL PATIENT (INDIVIDUALIZED LOCAL PROTOCOLS POSSIBLE UNDER EXPERT ADVICE)



Version 1, 21st April 2020

MANAGEMENT OF CHILDREN WITH SUSPECTED / CONFIRMED COVID-19 INFECTION



ASSESSMENT OF SEVERITY

	MILD	MODERATE	SEVERE
MENTAL STATUS	NORMAL	RESTLESS	IRRITABLE/LETHARGIC
FEEDING	FINISHES FEED	DOES NOT FINISH FEED	UNABLE TO FEED
TALKING	FULL SENTENCE	INTERRUPTED SENTENCE	INTERRUPTED SENTENCE
RESPIRATORY RATE	<40 IF UNDER 1YR <30 IF 1 - 5 YEARS <20 IF OVER 5 YEARS	40-60 IF UNDER 2 MONTHS 40-50 IF 2 - 12 MONTHS 30-40 IF 1 - 5 YEARS 20-30 IF OVER 5 YEARS	>60 IF UNDER 2 MONTHS >50 IF 2 - 12 MONTHS >40 IF 1 - 5 YEARS >30 IF OVER 5 YEARS
RESPIRATORY SIGNS	RESPIRATORY SIGNS	CHEST WALL INDRAWING	GRUNTING CHEST WALL INDRAWING
SpO ₂	≥95% IN ROOM AIR	<92% IN ROOM AIR	<92% IN ROOM AIR, CENTRAL CYANOSIS

AVOID THE FOLLOWING IN CHILDREN WITH COVID-19 INFECTION

- ROUTINE OROPHARYNGEAL EXAMINATION UNLESS WEARING FULL PPE (INCLUDING N95 RESPIRATOR AND EYE PROTECTION)
- NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
- CORTICOSTEROIDS
- NEBULISERS – IF NECESSARY USE A METERED-DOSE INHALER (MDI) WITH SPACER
- HIGH-FLOW HUMIDIFIED AIR OR OXYGEN
- NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE (nCPAP) OR BILEVEL POSITIVE AIRWAY PRESSURE (BiPAP) – RISK OF AEROSOLISATION TO STAFF OUTWEIGHS POSSIBLE BENEFIT TO INDIVIDUAL PATIENT
- BAGGING WITH A MASK