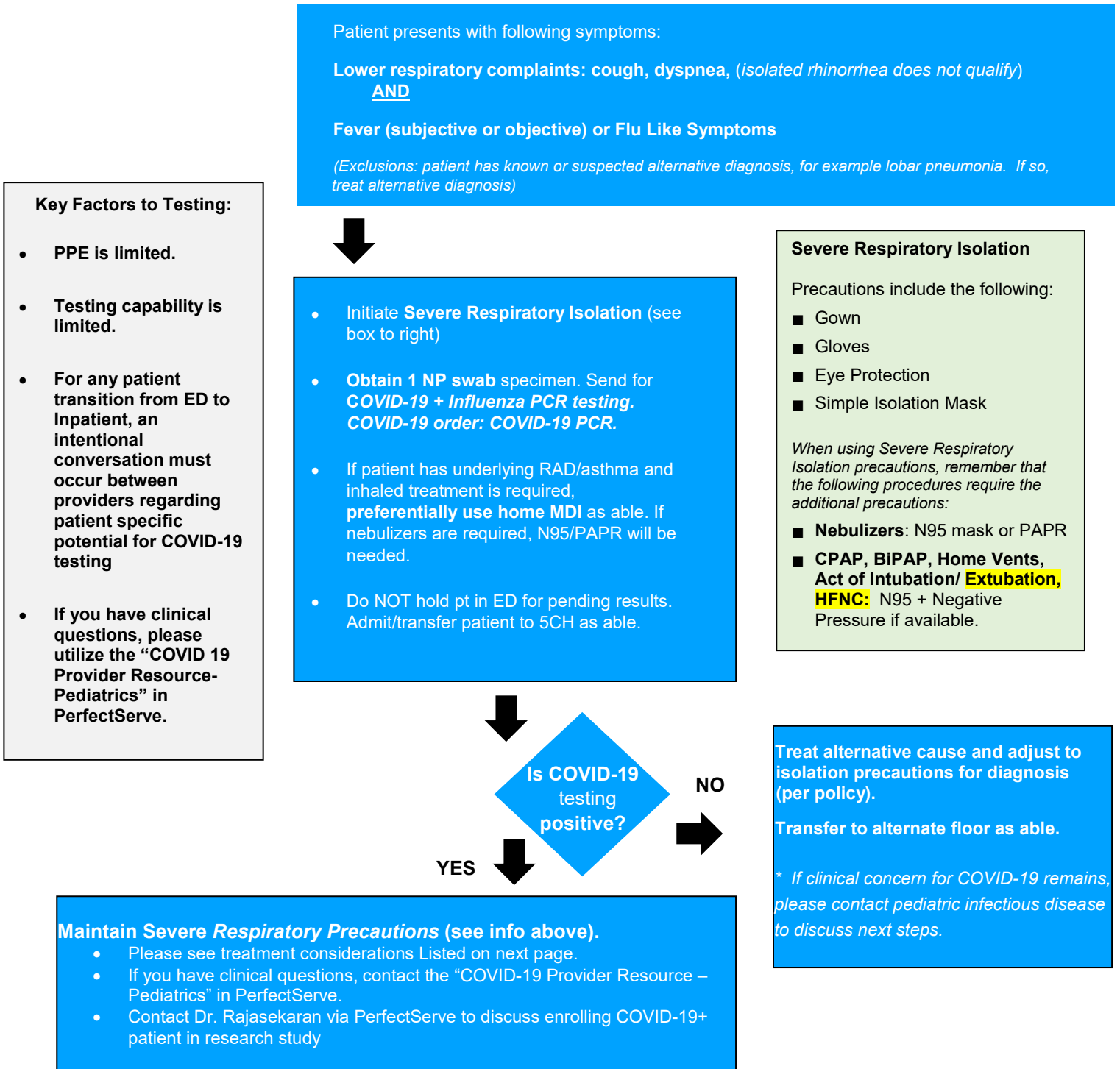


# COVID-19 Pediatric Workflow March 27 at 1100

For ED to Inpatient or Inpatient pediatric patients who are showing symptoms of COVID-19, please utilize the following workflow to determine the need for COVID-19 testing:



**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.*

Status	Retesting Criteria
COVID <b>POSITIVE</b> Patients	NO retesting is indicated at this time. Infection Prevention should be consulted to determine if patient can be removed from severe respiratory isolation.
COVID <b>NEGATIVE</b> Patients with significant Clinical Suspicion	<p><b><i>Must talk to Pediatric Infection Disease prior to Retesting.</i></b> <i>Retesting may be indicated with the following scenarios</i></p> <ul style="list-style-type: none"> <li>• <b>Respiratory Decline requiring increased Level of Care:</b> retesting may be considered to confirm etiology</li> <li>• <b>End of Life Situations:</b> retesting may be considered for the purposes of preserving PPE and/or directing PPE use within family visitation</li> <li>• <b>Length of Stay:</b> retesting may be considered for the purpose of preserving PPE within a longer length of stay</li> </ul>