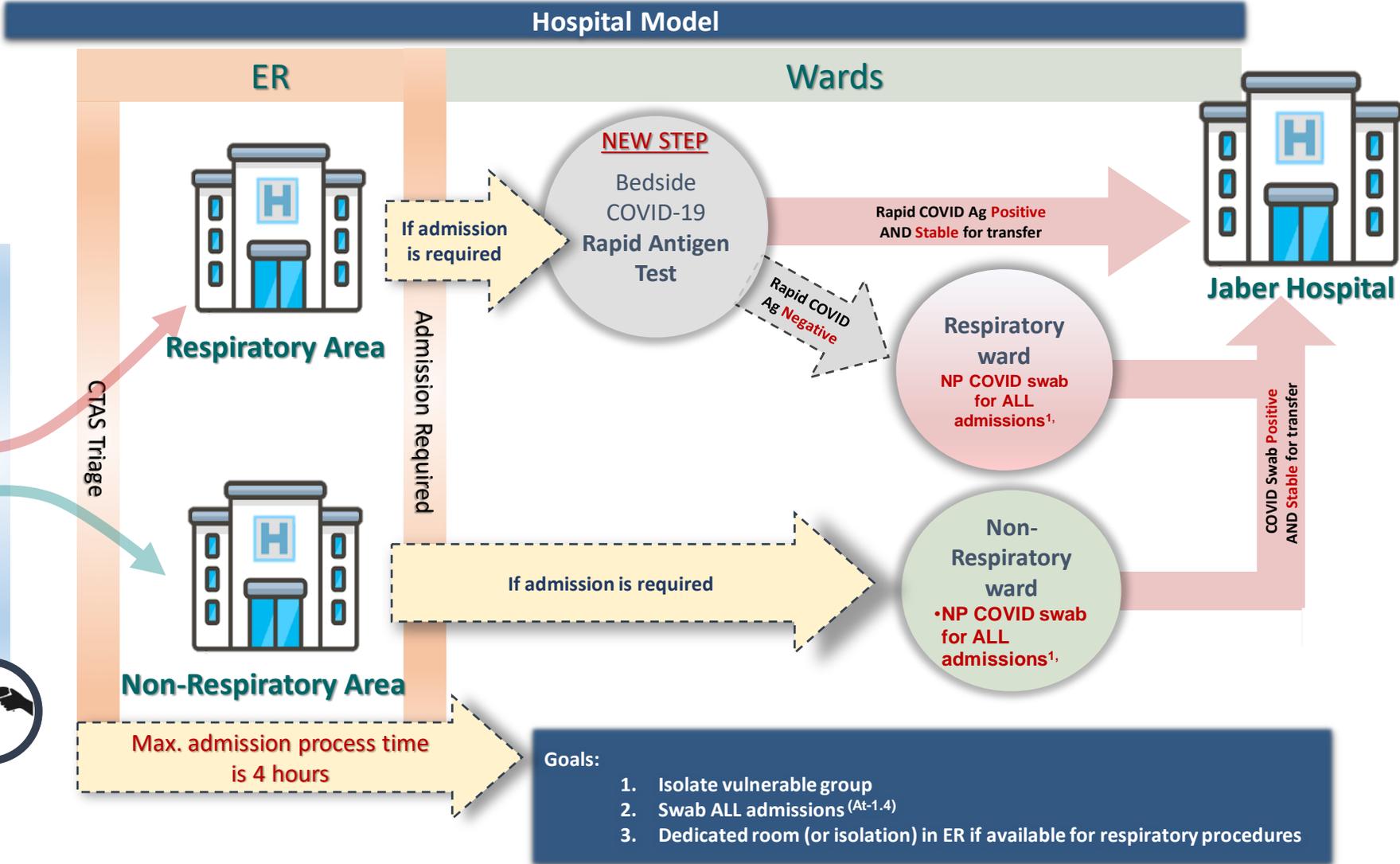


# General Flow Diagram For Pediatric Season 2021/2022 – (Diagram P1)



<sup>1</sup> Swabs to be done in the receiving ward by admitting team **NOT** in ER.

# Suspected or Confirmed COVID-19 Pediatric Patient Track (Diagram-P2)

## Visual Triage in Emergency Room (ER)/ Causality Entry

- Health care practitioner (HCP) should wear **Surgical Mask & Eye Protection** if can not maintain a distance of at least 1 meter.
- Provide **the child (> 2 years)** and **parents** with surgical mask.

### Screening questions

1. Does the patient have **ANY respiratory symptoms** (Cough, Fever, Shortness of breath)<sup>1</sup>?
2. Has the patient been **Tested positive for SARS-Cov-2 (COVID-19) RECENTLY**<sup>2</sup> (within 20 days from the positive swab)? Or is the patient **currently in home isolation / home quarantine**?

### Non-Respiratory ER area ("No" for ALL screening questions)

- Shift to **Non-Respiratory ER**.
- Apply local ER guidelines.
- If patient is unstable, shift to **Non-COVID Resuscitation Room & Stabilize** the patient.

#### Admission is **NOT** indicated

- Follow Pediatric ER Protocols & management.
- Send for home



#### Admission is indicated

- Admit to **peds Non-Respiratory ward / local Non-COVID PICU room (if unstable)**
- Follow clinical management guidelines
- Do **NP COVID swab (At 1.4)**

Positive Swab

#### Admission is indicated

### Bedside Rapid COVID-19 Ag Test in ER

Negative Test

Positive Test

- Admit to **peds respiratory ward / local COVID PICU room (if unstable)**.
- Follow clinical management guidelines
- Do **NP COVID swab (At 1.4)**

Positive Swab

### Jaber Hospital

- Follow clinical management guidelines
- Follow MOH regulations for **transferring to Jaber Hospital as soon as patient is stable**.
- Do **NP COVID swab**.

#### Admission is **NOT** indicated

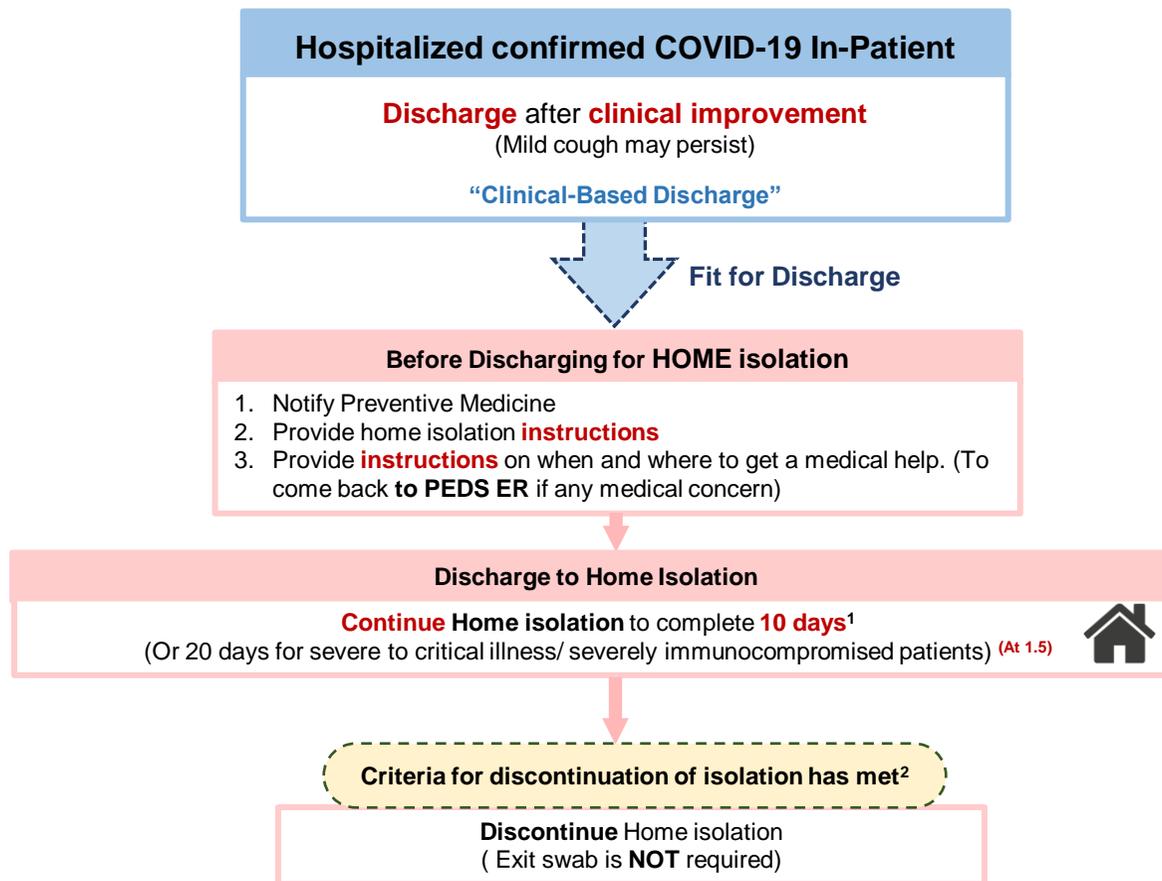
Send for **HOME ISOLATION** with **instructions**



<sup>1</sup> Some **COVID-19 Pediatric Case Reports** include other symptoms like vomiting, diarrhea, chest pain, headache, skin rash, **Kawasaki-like disease**, **toxic shock-like syndrome** or **inflammatory syndrome** as presenting symptoms.

<sup>2</sup> if the patient has **passed 20-day-period** since the positive-swab result, then consider the answer for this question as **"No"**.

# Flow Diagram for Discharging Confirmed COVID-19 Pediatric Patient from Hospitals (Diagram-P3)



<sup>1</sup> Since symptoms first appeared OR date of first positive swab if patient was asymptomatic for COVID-19.

<sup>2</sup> MOH criteria for **discontinue Transmission-Based Precautions** (Based on CDC, Sep. 2021):

- Symptoms-based strategy (For Symptomatic):** At least 1 days (24 hours) have passed since recovery is defined as resolution of fever without the use of fever-reducing medications and improvement of symptoms; **AND** at least 10 days have passed since symptoms first appeared.
- Time-based strategy (for asymptomatic):** 10 days have passed since the date of their first positive COVID-19 diagnostic test.

# Disposition and Discontinuation of Isolation Precautions for Confirmed COVID-19 Cases (Diagram-P4)

**Disposition (Intra-Hospital or Inter-Hospital)**

- **Discharge** or **disposition** decision from medical COVID wards to other facilities **is based on clinical improvement**.
- **Discontinuation of isolation precaution** is **NOT a pre-requisite** for the decision of **discharge** or **disposition**.
- **Isolation rooms** in the receiving facility can be used for the following cases (next box) without deferring patient's management.



**Hospitalized Confirmed COVID-19 patient**

- **Is the patient under the following list?** (this list is subjected to be updated based on future data)
  1. **Patients with severe to critical illness** (At 1.5)
  2. **Patients who are severely immunocompromised** (At 1.5)

**“Time-Based Strategy”**

**Yes**

**Discontinue Isolation precautions when passed > 20 days period<sup>1,2</sup>**

**“Symptom-Based and Time-Based Strategy”**

**NO**

Follow MOH criteria for discontinuation of isolation precautions on **Diagram-P3**



<sup>1</sup> Since **symptoms first appeared** OR date of first positive swab if patient was asymptomatic for COVID-19.  
<sup>2</sup> Test-based strategy (starting from day 10) could be considered **if earlier** Disposition and Discontinuation of Isolation Precautions is required.

### General Rules

- 1 Admit the patient with **respiratory symptoms**, who requires admission, to isolation room in **respiratory ward** (if possible) or general room with maintaining **contact and droplet precautions** until COVID swab results.
- 2 Admit **quarantine** patient **with non-respiratory** symptoms, who requires admission, to **isolation room** in **non-respiratory ward** (if available) or general room with maintaining **contact and droplet precautions** until completion of quarantine period.
- 3 **Positive COVID-19 patient** must be admitted to **designated COVID ward** (or isolation room in respiratory ward)
- 4 NP COVID swab for **ALL admissions EXCEPT** for people **who had been tested positive for SARS-CoV-2 within 90-day-period**. If a person becomes symptomatic during this 90-day period **AND an evaluation FAILS to identify other diagnosis** (e.g., influenza), then the person may warrant evaluation for SARS-CoV-2 reinfection.
- 5 **Definitions:**
  - **Severe illness:** patients who have respiratory distress , SpO2 <94% on room air (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), pediatric acute respiratory syndrome (PARDS), or lung infiltrates > 50%.
  - **Critical illness: Individuals** who have respiratory failure, septic shock, and/or multiple organ dysfunction.
  - **Severely immunocompromised:** being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- 6 **Pediatric High Risk group for severe illness:** Infant < 1 year, Chronic lung diseases (include moderate to severe asthma), Cardiovascular diseases (Cardiomyopathy, unrepaired cyanotic heart disease, single ventricle physiology), Immunosuppression (Cancer, Chemotherapy or radiation therapy, transplant patients, high dose steroids), Chronic Kidney or liver disease, Neuromuscular disease, Poorly controlled DM, Metabolic disorders, Morbid Obesity.

## Summary of changes in this update (Attachment- AT.2)

### Summary of the main updates

- 1 **Bedside Rapid COVID-19 Antigen test will be introduced in Pediatric ERs. This test will be used ONLY for Respiratory cases that required admission – if the Rapid test is positive, the child should be transferred to the Pediatric ward in Jaber Hospital if stable for transfer.**

