COVID-19 Pediatric Workflow

Is COVID-19 testing positive?

PV

Key Factors to Testing:
- PPE is limited.
- Testing capability is limited.
- For any patient transition from ED to Inpatient, an intentional conversation must occur between providers regarding patient specific potential for COVID-19 testing
- If you have clinical questions, please utilize the “COVID-19 Provider Resource – Pediatrics” in PerfectServe.

Patient presents with following symptoms:
Lower respiratory complaints: cough, dyspnea, *(isolated rhinorrhea does not qualify)*
AND
Fever (subjective or objective) or Flu Like Symptoms
*(Exclusions: patient has known or suspected alternative diagnosis, for example lobar pneumonia. If so, treat alternative diagnosis)*

- Initiate Severe Respiratory Isolation *(see box to right)*
- Obtain 1 NP swab specimen. Send for COVID-19 + Influenza PCR testing. COVID-19 order: COVID-19 PCR.
- If patient has underlying RAD/asthma and inhaled treatment is required, *preferentially use home MDI as able.* If nebulizers are required, N95/PAPR will be needed.
- Do NOT hold pt in ED for pending results. Admit/transfer patient to 5CH as able.

Severe Respiratory Isolation
Precautions include the following:
- Gown
- Gloves
- Eye Protection
- Simple Isolation Mask

*When using Severe Respiratory Isolation precautions, remember that the following procedures require the additional precautions:*  
- *Nebulizers:* N95 mask or PAPR  
- CPAP, BiPAP, Home Vents, Act of Intubation/ Extubation, HFNC: N95 + Negative Pressure if available.

Maintain Severe Respiratory Precautions *(see info above).*
- Please see treatment considerations Listed on next page.
- If you have clinical questions, contact the “COVID-19 Provider Resource – Pediatrics” in PerfectServe.
- Contact Dr. Rajasekaran via PerfectServe to discuss enrolling COVID-19+ patient in research study.

Treat alternative cause and adjust to isolation precautions for diagnosis *(per policy).*
Transfer to alternate floor as able.
*If clinical concern for COVID-19 remains, please contact pediatric infectious disease to discuss next steps.*
Treatment considerations for patients positive or presumed to be COVID-19 positive (as identified above):

- **PPE**: follow severe respiratory isolation precautions (see sign on door), contact "Hot Zone Boss" as needed for coaching on PPE.

- **Caregiver Limitation**:
  - RNs and RTs should serve as primary care providers for direct patient care
  - Physicians, APPs, Residents should limit to 1-2 providers per shift
  - Phlebotomists and Rehab may provide essential direct patient care as needed
  - All other team members (care management, MSW, pharmacy, consulting services, clinical students) should refrain from direct patient care (entering the room). Consider use of virtual or phone communication for subspecialty consults and/or patient & family communication.

- **Consolidate “Batch” Care**:
  - Minimize labs and consults as much as possible
  - Group and “batch” interventions to minimize direct patient contact throughout shift

- **Patient placement**: placement should follow organizational protocols for cohorting until COVID-19 volumes surpass capacity of designated units
  - Hospital Supervisors may be contacted to help facilitate transfers between units as needed
  - Patients not being tested or treated for COVID-19 should be relocated as needed to create capacity within designated units

- **Visitor Movement**: Visitor restriction should continue as established. Visitors permitted on case by case basis. Approved visitors must limit movement to travel between the room and parking lot only. Visitors must wear a mask while en route.

**Re-testing Criteria**: Please use the following criteria to determine if retesting for COVID-19 should be considered. Note that testing accuracy is dependent upon appropriate technique of specimen collection. Sputum specimens could be considered for retesting.

<table>
<thead>
<tr>
<th>Status</th>
<th>Retesting Criteria</th>
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<tbody>
<tr>
<td><strong>COVID POSITIVE Patients</strong></td>
<td>NO retesting is indicated at this time. Infection Prevention should be consulted to determine if patient can be removed from severe respiratory isolation.</td>
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| **COVID NEGATIVE Patients with significant Clinical Suspicion** | **Must talk to Pediatric Infection Disease prior to Retesting**. Retesting may be indicated with the following scenarios  
- Respiratory Decline requiring increased Level of Care: retesting may be considered to confirm etiology  
- End of Life Situations: retesting may be considered for the purposes of preserving PPE and/or directing PPE use within family visitation  
- Length of Stay: retesting may be considered for the purpose of preserving PPE within a longer length of stay |