## **COVID-19 in Pediatric Patients**

## Triage, Evaluation, Testing and Return to School

This tool is intended to assist clinicians in decision-making. It is not intended to replace clinical judgment. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations

The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in those situations.



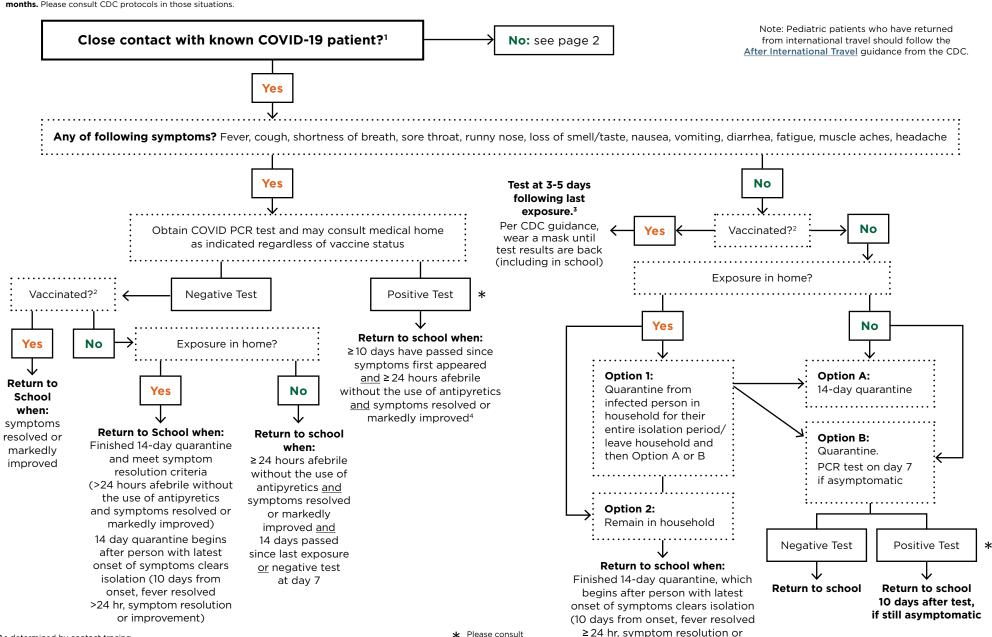
improvement) or negative PCR

test at day 7 of quarantine.





Current as of August, 2021



<sup>1</sup>As determined by contact tracing

<sup>2</sup>Vaccinated means two weeks after final dose of vaccine series

<sup>3</sup>If ongoing exposure in the home, test 3-5 after initial exposure and then again 3-5 days after last exposure <sup>4</sup>Loss of taste or smell may persist for months following COVID diagnosis

\* Please consult documents

return to play located here

PAGE 1

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Note: Pediatric patients who have returned from international travel should follow the Close contact with known COVID-19 patient?1 Yes: see page 1 After International Travel guidance from the CDC. No Any of following symptoms? Fever, cough, shortness of breath, sore throat, runny nose, loss of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache Yes No Consider testing before 24 hours Symptoms < 24 hours Symptoms >24 hours Return to school. with the following consideration: follow current school policies for any Early initiation of contract tracing is desired. other symptoms Return to school when: Symptoms are consistent with Obtain COVID PCR test and (i.e. rash, ear pain, VT experience with pediatric ≥24 hours after symptom joint pain)<sup>2</sup> may consult medical home as indicated COVID to date (currently fever, resolution3 regardless of vaccine status cough, runny nose, headache and/or loss of taste/smell) Ongoing concerns about the transmissibility of the circulating variant No test and no No test but alternative **Negative Test** Positive Test alternative diagnosis diagnosis made by medical home Return to school when: Return to school when: Return to school when: ≥24 hours afebrile without ≥10 days have passed since ≥10 days have passed since Return to school when: the use of antipyretics symptoms first appeared symptoms first appeared and ≥24 hours afebrile without and symptoms resolved or and ≥24 hours afebrile ≥24 hours afebrile without the use of antipyretics markedly improved without the use the use of antipyretics and symptoms resolved or of antipyretics and and symptoms resolved or markedly improved4 symptoms resolved or markedly improved

markedly improved<sup>3</sup>

<sup>&</sup>lt;sup>1</sup>As determined by contact tracing

<sup>&</sup>lt;sup>2</sup>Parent/caregivers may consult medical home for persistent symptoms

<sup>&</sup>lt;sup>3</sup>Loss of taste or smell may persist for months following COVID diagnosis

<sup>&</sup>lt;sup>4</sup>Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)