

Assessing children with COVID like symptoms.

As has been previously circulated the RED Site at the NEC will only be seeing the over 16s with COVID like symptoms. There are a number of reasons behind this decision:

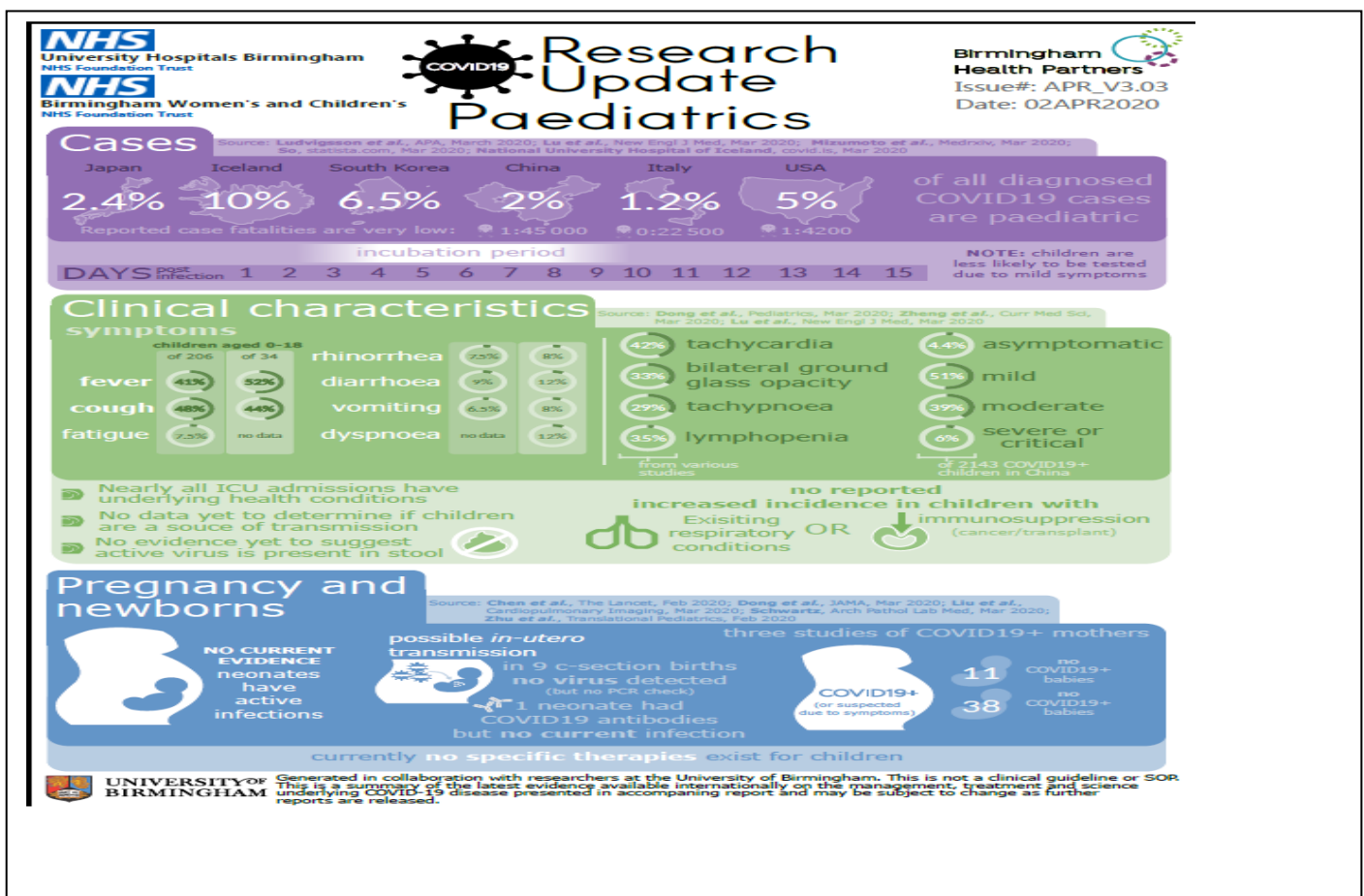
- The site environment will not be suitable for children
- It will be unfair to ask families to transport children to a single site from across the city
- There will be a higher risk of exposing children and their families to infection at that site due to the nature of the patient population
- At peak times of the pandemic it is likely to be very stretched

We have written this guide to support clinicians to assess and see these cases confidently and safely within a more appropriate environment.

The Following is for practices and PCNs to use for guidance only dependant on local circumstances, clinical capacity and Local estate constraints.

GP guide for remote consultation during COVID-19 Pandemic in paediatric patients

Factsheet:



Conclusion

- COVID-19 appears to affect children less often, and with less severity, with frequent asymptomatic or subclinical infection.
- Evidence of critical illness is rare in children.
- Changes in laboratory or radiographic parameters are slightly different to adults, and changes are usually mild.
- Early evidence suggests that infants are no more severely affected than other groups.

GP guide for remote consultation during COVID-19 Pandemic in paediatric patients under 16 years of age

Proposed Assessment pathway

For ALL children under 16:

- As always – be aware about SAFEGUARDING issues
- Video consult wherever possible: video consulting software now freely and readily available – the importance of this will become more apparent later but there is no replacement for SEEING a potentially sick child
- General guidance on remote consulting can be found: LINK '[Specialty guides for patient management during the coronavirus pandemic Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic](#) AND [primary care guidance from the BMJ](#)
- PLEASE REMEMBER – not all calls about paediatric patients are going to be because of febrile and/or respiratory illness and many of these other conditions can be managed just as well remotely
- BWC/UHB General Paediatric Services will aim to support primary care assessment with advice and guidance to facilitate quick decision-making and flow when needed. Co-ordinating a system wide paediatric provider response will enable enhanced responsiveness.
- As always – in complex children or those with underlying chronic conditions where you are unsure seek Paediatric advice – USE PAIRS or existing pathways – Paediatrics are fully aware that these are difficult times and will support decision making

There are two options for contacting Paediatrics Consultant Led

- BWC PAIRS telephone advice and guidance: Tel: 0121 333 8170
 - Service available: Mon-Friday: 11 00 - 13 00 hours and 15 00 - 17 00 hours.
- UHB Paediatric advice line Tel: 07956662852
 - Service available 9am to 7 pm, seven days a week.
- Outside these hours the paediatric registrar can be bleeped via hospital switch board.
- Both services available to ANY primary care clinician THROUGHOUT Birmingham and Solihull

Table 1: Clinical assessment – Please note this is for the assessment of ALL unwell children and NOT just COVID-19 – this is to guide your clinical judgement and allow for you to make a decision about the need for further face to face consultation

	Green – Low risk	Amber – Intermediate risk	Red - High risk
Behaviour – easily observed by video consultation or ask the pertinent questions to the parent	Alert Normal	Irritable Not responding normally to social cues Decreased activity No smile	Unable to rouse Wakes only with prolonged stimulation No response to social cues Weak, high pitched or continuous cry Appears ill to health care professional
Circulation - PARENTS CAN DO THIS WITH INSTRUCTION FROM THE GP – ‘press on the sternum for 5 seconds and let go and count how many seconds it takes to go pink again’ – even better if you can see this on video	CRT less than 2 secs	CRT 2-3 secs	CRT over 3 secs
Skin - can be observed by video consultation or ask the pertinent questions to the parent	Normal colour skin, lips & tongue Moist mucous membranes	Pale / mottled Pallor reported by parent/carers Cool peripheries	Pale/mottled/blue Cyanotic lips and tongue
Respiratory rate - can be observed by video consultation or ask the pertinent questions to the	Under 12mths: less than 50 Over 12mths: less than 40 No respiratory distress	Under 12mths: 50-60 breaths/minute Over 12mths: 40-60 breaths/minute	All ages: Over 60 breaths / minute

parent			
Sats in air – NOT POSSIBLE BY VIDEO CONSULT – if this is needed then consider speaking to paed, referring to AMBER site for a face to face consultation.	95% or above	92-94%	less than 92%
Chest recession - can be observed by video consultation or ask the pertinent questions to the parent	None	Moderate	Severe
Nasal Flaring - can be observed by video consultation or ask the pertinent questions to the parent	Absent	May be present	Present
Grunting - can be observed by video consultation or ask the pertinent questions to the parent	Absent	Absent	Present
Feeding/Hydration ask the pertinent questions to the parent	Normal - no vomiting	50-75% fluid intake over 3-4 feeds +/- vomiting Reduced urine output	under 50% fluid intake over 2-3 feeds +/- vomiting Significantly reduced urine output
Apnoeas ask the pertinent questions to the parent	Absent	Absent	Present

Management	Child can be managed at home with appropriate care and advice. Provide verbal / written information about warning signs and when to seek further advice – Use BIG 6 Links for PIL – use NHS UK Links – use Patient.co.uk Links to empower parents so they know what to look out for and what to do	Use BIG 6 Links for PIL – use NHS UK Links – use Patient.co.uk Links to empower parents so they know what to look out for and what to do If unsure, please contact the Paediatrics as above or use the amber pathway for face to face consultation	Send child for urgent assessment in hospital setting. REFER via Paediatrics as above/consider 999 if needed
-------------------	---	---	--

For mental health urgent matters please follow your usual process. The support telephone numbers are available at:

<https://www.birminghamandsolihullccg.nhs.uk/your-health/mental-health-support-offer> '

IF a face to face consultation for a symptomatic child is required for further assessment the following should be taken into account

These patients should be brought to the Amber site, however they need to be separated from other patients and staff, especially shielded patients if:

- The patient/child is showing signs of a respiratory illness (possible COVID-19 or otherwise)
- Or anyone in the household is isolating because of possible or confirmed COVID-19

There are a number of ways an amber site can manage this dependent on the needs and facilities within their particular sites physical environment. In the first instance if an initial triage assessment in the car can be done then this should be used, if available a separate site could be used or a separate room on the site, with a separate entrance where possible, or bring them in at the end of a clinic, or use an AM /PM split.

To do this PPE should be used as a minimum as per National guidance for primary care, (see links below):

<https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/your-health/coronavirus-advice-for-professionals/3780-recommended-ppe-for-primary-outpatient-and-community-care-by-setting/file>

<https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/your-health/coronavirus-advice-for-professionals/3782-recommended-ppe-additional-considerations-in-addition-to-standard-infection-prevention-and-control-precautions/file>

Practitioner should be mindful of children and young people with Learning Disabilities and do all they can to reduce concern that could be heightened by the use of masks, extra time may be needed when looking after some parents, children and young people either face to face or on remote consultations.

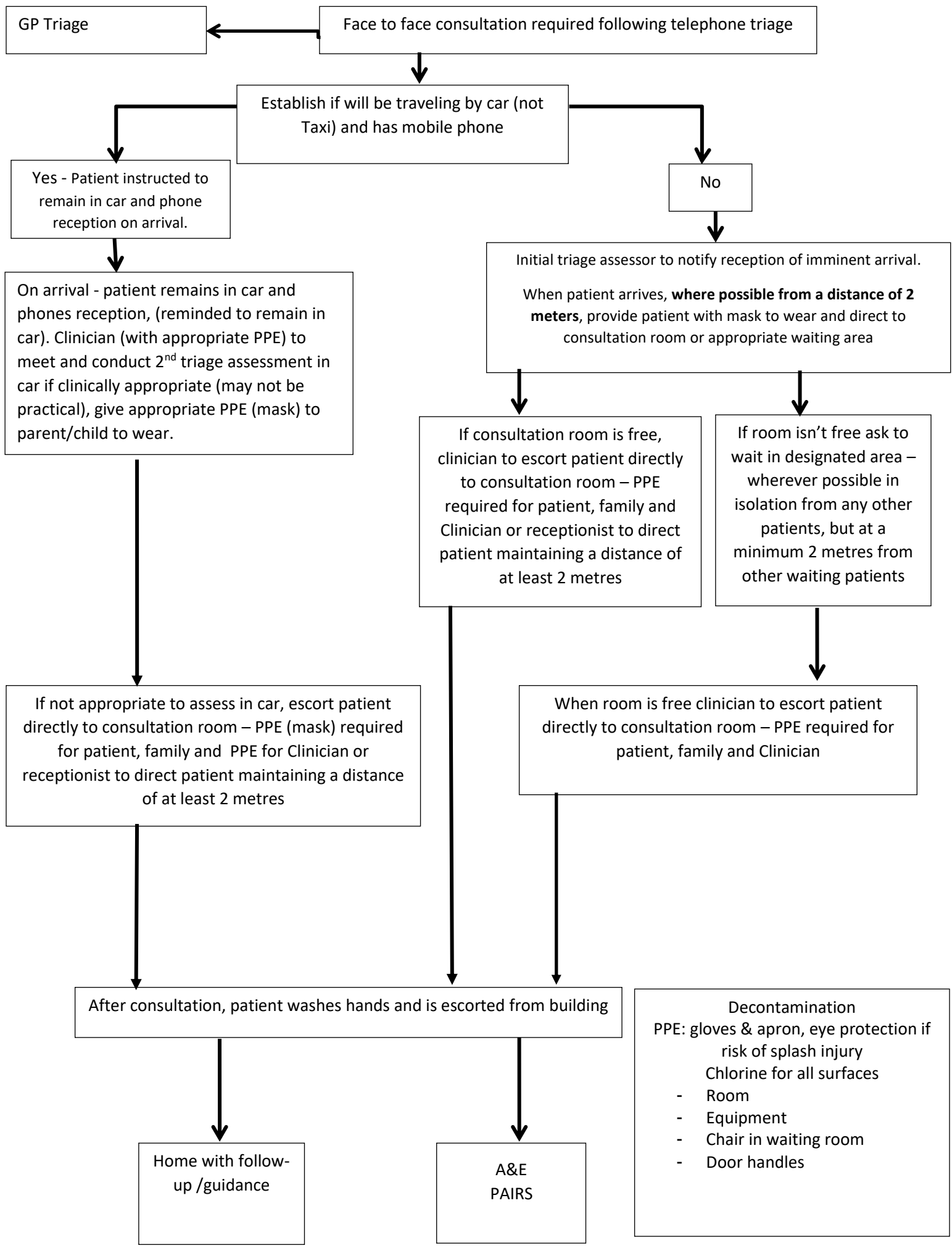
In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a fluid-resistant (Type IIR) surgical face mask (FRSM) if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination.

A FRSM should **not** be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). An FRSM can be worn until damp or uncomfortable.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

The patient and parent/responsible adult should both wear masks, unless it impairs the ability of the clinician to examine the patient

The Flow chart below is a guide and can be adapted to local needs.



GP Triage

Face to face consultation required following telephone triage

Establish if will be traveling by car (not Taxi) and has mobile phone

Yes - Patient instructed to remain in car and phone reception on arrival.

No

On arrival - patient remains in car and phones reception, (reminded to remain in car). Clinician (with appropriate PPE) to meet and conduct 2nd triage assessment in car if clinically appropriate (may not be practical), give appropriate PPE (mask) to parent/child to wear.

Initial triage assessor to notify reception of imminent arrival. When patient arrives, **where possible from a distance of 2 meters**, provide patient with mask to wear and direct to consultation room or appropriate waiting area

If consultation room is free, clinician to escort patient directly to consultation room – PPE required for patient, family and Clinician or receptionist to direct patient maintaining a distance of at least 2 metres

If room isn't free ask to wait in designated area – wherever possible in isolation from any other patients, but at a minimum 2 metres from other waiting patients

If not appropriate to assess in car, escort patient directly to consultation room – PPE (mask) required for patient, family and PPE for Clinician or receptionist to direct patient maintaining a distance of at least 2 metres

When room is free clinician to escort patient directly to consultation room – PPE required for patient, family and Clinician

After consultation, patient washes hands and is escorted from building

Home with follow-up /guidance

A&E PAIRS

- Decontamination
 PPE: gloves & apron, eye protection if risk of splash injury
 Chlorine for all surfaces
- Room
 - Equipment
 - Chair in waiting room
 - Door handles

COVID -19 Parent information leaflet

COVID-19 is an illness caused by a virus called Coronavirus. The symptoms of COVID-19 can be fever, cough, shortness of breath and tiredness. These symptoms can also be due to other viral illnesses like common cold, flu or bronchiolitis in young children. Some children can present with diarrhoea and vomiting. Rarely, COVID-19 infection can cause pneumonia and severe breathing problems. Most children will have a mild illness and can be cared for at home.

If you are concerned that your child has COVID -19 and is becoming more unwell or showing any of the following features, seek medical advice by calling NHS 111/GP:

- is drinking less than half the usual amount
- is having fewer than 4 wet nappies in 24 hours
- is severely irritable and is not wanting to be held
- has trouble breathing or is breathing very fast
- looks unwell and you are concerned
- has tummy pain, vomiting or diarrhoea and seems more ill than expected
- doesn't seem to be improving

If your child is diagnosed with or suspected to have COVID-19, health professionals will provide advice, including helping their symptoms with:

- paracetamol
- lots of fluids and rest.
- A small number of children need hospital admission

There is currently no specific treatment for COVID-19 to shorten the duration of the illness, which usually lasts 5-7 days.

Health professionals will also tell you how to protect others from infection. This will include a period of isolation in your home until your child's symptoms go away. The virus is spread to other people through respiratory droplets from an infected person (coughing and sneezing) and also by touching surfaces contaminated with the virus and then touching the face (e.g., eyes, nose, mouth). So, remind children to cover their mouth and nose when coughing or sneezing, and to wash their hands often with soap and water.

Possible PIL additional INFO

Cases

COVID-19 in Children

Few of the total coronavirus cases are in children... 2.4% Japan 2% China ...and there is a **very low** death rate

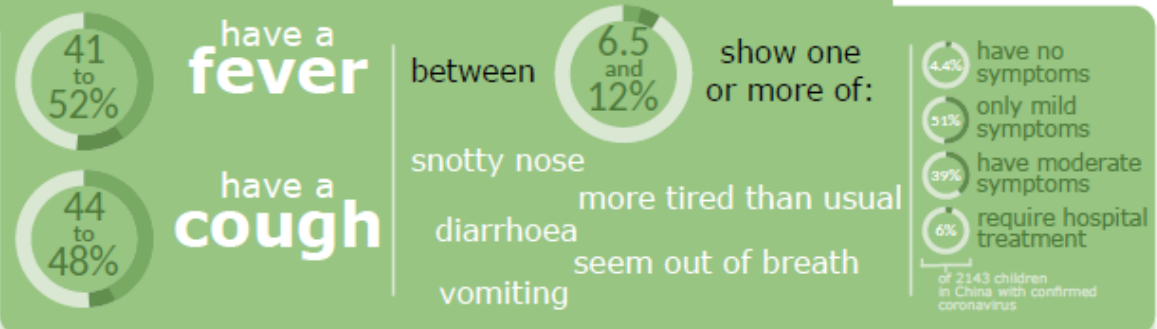
10% Iceland 1.2% Italy


6.5% South Korea 5% USA

with an average time to symptoms between 2 and 10 days


DAYS^{post infection} 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15


What symptoms do children show?



- Nearly all children in intensive care have another medical condition
- There is **no evidence** yet to show if children are a major source of infecting others  and **no evidence** the virus can be passed on from poo
- There is **no evidence of increased risk** of infection in children with existing breathing conditions (such as asthma) or those with cancer or transplants

Pregnancy and newborns

 It might be possible for an infected mother to pass the virus on to their baby...

 ...but there is **NO EVIDENCE** so far that babies have active coronavirus

11 positive mothers no coronavirus positive babies

38 positive (or symptomatic) mothers no coronavirus positive babies

currently no specific therapies exist for children