

# CARE AT HOME FOR CHILDREN AND ADOLESCENTS WITH MILD COVID-19



NATIONAL CLINICAL EVIDENCE TASKFORCE

COVID-19

VERSION 1.1

PUBLISHED 27 OCTOBER 2022

## FORMS OF GUIDANCE

Evidence-Based Recommendation (EBR)  
Consensus Recommendation  
Good Practice Point

Types of EBRs

RECOMMENDATION FOR USE

RECOMMENDATION AGAINST USE

CONDITIONAL RECOMMENDATION FOR USE

CONDITIONAL RECOMMENDATION AGAINST USE

General

## PATIENTS

- This flowchart applies to children under 16 years of age.
- Depending on the physical size and/or developmental status of the patient, either the paediatric or adult flowcharts can be applied.

## MANAGING RISK OF INFECTION

### GOOD PRACTICE POINTS

- Follow national advice for use of PPE in non-inpatient healthcare settings during the COVID-19 outbreak.
- Manage probable cases of COVID-19 detected by rapid antigen testing (RAT) as if they are a confirmed case until
  - 7 days has passed since the first positive test, and
  - substantial resolution of acute respiratory symptoms, and
  - no fever for 24 hours without the use of fever reducing medications, as per CDNA advice.

## DETERMINING SETTING OF CARE

### GOOD PRACTICE POINTS

The most appropriate setting will depend on:

- local public health policy
- clinical evaluation of the person with COVID-19
- evaluation of the home setting, including ability to isolate
- ability to monitor for clinical deterioration and the availability of rapid transfer to higher level care.

### Refer to:

- your local HEALTH PATHWAYS website to confirm levels of support available and access criteria.

## Definition of disease severity

### MILD ILLNESS

#### Respiratory/vital signs

- No or mild upper respiratory tract symptoms, OR
- No or mild work of breathing

#### Feeding/hydration

- Normal or mildly reduced feeding

#### Conscious state

- Normal

## Access to care

This flowchart should be applied after considering the clinical presentation of the patient and risk factors that might increase their overall risk of deterioration.

### Refer to:

- [PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19](#) Clinical Flowchart

## BASELINE ASSESSMENT

### GOOD PRACTICE POINTS

- Check for signs of moderate/severe disease (refer to [PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19](#)).
- For older children or adolescents, check vaccination status and recency of last dose.
- Be aware that children and adolescents who have not received a vaccine dose or had a SARS-CoV-2 infection in the past 6 months may be at higher risk of deterioration.
- No baseline investigations are required for mild COVID-19.

COVID-19 therapies

## SUPPORTIVE CARE

### GOOD PRACTICE POINTS

Manage mild COVID-19 symptomatically and advise patients to rest.

An antipyretic is generally not required for mild COVID-19, but paracetamol or ibuprofen, as appropriate, can be considered for symptomatic relief.

Consider simple interventions such as:

- intranasal decongestants (if >12 years of age)
- keeping air warm and humid
- managing hydration carefully through small regular sips of fluid, and consider oral rehydration salts

## DRUG TREATMENTS

Consider eligibility for COVID-19 drug treatments, depending on time since symptom onset and risk factors for disease progression.

There are limited data on the efficacy of drug treatment in children and adolescents.

### Refer to:

- Summary of recommendations in [DRUG TREATMENTS FOR CHILDREN AND ADOLESCENTS WITH COVID-19](#) Clinical Flowchart
- Decision Tool for [DRUG TREATMENTS FOR AT RISK CHILDREN AND ADOLESCENTS WITH COVID-19 WHO DO NOT REQUIRE OXYGEN](#)

Therapies for other conditions

## GENERAL

### GOOD PRACTICE POINT

Ensure patient continues to receive their usual care for pre-existing conditions.

## ASTHMA AND OTHER LUNG CONDITIONS

### CONSENSUS RECOMMENDATION

Use inhaled or oral steroids for the management of people with co-existing asthma or lung conditions and COVID-19 as you would normally for viral exacerbation of asthma.

Puffers and spacers are preferred in order to decrease the risk of SARS-CoV-2 transmission that may be associated with nebuliser use.

## OTHER ILLNESS

### GOOD PRACTICE POINTS

### Differentiating COVID-19 from other illness

- Be aware that a patient may have co-infections (which may be viral or bacterial) or other risk factors that may drive their illness.
- Co-infections (e.g. influenza, RSV, enterovirus) and other clinical presentations (e.g. croup, bronchitis, bronchiolitis) should be managed as per relevant standards of care *in addition* to the management of COVID-19.

## Monitoring

### MONITORING PROTOCOL

#### GOOD PRACTICE POINTS

Develop and implement a customised management plan :

- Establish **day zero** (the date of symptom onset or the date of testing if asymptomatic).
- Educate older children and other household members about **infection prevention and control** measures.
- Determine **frequency of monitoring** and follow-up required.
- Discuss care arrangements if all other household members test positive.
- Ensure the patient has access to their **regular medicines**.
- Assess the patient's **mental health** and facilitate additional support if needed.

#### Refer to:

- [RACGP guide for managing COVID-19 at home](#)
- [Action plan and symptom diary for patient](#)

### THINGS TO WATCH FOR

#### RED FLAG symptoms and signs

##### Vital symptoms of concern include:

- new or worsening breathlessness
- syncope or light-headedness
- chest pain or tightness not resolved with paracetamol or ibuprofen
- cyanosis
- cold and clammy, or pale and mottled skin
- significant abdominal pain
- poor fluid intake and less than half normal urine output
- new onset confusion or carer concern
- haemoptysis
- severe headache

##### Vital signs of concern include:

- persistent tachycardia in age appropriate observation chart
- persistent tachypnoea in age appropriate observation chart
- any temperature >37.5°C in neonates
- fever >38°C after 5 days in older children



**TRANSFER TO HOSPITAL**

## Next steps

### RELEASE FROM ISOLATION

#### GOOD PRACTICE POINT

Refer to relevant State and Territory public health advice for the conditions that must be met prior to release of a person from isolation.

### FOLLOW-UP CARE

#### GOOD PRACTICE POINTS

- Review medications that were stopped or started.
- Provide advice on age-appropriate vaccination, including influenza vaccination, after recovery from COVID-19.
- For some patients, symptoms may persist for longer than 4 weeks or new symptoms may develop. For patients who present with possible long-term symptoms of COVID-19, supportive treatment is required.

#### Refer to:

- [CARE OF PEOPLE AFTER COVID-19](#) Clinical Flowchart

#### Key sources

[National COVID-19 Clinical Evidence Taskforce](#) - Australian guidelines for the clinical care of people with COVID-19.

[RACGP](#) - Home-care guidelines for patients with COVID-19

[RACGP](#) - Managing COVID-19 at home

[CDNA](#) - Coronavirus Disease 2019 (COVID-19): Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units.