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
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:

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

   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):
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.

Bart Schmitt, MD, FAAP, Medical Editor
Kelli Massaro, RN, Nurse Editor
Lisa Swerczek, RN, Nurse Editor
Pediatric Guidelines, Schmitt Thompson Clinical Content