

# COVID-19 - paediatric scenarios

## Health Policy team

This page provides guidance on care and management for different groups of children as inpatients. It also advises on specific groups of children - those with febrile neutropenia, and those at increased risk of COVID-19.

### **Last modified**

8 April 2020

### **Post date**

8 April 2020

### Table of contents

- [Suspected child – mildly-moderately symptomatic requiring admission \(level 0–1\)](#)
- [Suspected child - requiring moderate intervention \(level 2 critical care eg CPAP\)](#)
- [Suspected child – requiring PICU level 3 care](#)
- [Special cases: children with febrile neutropenia and suspected COVID-19](#)

## **Suspected child – mildly-moderately symptomatic requiring admission (level 0–1)**

Level 0 is a standard ward paediatric patient.

Level 1 refers to level 1 paediatric critical care.

- Children with mild to moderate symptoms and are admitted for observation/feeding support. This advice may change for those with mild symptoms during a pandemic stage.
- Possible interventions:
  - Nasogastric feeding
  - Supplemental oxygen to maintain saturations over local criteria (90– 92%)
  - IV fluids
  - Humidified high flow nasal cannulae oxygen (HHFNCO) – note this is a high risk procedure only if absolutely necessary and appropriate infection control measures in place see PHE guidance PICs revised guidance
  - Monitoring as required by level of care.
- These children should be nursed in a single side room. A parent/carer who is admitted with the child must stay in the room at all times until discharge or confirmed negative

screening test. Both child and parent should wear surgical mask for transfer from ED to the designated room and if leaving for any reason.

- Staff should minimise time in the room as far as possible.
- The process must be explained to families requesting their compliance to infection control procedures. Ways of doing this but minimising contact need to be identified.
- Aerosol generating procedures (HFFNCO, suctioning, performing NPAs) should be avoided unless absolutely essential. NPAs are also aerosol generating procedures but may be clinically helpful.
  - Where AGPs are medically necessary, they should be undertaken in a negative-pressure room, if available, or in a single room with the door closed.
- Waste should be managed appropriately. If there is no en-suite toilet in the side room, a dedicated commode (which should be cleaned as per local cleaning schedule) should be used with arrangements in place for the safe removal of the bedpan to an appropriate disposal point.
- Room will need chlorine clean following discharge if screening results pending or confirmed positive.

## **Suspected child - requiring moderate intervention (level 2 critical care eg CPAP)**

- Children who require respiratory support should be discussed with PICU. If they are undergoing high risk procedures (suction, HFFNCO, CPAP, etc.) they should be managed in a single side room and should take priority over other inpatients.
- All attending staff should wear appropriate PPE.
- If subsequently confirmed to have COVID-19, the patient may warrant transfer to an appropriate paediatric HCID centre if there are concerns regarding clinical deterioration; these decisions will be made on a case by case basis depending on capacity within the designated paediatric HCID centres.
- The parent/carer who is admitted with the child must stay in the room at all times until discharge or confirmed negative screening test.
- Room will need chlorine clean following discharge if screening results pending or confirmed positive.

## **Suspected child – requiring PICU level 3 care**

- The Paediatric Intensive Care Society (PICS) have put together [detailed practical guidance](#) specific to the management of critically ill children, including flow diagrams for suspected and confirmed cases of COVID-19 infection
- Details regarding the [levels of paediatric critical care can be found here](#).
- Level 3 care includes intubation and ongoing ventilation. Management and referral pathways for level 2 and 3 patients are described in PICS guidance, along with intubation guidance if a child needs intubating in a DGH due to respiratory failure.
- Children requiring level 3 care should be referred to PICU as per normal protocol, highlighting on referral that there is a suspicion of COVID-19.
- All staff involved in their care prior to transfer to intensive care should wear appropriate PPE.
- If the child is confirmed to have COVID-19, assuming that we are still in the containment phase, they should ideally be transferred to an HCID PICU centre.

- Following transfer, the room should be chlorine cleaned.

## **Special cases: children with febrile neutropenia and suspected COVID-19**

- Children should initially be assessed and tested in ED not the wards.
- Prompt administration of broad-spectrum antibiotics for the management of febrile neutropenia is essential.
- In the Oncology wards may wish to designate specific cubicles for patients with suspected COVID-19.
- All infectious disease precautions must be followed as for other COVID-19 patients as well as specific cautions for that patient group otherwise the child should be admitted into a cubicle within the suspected coronavirus area.