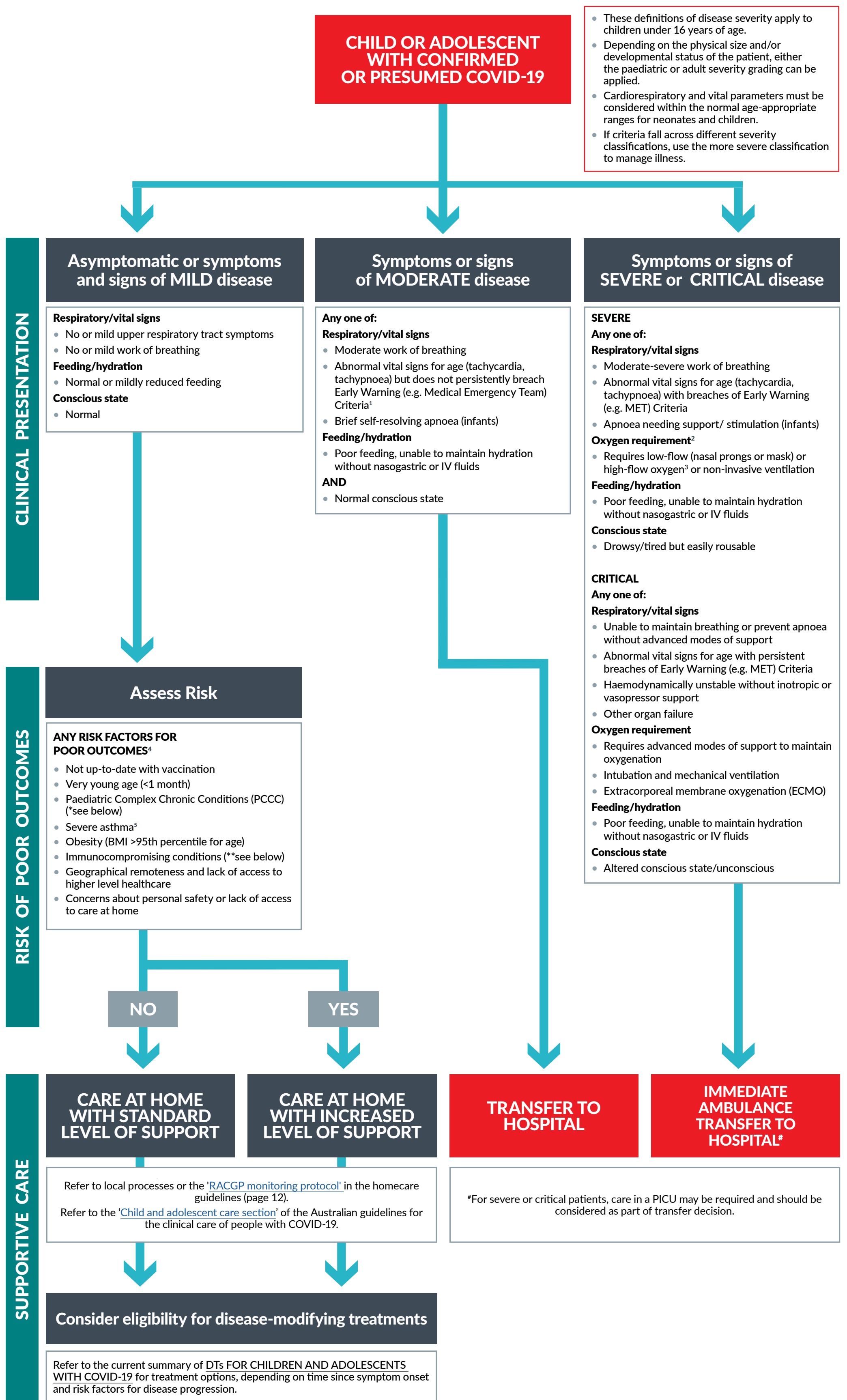


PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19



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.

- *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
 - Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
 - Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
 - Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency
 - Other significantly immunocompromising conditions
 - Immunosuppressive therapy (current or recent)
 - Chemotherapy, whole body radiotherapy or total lymphoid irradiation
 - High-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
 - All biological disease-modifying anti-rheumatic drugs (DMARDs) and most other (e.g. conventional synthetic) DMARDs

[1] 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.
 [2] Oxygen saturation target should be modified for children and adolescents with pre-existing illness, such as cyanotic heart disease.
 [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.
 [5] For example, in the past 12 months either ≥1 exacerbation requiring ICU admission or IV treatment OR ≥2 hospital admissions for asthma; children requiring biologic therapy for symptoms.

Source
 National COVID-19 Clinical Evidence Taskforce – Australian guidelines for the clinical care of people with COVID-19.