

COVID-19 ASSESSMENT AND DECISION MAKING PATHWAY FOR ALL CHILDREN ≥ 3 MONTHS UNTIL COMPLETION OF PRIMARY SCHOOL

Children < 3 months with a fever greater than or equal to 38°C or more should be urgently assessed by a doctor.

Parent of unwell children with severe immunodeficiency such as solid organ transplants or active malignancy should contact their treating service as advised.

This is intended as guidance for parents and doctors. Doctors should use clinical judgment in addition to this guidance. As Guidance may be subject to change always check you have the latest version

	ASSESS SEVERITY OF ILLNESS How sick is your child?	1. Child has no ill household contacts	2. Child has ill household contact	3. Child is contact of a proven case of COVID
<p>A</p> <p>≥3months and < 13 years i.e. up to end of Primary School</p>	<p>YOU NEED TO GET IMMEDIATE MEDICAL ASSISTANCE IF YOUR CHILD HAS ANY OF THE FOLLOWING:</p> <ul style="list-style-type: none"> Is less than 3 months and has a fever greater than or equal to 38.0°C <i>*(see note on fever post immunisation)</i> Is pale, mottled and feels abnormally cold to the touch Has pauses in their breathing (apnoeas), has an irregular breathing pattern or starts grunting Has severe difficulty in breathing Is becoming agitated or unresponsive Is going blue round the lips Has a fit/seizure Becomes extremely distressed (crying inconsolably despite distraction), confused, very lethargic (difficult to wake) or unresponsive Develops a rash that does not disappear with pressure (the 'Glass test') <p>*Where children develop a characteristic POST IMMUNISATION fever-testing is not generally required unless there are other concerning symptoms and/or the doctor considers it appropriate.</p>	<p>THIS IS URGENT. IT IS APPROPRIATE TO CALL 999/112 OR GO DIRECTLY TO THE EMERGENCY DEPARTMENT.</p> <p>Child needs to be urgently evaluated for evidence of a significant alternative diagnosis, as COVID-19 is rarely a severe illness in children.</p> <p>Child needs to be isolated until COVID-19 is out ruled.</p> <p>Use appropriate Infection prevention and control measures.</p> <p>Follow public health advice</p>	<p>THIS IS URGENT. IT IS APPROPRIATE TO CALL 999/112 OR GO DIRECTLY TO THE EMERGENCY DEPARTMENT.</p> <p>Child needs to be urgently evaluated for evidence of a significant alternative diagnosis, as COVID-19 is rarely a severe illness in children.</p> <p>Child needs to be isolated until COVID-19 is out ruled.</p> <p>Use appropriate Infection prevention and control measures</p> <p>Follow public health advice</p>	<p>THIS IS URGENT. IT IS APPROPRIATE TO CALL 999/112 OR GO DIRECTLY TO THE EMERGENCY DEPARTMENT</p> <p>ALERT EMERGENCY SERVICES THAT THEY ARE A CONTACT OF A PROVEN CASE</p> <p>Child needs to be urgently evaluated for evidence of a significant alternative diagnosis, as COVID-19 is rarely a severe illness in children.</p> <p>Child needs to be isolated.</p> <p>Use appropriate Infection prevention and control measures</p> <p>All contacts must follow public health guidance</p>

INFANTS UNDER THREE MONTHS REQUIRE A SPECIFIC APPROACH AND ARE OUTSIDE THE SCOPE OF THIS ALGORITHM

Guideline development group acknowledge the information provided in the RCPC [‘Advice for Parents During COVID’](#) and The Netherlands approach [‘Children and COVID-19’](#) 24th August 2020 FINAL

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	ASSESS SEVERITY OF ILLNESS How sick is your child?	1. Child has no ill household contacts	2. Child has ill household contact	3. Child is contact of a proven case
B ≥3months and < 13 years i.e. up to end of Primary School	<p>YOU NEED TO CONTACT A DOCTOR NOW IF YOUR CHILD HAS ANY OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Is finding it hard to breathe or short of breath including drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession) or head bobbing • Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual) • Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down • Has extreme shivering or complains of muscle pain • Is getting worse or if you are worried • Has persistent vomiting and/or persistent severe abdominal pain <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> • Infants 3-6 months of age with a temperature greater than or equal to 38.0°C confirmed unless you consider it to be <i>*fever post immunisation temperature</i> <p>Although COVID-19 may cause the above symptoms, it is important to consider other causes, such as pneumonia or appendicitis, as most children with COVID-19 are not very unwell</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>*Where children develop a characteristic POST IMMUNISATION fever-testing is not generally required unless there are other concerning symptoms and/or the doctor considers it appropriate.</p> </div>	<p>YOU NEED TO CONTACT A DOCTOR NOW FOR ADVICE. ASSESSMENT WILL BE REQUIRED</p> <p>Treat according to diagnosis and severity of illness. Watch for deterioration.</p> <p>Use appropriate Infection prevention and control measures until COVID-19 outruled by testing or alternate non-COVID diagnosis evident (e.g. cellulitis, joint infection etc).</p> <p>Children who are not tested and no alternative diagnosis established should be treated as presumptive COVID-19. Follow public health advice</p> <p>Isolate until COVID out ruled in the child by testing or an alternative non-COVID diagnosis is established</p>	<p>YOU NEED TO CONTACT A DOCTOR NOW FOR ADVICE AND YOUR CHILD SHOULD BE EXAMINED AND /OR HAVE COVID 19 TESTING</p> <p>Treat according to diagnosis and severity of illness. Watch for deterioration.</p> <p>Use appropriate Infection prevention and control measures until COVID-19 outruled by testing or alternate non-COVID diagnosis evident in child and/or household contact</p> <p>Children who are not tested and no alternative diagnosis established should be treated as presumptive COVID-19. Follow public health advice</p> <p>Isolate until COVID out ruled in the child by testing or an alternative non-COVID diagnosis is established</p>	<p>YOU NEED TO CONTACT A DOCTOR NOW FOR ADVICE AND YOUR CHILD SHOULD BE EXAMINED AND <u>WILL</u> NEED COVID 19 TESTING</p> <p>Treat according to diagnosis and severity of illness. Watch for deterioration.</p> <p>Use appropriate Infection prevention and control measures for a contact of a proven case.</p> <p>All contacts must follow public health advice.</p> <p>Keep child at home to isolate with the family.</p>

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	ASSESS SEVERITY OF ILLNESS How sick is your child?	1. Child has no ill household contacts	2. Child has ill household contact	3. Child is contact of a proven case
C ≥3months and < 13 years i.e. up to end of Primary School	<p>YOU SHOULD CONTACT YOUR DOCTOR</p> <p>If your child has a temperature of greater than or equal to 38.0°C confirmed and is older than 6 months</p> <p>OR</p> <p>if they have other symptoms suggestive of COVID-19 such as new cough, loss or change in sense of taste or smell even if temperature is normal</p> <p>Infants 3-6 months of age with a temperature greater than or equal to 38.0°C confirmed-go to <u>Box B</u>.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>*Where children develop a characteristic POST IMMUNISATION fever-testing is not generally required unless there are other concerning symptoms and/or the doctor considers it appropriate</p> </div>	<p>CONTACT YOUR DOCTOR.</p> <p>Refer for testing unless an alternative clinical diagnosis is evident (e.g. otitis media, UTI)*severe croup avoid swabbing, if deemed necessary-should be done in ED due to risk of airways obstruction</p> <p>Treat according to diagnosis and severity of illness.</p> <p>Use appropriate Infection prevention and control measures.</p> <p>Children who are not tested and no alternative diagnosis established should be treated as presumptive COVID-19.</p> <p>Follow public health advice</p>	<p>CONTACT YOUR DOCTOR.</p> <p>Refer for testing unless an alternative clinical diagnosis is evident (e.g. otitis media , UTI)*severe croup avoid swabbing, if deemed necessary-should be done in ED due to risk of airways obstruction</p> <p>Treat according to diagnosis and severity of illness.</p> <p>Use appropriate Infection prevention and control measures</p> <p>Children who are not tested and no alternative diagnosis established should be treated as presumptive COVID-19.</p> <p>Follow public health advice</p>	<p>CONTACT YOUR DOCTOR.</p> <p>Any symptomatic person who is a contact of a proven case should be isolated and tested.</p> <p>Severe croup: Avoid swabbing. If needed swabbing should be done in ED due to risk of airways obstruction</p> <p>Treat according to diagnosis and severity of illness.</p> <p>Use appropriate Infection prevention and control measures</p> <p>All contacts must follow public health advice</p>

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D ≥3months and < 13 years i.e. up to end of Primary School	Child appears mildly unwell; temperature is less than 38.0°C without paracetamol or ibuprofen They do not have other symptoms suggestive of COVID-19 such as new cough, shortness of breath, loss or change in sense of taste or smell. Observe for 48 hours. Watch for development of new symptoms. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> *Where children develop a characteristic POST IMMUNISATION fever-testing is not generally required unless there are other concerning symptoms and/or the doctor considers it appropriate. </div> Any diarrhoea must be resolved for 48hr before return to school or childcare	Child must stay at home. Parent/carer must monitor child's condition for 48hr for deterioration or new symptoms. If no new symptoms emerge and they do not require paracetamol or ibuprofen, the child can return to school or childcare No household restrictions required. Asymptomatic siblings and parents may attend work and school	<u>Scenario A</u> If ill household contact has symptoms consistent with COVID-19-Child must stay at home -FOLLOW Public Health Advice <u>Scenario B</u> If ill household contact does NOT have symptoms consistent with COVID-19 Parent/carer must monitor child's condition for 48hr for deterioration or new symptoms. If no new symptoms emerge and they do not require paracetamol or ibuprofen, the child can return to school or childcare provided COVID 19 is out ruled in the household.	REFER FOR TESTING. Child should not attend school-follow Public Health Advice for close contacts. Any symptomatic person who is a contact of a proven case should be isolated pending results and tested. -Watch for new symptoms. All contacts must follow public health advice.

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<p>E</p> <p>≥3months and < 13 years i.e. up to end of Primary School</p>	<p>Active, well children with nasal cold symptoms (runny nose, sneezing) without a cough or temperature or any other symptoms.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>*Where children develop a characteristic POST IMMUNISATION fever-testing is not generally required unless there are other concerning symptoms and/or the doctor considers it appropriate</p> </div>	<p>Child can attend school.</p> <p>Parent/carer must monitor child's condition for deterioration or new onset of symptoms.</p> <p>If new symptoms arise follow relevant guidance A to E as appropriate</p>	<p>Scenario A</p> <p>If ill household contact has symptoms consistent with COVID-19-Child must stay at home -FOLLOW Public Health Advice</p> <p>Scenario B</p> <p>If ill household contact does NOT have symptoms consistent with COVID-19 child can attend school</p> <p>Parent/carer must monitor child's condition for deterioration or new onset of symptoms.</p> <p>If new symptoms arise follow relevant guidance A to E as appropriate</p>	<p>REFER FOR TESTING.</p> <p>Child should not attend school-follow Public Health Advice for close contacts.</p> <p>Any symptomatic person who is a contact of a proven case should be isolated pending results and tested.-Watch for new symptoms.</p> <p>All contacts must follow public health advice.</p>

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