

Central Zone: Pediatric COVID-19 Outpatient Clinical Management Pathway

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If never symptomatic, isolate child for 10 days from date of test. After this, child no longer considered infectious. Close contacts must isolate for 14 days from date of last contact with child

Confirmed COVID-19 positive pediatric patient

Rapid deterioration is most common during week 2 from symptom onset

Establish/confirm date of onset of symptoms [More information](#)

Risk stratify patient
 High risk: Monitor Q daily x 14 days
 Average risk: Monitor and reassess Q2 days x 14 days
 Caregivers should have information on self-managing Symptoms, with action plan for deterioration

High risk: Defined as any of the following:

- Age < 1 year
- Underlying conditions including:
 - Immunocompromised
 - Comorbidities including heart disease, lung disease, neurological disease, Diabetes mellitus

[Self-managing symptoms](#)

Clinical assessment
 Determine health status today Reinforce isolation
 Don't forget safety net flags as part of assessment

[Clinical assessment](#)

[Safety net flags](#)

High clinical concern

Moderate or low clinical

Screen for red flags

[Red flags](#)
 No flags present

Flags present

Patient requires in-person assessment

EMERGENT patient:
 - Activate EMS by calling RAAPID/911

URGENT patient:
 - Call RAAPID

[More information](#)

F/up in 24 hrs to reassess

For specific concerns related to COVID-19 management, consider advice from Pediatrics on-call through RDRHC, or ConnectMD for available pediatric specialists in Edmonton

[ConnectMD Tele-Advice](#)

When patient is stable

Does anyone else in household have COVID-19 symptoms?

No

ISOLATE child for 10 days from onset of symptoms or until symptoms resolve, whichever is longer. Clearance testing not recommended unless directed by Medical Officer of Health

[Isolation information](#)

[ConnectMD Tele-Advice](#)

Child

[Follow Pediatric Testing & Isolation Pathway](#)

Adult

[Follow adult COVID-19 Primary Care Pathway](#)

Caregiver?

No

Yes

Alternative caregiver present?

Yes

[Isolation information](#)

No

Risk social situation: Requires evaluation close follow-up and supports

[More information](#)

EXPANDED DETAILS

Confirmed COVID-19 pediatric patient

This pathway is intended to be followed for pediatric patients who are confirmed as positive for COVID-19.

For information about symptoms that prompt testing, please visit:

- Symptoms testing and screening information
 - <https://www.alberta.ca/covid-19-testing-in-alberta.aspx>
- Alberta Health Daily Checklist (for children under 18)
 - <https://www.alberta.ca/assets/documents/edc-covid-19-screening-questionnaire-english.pdf>

Virtual appointment information

It is recommended to follow patients with COVID-19 symptoms in primary care through virtual means when possible.

Information about virtual care can be found at: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>

Establish or confirm date of onset of symptoms

Establishing the date of symptom onset is important for establishing the release date from isolation. The duration of isolation is a minimum of 10 days from the onset of symptoms or until symptoms resolve – whichever is longer. You can refer to <https://www.ahs.ca/isolation> for more details.

Self-managing symptoms

For specific patient advice on how to self-manage, please visit:

- <https://myhealth.alberta.ca/Alberta/Pages/How-to-manage-symptoms.aspx>
- [https://myhealth.alberta.ca/Alberta/Pages/Coronavirus-Disease-\(COVID-19\)-Care-Instructions.aspx](https://myhealth.alberta.ca/Alberta/Pages/Coronavirus-Disease-(COVID-19)-Care-Instructions.aspx)

There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19. Patient information and supports can be found at <https://www.albertaquits.ca/topics/smoking-vaping-covid-19>.

Clinical assessment (apply as appropriate based on patient's age)

- Central Nervous System
 - Is the child their normal self in between the fever episodes?
 - Does the child seem lethargic?
- Respiratory
 - Is the child breathing faster than usual?
 - Are the muscles over the child's ribs or neck pulling in when they breathe?
 - Is the child's nose flaring when breathing?
 - Is the child grunting?
 - Is the child blue around or inside the mouth?
- Dehydration
 - Does the child have any vomiting or diarrhea?
 - When the child cries, do they make tears?
 - Has there been a change in the number of wet diapers or the number of times the child urinates?
 - Is the child able to tolerate fluid intake well?
- General
 - Does the child have a new rash?
 - Are the child's eyes red even between fever episodes?

- Are the child's lips or tongue more red than usual?

Safety net flags

- Socially isolated
- Lack of caregiver support (e.g. caregiver also has suspected or confirmed COVID-19)
- Inability to maintain hydration (e.g. vomiting, diarrhea, poor fluid intake, cognitive impairment)
- Food/financial insecurity
- Challenges with health literacy
- Concerns with ability to manage pediatric patient

Red flags

- Respiratory distress: tachypnea, cyanosis, indrawing, accessory muscle use, grunting
- New onset of acute GI symptoms: abdominal pain, vomiting, diarrhea
- Reduced urine output or signs of dehydration
- Rash, non-purulent conjunctivitis, or muco-cutaneous inflammation
- Fever with temperature > 38 C for three consecutive days or more
- Signs of shock: lethargy, non-responsiveness, altered mental status

Emergent patient

- Respiratory: cyanosis, indrawing with accessory muscle use, grunting
- Signs of shock: lethargy, non-responsiveness, altered mental status

Urgent patient

- Respiratory: tachypnea
- New onset of acute GI symptoms: abdominal pain, vomiting, diarrhea
- Reduced urine output or signs of dehydration
- Rash, non-purulent conjunctivitis, or muco-cutaneous inflammation
- Fever with temperature > 38 C for three consecutive days or more

High risk social situation

In a situation where the only available caregiver of a pediatric patient may be unable to provide enough support because they also have COVID-19 or other barriers or struggles, consider the following options:

- Seeking assistance from a PCN/other social worker to help address safety net flags
- Directing the household to 211 Alberta (www.ab.211.ca for links and live online chat; call 2-1-1, text 2-1-1)
- Referring the household to Children's Services: <https://www.alberta.ca/childrens-services-office-locations.aspx>

Isolation information

A. Isolation requirements

1. COVID-19 isolation information:
 - <https://www.albertahealthservices.ca/isolationinformation>
2. Government of Alberta isolation and quarantine requirements:
 - <https://www.alberta.ca/isolation.aspx>

B. Isolation guidance

How to care for a COVID-19 patient at home: <https://www.albertahealthservices.ca/topics/Page17026.aspx>

Handout: How to care for a COVID-19 patient at home

- English: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-patient-at-home.pdf>
- Arabic: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-arabic.pdf>
- Simplified Chinese: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-simplified-chinese.pdf>
- Traditional Chinese: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-traditional-chinese.pdf>
- French: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-french.pdf>
- Punjabi: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-punjabi.pdf>
- Spanish: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-spanish.pdf>
- Tigrinya: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-tigrinya.pdf>
- Vietnamese: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-translated-patient-at-home-vietnamese.pdf>

Alberta International Medical Graduates Association: <https://aimga.ca/covid-19/>

- Isolation information translated into multiple languages as short videos:
 - Part 1: What is the difference between self-isolation and isolation?
 - Part 2: How to safely isolate
 - Part 3: Safety and prevention at home
- English text of content: <https://aimga.ca/wp-content/uploads/documents/covid-19/aimga-covid-19-isolation.pdf>

C. Isolation for children who attend school

3. COVID-19 isolation information:
 - <https://www.albertahealthservices.ca/isolationinformation>
4. Guidance for Parents of Children Attending School and/or Childcare
 - <https://www.albertahealthservices.ca/topics/Page16998.aspx>

D. Talking to children about isolation at home for COVID-19

- Let children know that they are safe. The overwhelming majority of children will only have symptoms of the common cold, if they have any symptoms at all
- Remind children that it is important to prevent germs from spreading every day. They can do this by washing their hands often, covering their mouths when coughing or sneezing, and not sharing their food or drinks. When someone at home is sick, it is extra important to follow this plan
- Remind children that the purpose of wearing a mask is to help stop the spread of germs. Let them know that the mask is only temporary and soon the household will return to “mask-free” with a usual home routine. Let children know they do NOT have to wear a mask while sleeping

- Listen to children’s questions and concerns. They may have unique concerns, fears, or worries that caregivers do not think about
- Continue to provide physical comfort to children who are isolating if they need it, such as cuddles and hugs. It is best to avoid kisses since this is a higher risk for transmitting the virus between people

For symptoms persisting longer than 14 days from onset

Patients should continue to be monitored until symptom resolution. Isolation should continue for 10 days after symptom onset OR until core symptoms have cleared, whichever is longer. If the patient remains symptomatic after 10 days, they should be monitored for an additional four days – a total of two weeks after symptoms started. They should continue to isolate. If patient remains symptomatic two weeks after date of onset of symptoms, contact ConnectMD (pcnconnectmd.com) for advice on further investigations, management, and isolation.

If Public Health has discharged a patient from isolation that you feel should still be isolating, consider:

- Public Health has the legal responsibility to require citizens who are diagnosed with COVID-19 to isolate and to release them from this requirement when they are no longer deemed at risk to spread the disease to others.
- There should be alignment between the direction from Public Health and your advice to patients and caregivers. When this doesn’t happen, consider the following:
 - Is there agreement between your records and Public Health identification of the date of symptom onset?
 - The patient or patient’s caregiver(s) disclose medical information to you that is unavailable to Public Health (example -- the presence of ongoing symptoms which would compel you to suggest continued isolation).
 - If you are unsure of whether to advise your patient or patient’s caregiver(s) to continue isolation beyond the date identified by Public Health, or the patient remains symptomatic beyond 14 days post symptom onset, you may obtain advice from the ConnectMD.

BACKGROUND

About this pathway

Due to the reopening of schools across Alberta in fall 2020, a team that included specialists from Pediatrics, Infectious Disease, the AHS primary care team, family physicians, and Primary Care Networks (PCNs) developed this pathway to help support family doctors to care for pediatric patients who contract COVID-19. This pathway has been adapted for use within the Central zone.

Authors and conflict of interest declaration

This pathway was reviewed and updated in December 2020. Names of participating reviewers and their conflict of interest declarations are available on request.

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DISCLAIMER

This pathway represents evidence-based best practice but does not override the individual responsibility of health care professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified health care professional. It is expected that all users will seek advice of other appropriately qualified and regulated health care providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.

PROVIDER RESOURCES

Greenhalgh Trisha, Koh Gerald Choon Huat, Car Josip. Covid-19: a remote assessment in primary care <i>BMJ</i> 2020; 368 :m1182	https://www.bmj.com/content/bmj/368/bmj.m1182.full.pdf
Information for Primary Care Providers: novel coronavirus (COVID-19)	https://www.albertahealthservices.ca/topics/Page16956.aspx
Scientific Advisory Group	https://www.albertahealthservices.ca/topics/Page17074.aspx
Oxford COVID-19 Evidence Service Team Nuffield Department of Primary Care Health Sciences University of Oxford: How should we assess dyspnea (breathlessness) by telephone or video?	https://www.cebm.net/covid-19/are-there-any-evidence-based-ways-of-assessing-dyspnoea-breathlessness-by-telephone-or-video/
Novel Coronavirus (COVID-19) Frequently Asked Questions – for Community Physicians	https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf

Advice options: Connecting to Non-Urgent and Urgent Specialty Advice in Central Zone

- Connecting to Specialty Care: Central Zone <https://www.pcnconnectmd.com/wp-content/uploads/2020/11/ConnectingtoSpecialtyCare.pdf>
- For RAAPID North, call 1-800-282-9911 or 780-735-0811.
For RAAPID South, call 1-800-661-1700 or 403-944-4486.
Visit <https://www.albertahealthservices.ca/info/Page13345.aspx> for more details.
- Community pediatrics advice is available in the Central Zone via Alberta Netcare eReferral Advice Request (responses are received within five calendar days). This is for non-urgent questions requiring advice within two to five days. Go to www.albertanetcare.ca/eReferral.htm for instructions on how to submit a request. For training support, email ehhealthsupport@cqi.com or call 1-855-733-3755 (Monday to Friday).
- In the Central Zone, pcnconnectmd.com connects family physicians and specialists in real time via a tele-advice line. COVID-19 tele-advice options available via ConnectMD online at pcnconnectmd.com or by calling 780-735-0811. The service is available from Monday to Thursday: 9:00 a.m. – 6:00 p.m. and Friday: 9:00 a.m. – 4:00 p.m. (with some exceptions).

PATIENT RESOURCES

Information for Albertans: COVID-19	https://www.albertahealthservices.ca/topics/Page16997.aspx
COVID-19 info for Albertans	https://www.alberta.ca/coronavirus-info-for-albertans.aspx?utm_source=google&utm_medium=sem&utm_campaign=Covid19&utm_term=beinformed&utm_content=v7&qclid=EAlaIqobChMI-obwtuPK6AIVeyCtBh1ijAQUEAAYASAAEgLSQPD_BwE
How to manage symptoms	https://myhealth.alberta.ca/Alberta/Pages/How-to-manage-symptoms.aspx
Smoking cessation	https://www.albertaquits.ca/topics/smoking-vaping-covid-19