COVID-19 Pediatric After-Hours Guidelines: November 2020 Update

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

Influenza Calls Added for Flu Season
Influenza Calls have been incorporated into the COVID-19 guideline.
**Purpose:** prevent the need to use 2 guidelines when influenza is in the community.
**How:** The following triage question was added to the COVID-19 guideline:

**Call PCP within 24 hours**
*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 referred back to the PCP now.

See More Appropriate Guideline statements to manage some influenza patients:

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

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

**Influenza and COVID-19: Reasons for Managing Calls in 1 Guideline**
Here are the reasons why this guideline 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 Guideline 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 Call PCP Now were moved to Go to ED Now (or PCP triage) or to See HCP within 4 Hours. Reason: to reduce unnecessary after hours calls to all PCPs, unless they elect to provide re-triage of these patients. At this time, most medical facilities have procedures to safely manage COVID-19 patients.

**New SMAGs (See More Appropriate Guideline) Added**

An attempt has been made to safely SMAG 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 guidelines:

- Diarrhea
- Vomiting
- Headache

All respiratory tract symptoms were kept in the COVID guideline.

**New Topic Added: Croup**

Croup triage and care advice has been incorporated into can the COVID-19 guideline. 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 guidelines 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 and these calls are now referred back to the PCP Now. 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):**
**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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