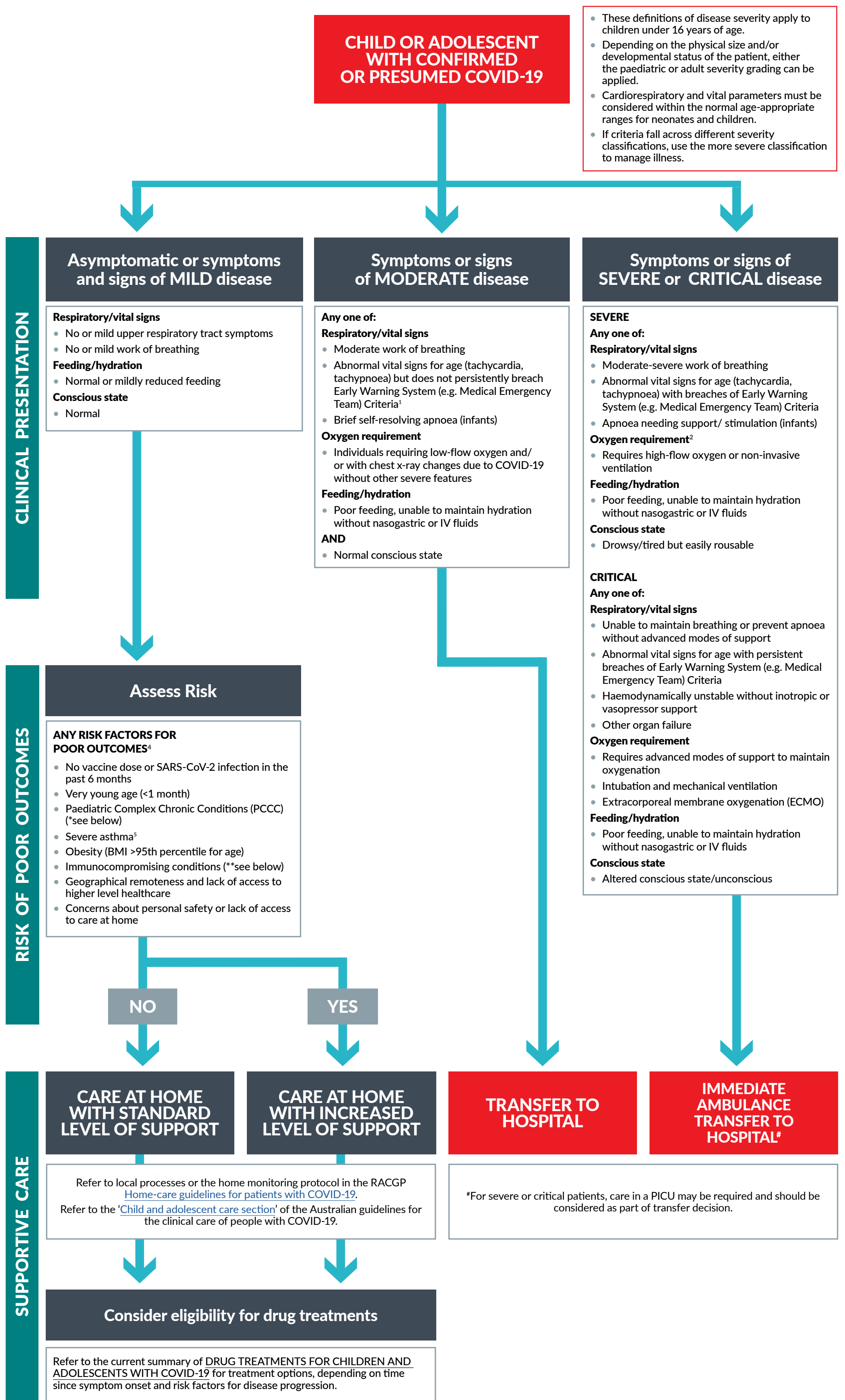


PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19



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.

RISK OF POOR OUTCOMES

Assess Risk

ANY RISK FACTORS FOR POOR OUTCOMES⁴

- No vaccine dose or SARS-CoV-2 infection in the past 6 months
- Very young age (<1 month)
- Paediatric Complex Chronic Conditions (PCCC) (*see below)
- Severe asthma⁵
- Obesity (BMI >95th percentile for age)
- Immunocompromising conditions (**see below)
- Geographical remoteness and lack of access to higher level healthcare
- Concerns about personal safety or lack of access to care at home

NO YES

SUPPORTIVE CARE

CARE AT HOME WITH STANDARD LEVEL OF SUPPORT

Refer to local processes or the home monitoring protocol in the RACGP [Home-care guidelines for patients with COVID-19](#). Refer to the 'Child and adolescent care section' of the Australian guidelines for the clinical care of people with COVID-19.

CARE AT HOME WITH INCREASED LEVEL OF SUPPORT

Consider eligibility for drug treatments

Refer to the current summary of [DRUG TREATMENTS FOR CHILDREN AND ADOLESCENTS WITH COVID-19](#) for treatment options, depending on time since symptom onset and risk factors for disease progression.

TRANSFER TO HOSPITAL

IMMEDIATE AMBULANCE TRANSFER TO HOSPITAL⁶

⁶For 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
 - 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 (AIDS) immunodeficiency
 - Other significantly immunocompromising conditions
 - Immunosuppressive therapy (current or recent)
 - Chemotherapy, whole body radiotherapy or total lymphoid irradiation
 - High-dose corticosteroids: 0.5 mg/kg of prednisone per day (or equivalent) for ≥14 days
 - Selected other potent immunosuppressive therapies (refer to ATAGI advice)

[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.