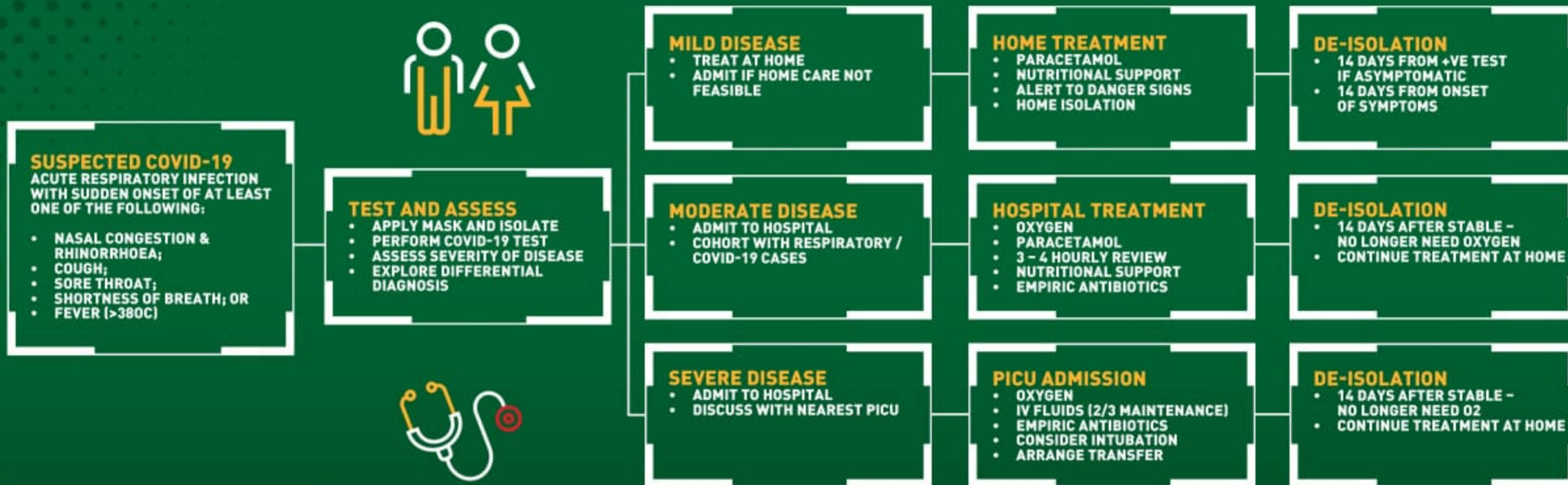


# MANAGEMENT OF CHILDREN WITH SUSPECTED / CONFIRMED COVID-19 INFECTION



## ASSESSMENT OF SEVERITY

	MILD	MODERATE	SEVERE
MENTAL STATUS	NORMAL	RESTLESS	IRRITABLE/LETHARGIC
FEEDING	FINISHES FEED	DOES NOT FINISH FEED	UNABLE TO FEED
TALKING	FULL SENTENCE	INTERRUPTED SENTENCE	INTERRUPTED SENTENCE
RESPIRATORY RATE	<40 IF UNDER 1YR <30 IF 1 - 5 YEARS <20 IF OVER 5 YEARS	40-60 IF UNDER 2 MONTHS 40-50 IF 2 - 12 MONTHS 30-40 IF 1 - 5 YEARS 20-30 IF OVER 5 YEARS	>60 IF UNDER 2 MONTHS >50 IF 2 - 12 MONTHS >40 IF 1 - 5 YEARS >30 IF OVER 5 YEARS
RESPIRATORY SIGNS	RESPIRATORY SIGNS	CHEST WALL INDRAWING	GRUNTING CHEST WALL INDRAWING
SpO <sub>2</sub>	≥95% IN ROOM AIR	<92% IN ROOM AIR	<92% IN ROOM AIR, CENTRAL CYANOSIS

## AVOID THE FOLLOWING IN CHILDREN WITH COVID-19 INFECTION

- ROUTINE OROPHARYNGEAL EXAMINATION UNLESS WEARING FULL PPE (INCLUDING N95 RESPIRATOR AND EYE PROTECTION)
- NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
- CORTICOSTEROIDS
- NEBULISERS – IF NECESSARY USE A METERED-DOSE INHALER (MDI) WITH SPACER
- HIGH-FLOW HUMIDIFIED AIR OR OXYGEN
- NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE (nCPAP) OR BILEVEL POSITIVE AIRWAY PRESSURE (BiPAP) – RISK OF AEROSOLISATION TO STAFF OUTWEIGHS POSSIBLE BENEFIT TO INDIVIDUAL PATIENT
- BAGGING WITH A MASK