

COVID-19 Pediatric Office-Hours Protocols: November 2020 Update

The November update of the 2 COVID-19 office- hours protocols for pediatric telephone triage nurses are attached. Please use them to replace the July updates of the Coronavirus protocols. Here are the main changes:

Influenza Calls Added for Flu Season

Influenza Calls have been incorporated into the COVID-19 protocol.

Purpose: prevent the need to use 2 protocols when influenza is in the community.

How: The following triage question was added to the COVID-19 protocol:

Discuss with PCP and Call back by Nurse Today

[1] Influenza also widespread in the community AND [2] mild flu-like symptoms WITH FEVER AND [3] HIGH-RISK patient for complications with Flu (See that CDC List)

Reason: may need testing for influenza and COVID-19. If positive for flu, PCP will decide if antiviral meds would be helpful for this patient.

Note: Severe Risk patients (those with serious chronic disease at risk for pneumonia or sepsis) will continue to be a Discuss with PCP and Call Back by Nurse within 1 Hour.

See More Appropriate Protocol statements added to manage some influenza patients:

[1] Diagnosed with influenza within the last 2 weeks by a HCP AND [2] follow-up call

Go to Protocol: Influenza (Flu) Follow-up Call (Pediatric)

[1] Household exposure to known influenza (flu test positive) AND [2] child with influenza-like symptoms

Go to Protocol: Influenza (Flu) - Seasonal (Pediatric)

Influenza and COVID-19: Reasons for Managing Calls in 1 Protocol

Here are the reasons why this protocol can be used simultaneously for

calls about patients with suspected COVID-19 and also for those with suspected Influenza.

Symptoms are nearly identical. Cannot differentiate based on symptoms. Only exception: loss of taste or smell is highly specific for COVID.

Triage for serious symptoms or complications is the same. The nurse can triage both at same time.

Viral Testing is the only way to reach an accurate diagnosis. Tests for both are available.

Care Advice is the same. Treat symptoms and stay well hydrated.

Oral Antivirals are only available for patients with influenza who also are High-Risk for complications.

High-Risk patients for Complications: the long-established list for influenza is similar to the evolving list for patients with COVID-19. It can be used for both.

Isolation: Home isolation is required for 10 days or longer for COVID-19. Isolation for flu is only recommended until the fever is gone for 24 hours or longer. Reason: COVID-19 is far more dangerous than flu.

Why COVID-19 Protocol was Chosen to Cover Both: Influenza is seasonal. COVID-19 is not seasonal. It will not go away in 6 months like influenza.

Disposition Change

Most of the triage questions under Discuss with PCP were moved to Go to ED Now (or PCP triage) or to Go to Office Now. Reason: to reduce unnecessary calls to all PCPs. At this time, most medical facilities and offices have procedures to safely manage COVID-19 patients.

New SMAPs (See More Appropriate Protocol) Added

An attempt has been made to safely SMAP out some low probability COVID-19 symptoms. Criteria: an isolated symptom AND no known close contact with COVID-19. If qualify, the following symptoms can now be triaged using their specific protocols:

Diarrhea

Vomiting

Headache

All respiratory tract symptoms were kept in the COVID protocol.

New Topic Added: Croup

Croup triage and care advice has been incorporated into the COVID-19 protocol. Reason: while stridor is uncommon with this virus, it has been

reported. The larynx is not spared. This continues our attempt to prevent the need to use 2 protocols for suspected COVID symptoms. In May, we added triage and care advice for sore throat, headache, and muscle pains.

Multisystem Inflammatory Syndrome (MIS-C) Criteria

Criteria were tightened. To suspect MIS-C now requires the presence of Fever plus at least 2 or more of the following: widespread red rash, red eyes, red lips, red palms/soles, swollen hands/feet, abdominal pain, vomiting or diarrhea. Reason for change: to prevent unnecessary ED referrals of this rare syndrome.

3 New CDC Recommendations Added:

Close Contact Redefined by CDC:

Contact within 6 feet (2 meters) for a total of 15 minutes or more over a 24-hour period to a person with known COVID-19. The CDC has recognized multiple brief contacts as cumulative.

Stopping Home Isolation for COVID-19 (CDC):

Symptomatic patients must meet 3 criteria: [1] Fever gone for at least 24 hours off fever-reducing medicines AND [2] Cough and other symptoms must be improved AND [3] Symptoms started more than 10 days ago.

Asymptomatic patients who don't develop symptoms: must stay at home until 10 days have passed since the date the positive COVID-19 test was done (specimen was collected).

Diagnostic Tests for COVID-19: CDC Recommended Timing:

Symptomatic patients - get a test within 3 days of onset of symptoms.

Asymptomatic patients with a COVID-19 close contact - get a test on day 6-8 post exposure. Reason: Testing done during the first 5 days after exposure will usually be negative.

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