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|  <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> | Document Code: | DPOTMH-MSD—PED SOP004 |
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| | Department/Section: | PEDIATRICS |
| | Document Title: | GUIDELINES IN MANAGEMENT OF PEDIATRIC PATIENTS WITH SUSPECT, PROBABLE AND CONFIRMED CORONAVIRUS (COVID-19) INFECTION IN THE OUT-PATIENT SETTING. |

PURPOSE

To reduce the risk of transmission of the virus that causes COVID-19 or other infectious disease from the pediatric patient.

OBJECTIVE


To standardize protocols in management of pediatric patients with emerging and reemerging infectious diseases in the out-patient setting from the Triage to the OPD Complex or Tent.

RESPONSIBLE PERSONS:


All Nurses and Medical Doctors

GENERAL CONSIDERATIONS:

1. The clinical spectrum of COVID-19 has not yet been fully defined. Until specific treatment is determined, a more meticulous supportive care is warranted in managing these patients.
2. Due to the small cases among children, the data on disease severity and pathogenesis of COVID-19 infection in children are limited and new signs and symptoms may emerge in the future. Clinical manifestations of COVID-19 infection among pediatric patients may present variably and less severe than in adults but there are reports of children with COVID-19 infection requiring intensive care.
 - a. Consider referring to Pediatric Infectious Disease Specialist to classify non-COVID from COVID suspect and probable.


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| | Page Number: | 2 |
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3. For consults in the tent area and OPD complex:
 - a. Isolate the pediatric from adult patients by observing social distancing of at least 1-2 meters (3-6 feet) apart. *
 - b. Use engineering controls like physical barrier between patients.
4. Consider telehealth options for pre-screening and/or follow-up to minimize direct contact with patients.
5. One caregiver is allowed to accompany patient inside the tent and OPD complex. The caregiver must properly wear facemask and observe proper hygiene at all times.
6. Require all patients to wear mask that covers mouth and nose except children ≤ 2 years of age.
7. Children with non-severe disease—and in some cases with stable underlying comorbidities—do not require hospital interventions unless there is concern for rapid deterioration or an inability to promptly return to hospital.
8. Laboratory confirmation of COVID-19 is not necessary for patients with mild symptoms because it will not change the management. Home management is recommended and should focus on appropriate supportive treatment, prevention of transmission of the virus to others, as well as monitoring for clinical deterioration, which will eventually prompt inpatient management. Isolation to contain or prevent virus transmission within the household and community should be prioritized. Where feasible, a communication link with health care providers should be made for the duration of the home care until the child's symptoms have completely resolved.


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| | Page Number: | 3 |
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DEFINITION OF TERMS:

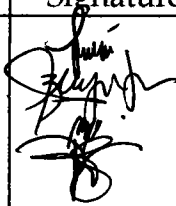
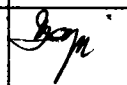
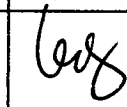
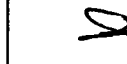



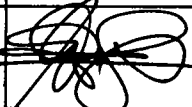
1. **COVID Suspect**—Any symptomatic child with history of travel or close contact within the last 14 days.
2. **COVID Probable**—Any COVID suspect case pending test results, or those whose results are either inconclusive or conducted by an unofficial laboratory.
3. **COVID Confirmed**—Any child with positive for SARS-CoV-2 on nucleic acid detection test such as RT-PCR regardless of symptoms.
4. **Travel History**—Any history of recent travel within the last 14 days to areas with localized transmission or local communities under enhanced quarantine.
5. **Close Contact Exposure**—A person who is involved in any of the following from 2 days before and up to 14 days after the onset of symptoms in the patient:
 - a. Having face to face contact with the COVID-19 patient within 1 meter and for > 15 minutes;
 - b. Providing direct care for patients with COVID-19 disease without using proper PPE;
 - c. Staying in the same close environment as the COVID-19 patient (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time;
 - d. Travelling in close proximity with (that is, within 1 meter separation from) a COVID-19 patient in any kind of conveyance; and


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- e. Other situations, as indicated by local risk assessments (WHO Interim Guidance, March 2020)
6. **Non-severe symptoms**— may range from mild to moderate symptoms
- a. Mild symptoms are patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as fever, fatigue, cough (with or without sputum production), anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache. Rarely, patients may also present with diarrhea, nausea and vomiting.
 - b. Moderate symptoms include frequent fever and cough (mostly dry which may become productive), or wheezing but no obvious shortness of breath. Some may be asymptomatic but with imaging findings which are considered subclinical (Dong et al., 2020)

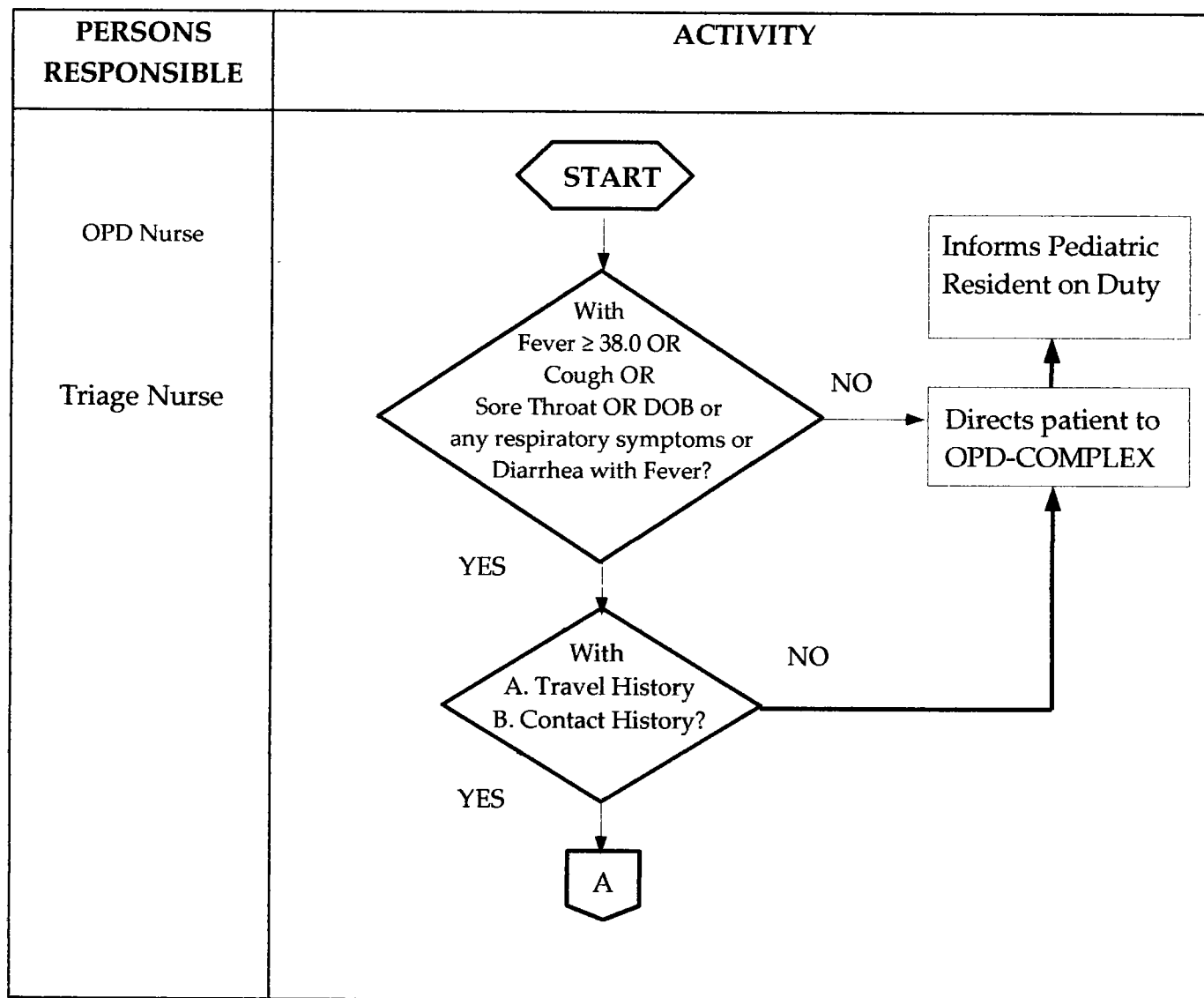
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APPROVAL:

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| | Page Number: | 6 |
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FLOWCHART: PEDATRIC PATIENTS FROM TRIAGE TO OPD COMPLEX OR TENT

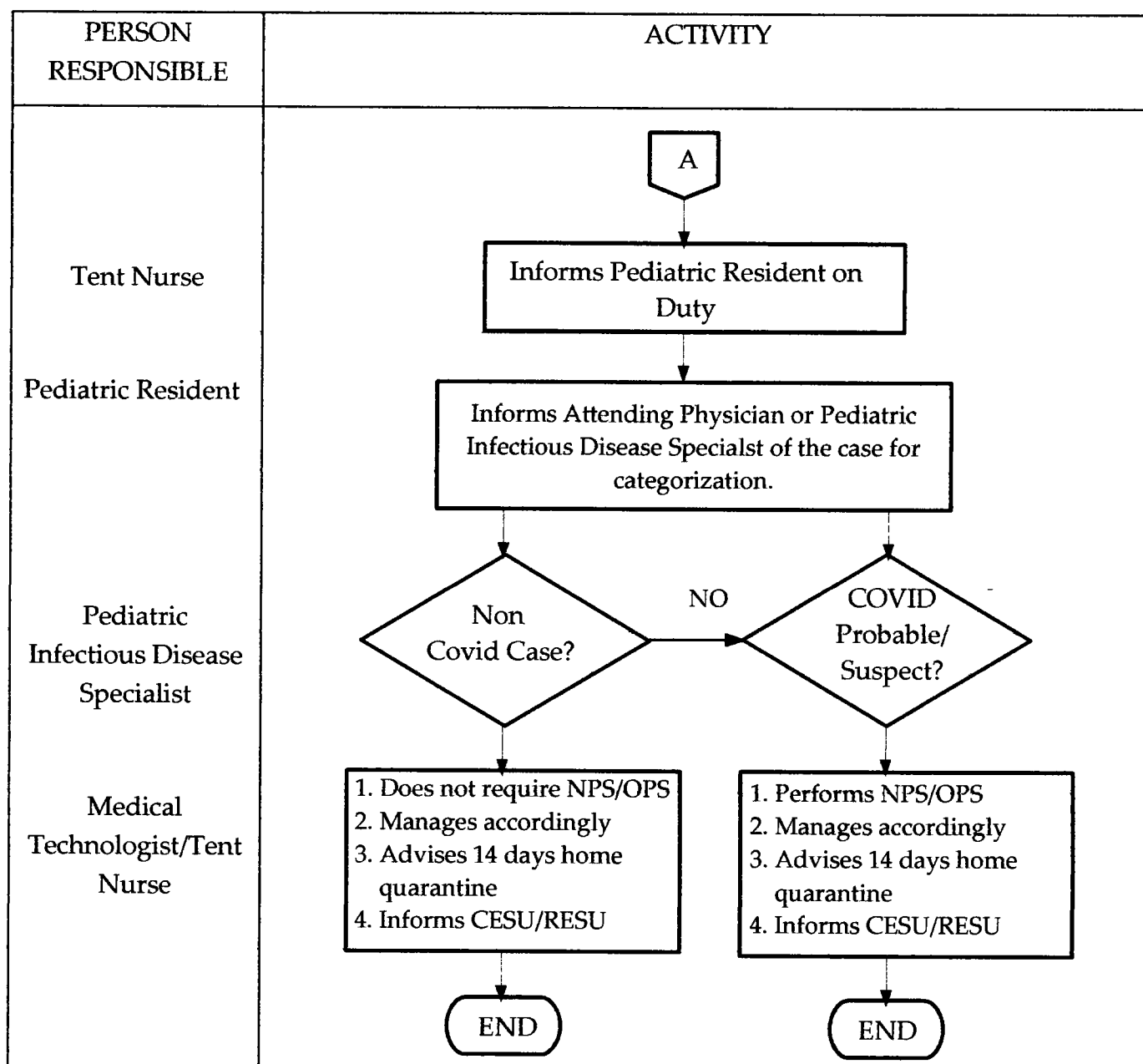




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REFERENCES:

1. Pediatric Infectious Disease Society of the Philippines. (2020, March). Interim Guidelines on the Screening, Assessment and Clinical Management of Pediatric Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19).
2. Pediatric Infectious Disease Society of the Philippines. (2020, May 11). Interim Guidelines on Resumption of Out-Patient Pediatric Clinics Post-Enhanced Community Quarantine During COVID Pandemic.