



COVID 19 PEDIATRIC CLINIC KEY STRATEGIES

This document highlights key strategies for managing COVID19 in a population of children. Please follow epidemiologic updates and guidance given by the CDC ([CDC COVID19](#)), the Utah Department of Health ([Utah Department of Health COVID19](#)), and the AAP ([AAP COVID19](#)).

Triage level of care: The vast majority of COVID19 infections in children are mild. These children are best cared for at home. This is the single most important message for families.

- Create postcards, texts, and on-hold recorded messages to families outlining what constitutes mild respiratory symptoms and what care can be done at home.
- Post signs and have information in your clinic outlining what constitutes mild respiratory symptoms and what care can be done at home ([AAP Caring for Colds](#)).
- Use your current nurse directed protocols/algorithms to determine if patients calling in with respiratory symptoms can be safely managed at home. Consult UDOH with any questions on your clinic triage algorithm ([UDOH COVID19](#)).
- Call families with upcoming appointments to assess for signs of respiratory illness. If the child has respiratory symptoms, use nurse directed protocols/algorithms per above.
- When needed, involve triage providers in clinic such as nurses, advanced practice providers or physicians to determine level of care and location of assessment if needed. When possible, providers can give instructions on care for the child at home including a follow up plan or instructions.
- If triage by phone is not adequate, consider using telehealth platforms for further assessment ([HIPAA Compliant Platform Info](#)). This can be helpful in assessing respiratory rate and overall work of breathing.
- Triage providers should use best clinical judgement based on age, severity of illness, and updates on COVID19 epidemiology to decide when a child needs to be seen in person and where the best location is for that evaluation.
- Inform parents that those most at risk from COVID19 may be the child's grandparents.

Consider structural protections for infection

- Consider separate waiting areas and clinic rooms for sick versus well visits.
- Schedule well visits first in the day, before sick visits, when possible. Consider rescheduling well visits that may not include critical vaccines or other concerns.
- Consider triaging patients at the front door of clinic before they get to the waiting area.
- Consider triaging, evaluating, and treating patients in the parking lot of the clinic.

Follow recommended infection control protocols in your clinic ([CDC Infection Control in Healthcare Settings](#))-

- Triage patients to appropriate level of precautions. Those with any respiratory symptoms or fever should don a mask covering nose and mouth.
- Patients at risk for COVID19, according to CDC criteria, should be placed in an isolated room designated for this purpose as quickly as possible. Rooms should be cleaned between patients [according to CDC guidelines](#).
- Providers should follow recommended PPE for all patients with respiratory symptoms including gowns, gloves, masks, and protective eye wear. See CDC link for information on access to PPE equipment.

Follow current guidelines from UDOH for testing ([UDOH COVID19](#)) as well as clinical judgement for when to escalate to higher levels of care. Call UDOH with questions at 888-EPI-UTAH (374-8824). Communicate with other healthcare facilities when transferring care.