



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 Mississippi Department of Health ([MS Department of Health COVID19](#)), and the AAP([AAP COVID19](#)).

Please be aware if **YOU** care for a patient who eventually tests positive for Coronavirus, then you and/or your office staff will need to **self-isolate for two weeks**. Please take appropriate steps to prevent **YOUR** exposure to Coronavirus!

IF YOU ARE RUNNING LOW ON PPE, CONTACT YOUR COUNTY EMERGENCY MANAGEMENT OFFICE.

For a listing by county click [HERE](#).

MSDH CoronaVirus Hotline: **877-978-6453**

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 MSDH with any questions on your clinic triage algorithm.
- 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 wellness 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.
- Consider pulling patients with suspected coronavirus directly back to an exam room.

- The State Licensure Board has, during the state of emergency, relaxed standards regarding face to face examinations for controlled substances. You should continue to monitor the Physician Prescription Monitoring Program, however. [Medical Licensure Proclamation](#) You may want to consider **postponing the office visits for your otherwise-healthy ADHD patients** and refill their prescriptions based on a phone call.
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. As this is difficult for infants and toddlers, consider pulling them directly to an exam room.
- 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. Personal eyeglasses are NOT sufficient!

The following is a set of questions for Dr. Dobbs from MS-AAP members:

1) Do nurses and doctors need to wear PPE (personal protective equipment) when examining **all** febrile children with a cough? That encompasses much of our workday!

(Dobbs) Would recommend mask (surgical OK), gloves and eye protection. This is minimum set of PPE to prevent need of quarantine if patient has COVID.

2) Should we test all infants/children **hospitalized** for respiratory distress - even if they have a history of asthma, current RSV or pneumonia?

(Dobbs) I don't think so. But certainly use judgement. Kids don't seem to get very sick from this so far.

3) There was a recommendation to **not see** the non-essential office visits. Should that mean we delay routine infant immunizations? Alternatively, should we delay wellness exams that DON'T include shots? Sports physicals?

(Dobbs) Judgement call, but from my perspective would not delay immunizations, but would delay wellness and sports physicals.

4) It is really **not possible** to place masks on small children and infants with febrile coughs. Should we try to bring them back to a room as soon as they present to the office?

(Dobbs) Agree, good idea

5) If the patient is uninsured, is there any mechanism for them to get testing for free?

(Dobbs) It's free from MSDH

6) If a woman who is breastfeeding has a febrile cough, and thinks she should quit breastfeeding, how should she be advised?

(Dobbs) Not clear. This is all we have from CDC so far: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html>

7) Should specimens be nasopharyngeal AND oropharyngeal, or just nasopharyngeal?

(Dobbs) For MSDH both. Last I checked Labcorp was NP only. See below link for specimen requirements.

Follow current guidelines from MSDH for testing ([MSDH TESTING](#)) as well as clinical judgement for when to escalate to higher levels of care. Call MSDH with questions at 866-458-4948. Communicate with other healthcare facilities when transferring care.

Click here to get alerts from the Mississippi State Department of Health: [Health Alert Network](#)

Coding Update: <https://www.msafp.org/wp-content/uploads/2020/03/COVID-coding-information.pdf>