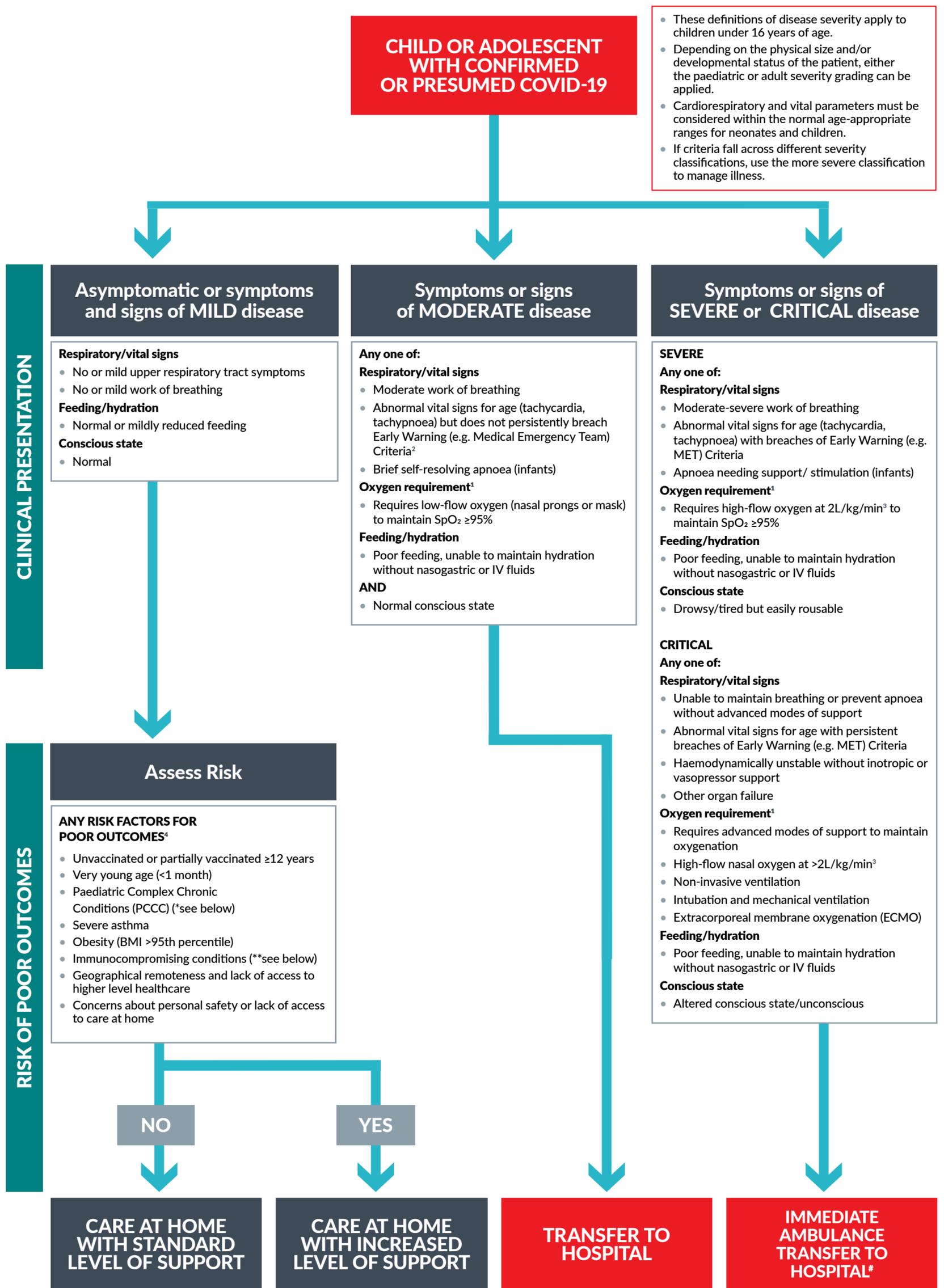


PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19



Local adaptation may be necessary as assessment of overall risk and appropriate models of care may vary across jurisdictions



- These definitions of disease severity apply to children under 16 years of age.
- Depending on the physical size and/or developmental status of the patient, either the paediatric or adult severity grading can be applied.
- Cardiorespiratory and vital parameters must be considered within the normal age-appropriate ranges for neonates and children.
- If criteria fall across different severity classifications, use the more severe classification to manage illness.

Refer to local processes or the '[RACGP monitoring protocol](#)' in the homecare guidelines (page 12).
Refer to the '[Child and adolescent care section](#)' of the Australian guidelines for the clinical care of people with COVID-19.
[#]For severe or critical patients, care in a PICU may be required and should be considered as part of transfer decision.

- *PAEDIATRIC COMPLEX CHRONIC CONDITIONS (PCCC):**
- congenital and genetic
 - cardiovascular
 - gastrointestinal
 - malignancies
 - metabolic conditions
 - neuromuscular conditions
 - renal conditions
 - respiratory conditions
- **IMMUNOCOMPROMISING CONDITIONS:**
- Primary or acquired immunodeficiency
 - Immunosuppressive therapy, including chemotherapy and radiotherapy

Source
[National COVID-19 Clinical Evidence Taskforce](#) – Australian guidelines for the clinical care of people with COVID-19.

[1] Oxygen saturation target should be modified for children and adolescents with pre-existing illness, such as cyanotic heart disease.
[2] Temperature instability should be considered an abnormal vital sign in infants. Fever is common in children and does not contribute to determination of illness severity in isolation.
[3] Infants and neonates <4 kg may be managed on high-flow nasal cannula oxygen at 2–8L/min irrespective of weight.
[4] Until further evidence emerges, modified adult risk factors have been applied. Evidence of paediatric specific risk factors is under surveillance.