CARE AT HOME FOR CHILDREN AND ADOLESCENTS WITH MILD COVID-19

NATIONAL CLINICAL EVIDENCE TASKFORCE
COVID-19

FORMS OF GUIDANCE

Evidence-Based Recommendation **(EBR)**
Consensus Recommendation
Good Practice Point

Types of EBRs

RECOMMENDATION FOR USE	RECOMMENDATION AGAINST USE
CONDITIONAL RECOMMENDATION FOR USE	CONDITIONAL RECOMMENDATION AGAINST USE

General

PATIENTS

- This flowchart applies to children under 16 years of age.
- Depending on the physical size and/or developmental status of the patient, either the paediatric or adult flowcharts can be applied.

MANAGING RISK OF INFECTION

GOOD PRACTICE POINTS

- Follow national advice for use of PPE in non-inpatient healthcare settings during the COVID-19 outbreak.
- Manage probable cases of COVID-19 detected by rapid antigen testing (RAT) as if they are a confirmed case until acute respiratory symptoms have resolved. **PP** [Taskforce/CDNA]

DETERMINING SETTING OF CARE

GOOD PRACTICE POINTS

The most appropriate setting will depend on:

- local public health policy
- clinical evaluation of the person with COVID-19
- evaluation of the home setting
- ability to monitor for clinical deterioration and the availability of rapid transfer to higher level care.

Refer to:

- your local HEALTH PATHWAYS website to confirm levels of support available and access criteria.

Definition of disease severity

MILD ILLNESS

Respiratory/vital signs

- No or mild upper respiratory tract symptoms, OR
- No or mild work of breathing

Feeding/hydration

- Normal or mildly reduced feeding

Conscious state

- Normal

Access to care

This flowchart should be applied after considering the clinical presentation of the patient and risk factors that might increase their overall risk of deterioration.

Refer to:

- PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19 Clinical Flowchart

BASELINE ASSESSMENT

GOOD PRACTICE POINTS

- Check for signs of moderate/severe disease (refer to PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19).
- For older children or adolescents, check vaccination status and recency of last dose.
- Be aware that children and adolescents who have not received a vaccine dose or had a SARS-CoV-2 infection in the past 6 months may be at higher risk of deterioration.
- No baseline investigations are required for mild COVID-19.

COVID-19 therapies

SUPPORTIVE CARE

GOOD PRACTICE POINTS

Manage mild COVID-19 symptomatically and advise patients to rest.

An antipyretic is generally not required for mild COVID-19, but paracetamol or ibuprofen, as appropriate, can be considered for symptomatic relief.

Consider simple interventions such as:

- intranasal decongestants (if >12 years of age)
- keeping air warm and humid
- managing hydration carefully through small regular sips of fluid, and consider oral rehydration salts

DRUG TREATMENTS

Consider eligibility for COVID-19 drug treatments, depending on time since symptom onset and risk factors for disease progression.

There are limited data on the efficacy of drug treatment in children and adolescents.

Refer to:

- Summary of recommendations in DRUG TREATMENTS FOR CHILDREN AND ADOLESCENTS WITH COVID-19 Clinical Flowchart
- Decision Tool for DRUG TREATMENTS FOR AT RISK CHILDREN AND ADOLESCENTS WITH COVID-19 WHO DO NOT REQUIRE OXYGEN

Therapies for other conditions

GENERAL

GOOD PRACTICE POINT

Ensure patient continues to receive their usual care for pre-existing conditions.

ASTHMA AND OTHER LUNG CONDITIONS

CONSENSUS RECOMMENDATION

Use inhaled or oral steroids for the management of people with co-existing asthma or lung conditions and COVID-19 as you would normally for viral exacerbation of asthma.

Puffers and spacers are preferred in order to decrease the risk of SARS-CoV-2 transmission that may be associated with nebuliser use.

OTHER ILLNESS

GOOD PRACTICE POINTS

Differentiating COVID-19 from other illness

- Be aware that a patient may have co-infections (which may be viral or bacterial) or other risk factors that may drive their illness.
- Co-infections (e.g. influenza, RSV, enterovirus) and other clinical presentations (e.g. croup, bronchitis, bronchiolitis) should be managed as per relevant standards of care *in addition* to the management of COVID-19.

MONITORING PROTOCOL

Monitoring

GOOD PRACTICE POINTS

Develop and implement a customised management plan :
- Establish **day zero** (the date of symptom onset or the date of testing if asymptomatic).
- Educate older children and other household members about **infection prevention and control** measures.
- Determine **frequency of monitoring** and follow-up required.
- Discuss care arrangements if other household members test positive and become unwell.
- Ensure the patient has access to their **regular medicines**.
- Assess the patient's **mental health** and faciliate additional support if needed.

Refer to:
- RACGP guide for managing COVID-19 at home
- Action plan and symptom diary for patient

FOLLOW-UP CARE

Next steps

GOOD PRACTICE POINTS

- Review medications that were stopped or started.
- Provide advice on age-appropriate vaccination, including influenza vaccination, after recovery from COVID-19.
- For some patients, symptoms may persist for longer than 4 weeks or new symptoms may develop. For patients who present with possible long-term symptoms of COVID-19, supportive treatment is required.

Refer to:
- CARE OF PEOPLE AFTER COVID-19 Clinical Flowchart

THINGS TO WATCH FOR

RED FLAG symptoms and signs

Vital symptoms of concern include:
- new or worsening breathlessness
- syncope or light-headedness
- chest pain or tightness not resolved with paracetamol or ibuprofen
- cyanosis
- cold and clammy, or pale and mottled skin
- significant abdominal pain
- poor fluid intake and less than half normal urine output
- new onset confusion or carer concern
- haemoptysis
- severe headache

Vital signs of concern include:
- persistent tachycardia in age appropriate observation chart
- persistent tachypnoea in age approporiate observation chart
- any temperature >37.5°C in neonates
- fever >38°C after 5 days in older children

TRANSFER TO HOSPITAL

Key sources

National Clinical Evidence Taskforce – Australian guidelines for the clinical care of people with COVID-19.
RACGP - Home-care guidelines for patients wth COVID-19
RACGP - Managing COVID-19 at home
CDNA - Coronavirus Disease 2019 (COVID-19): Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units.