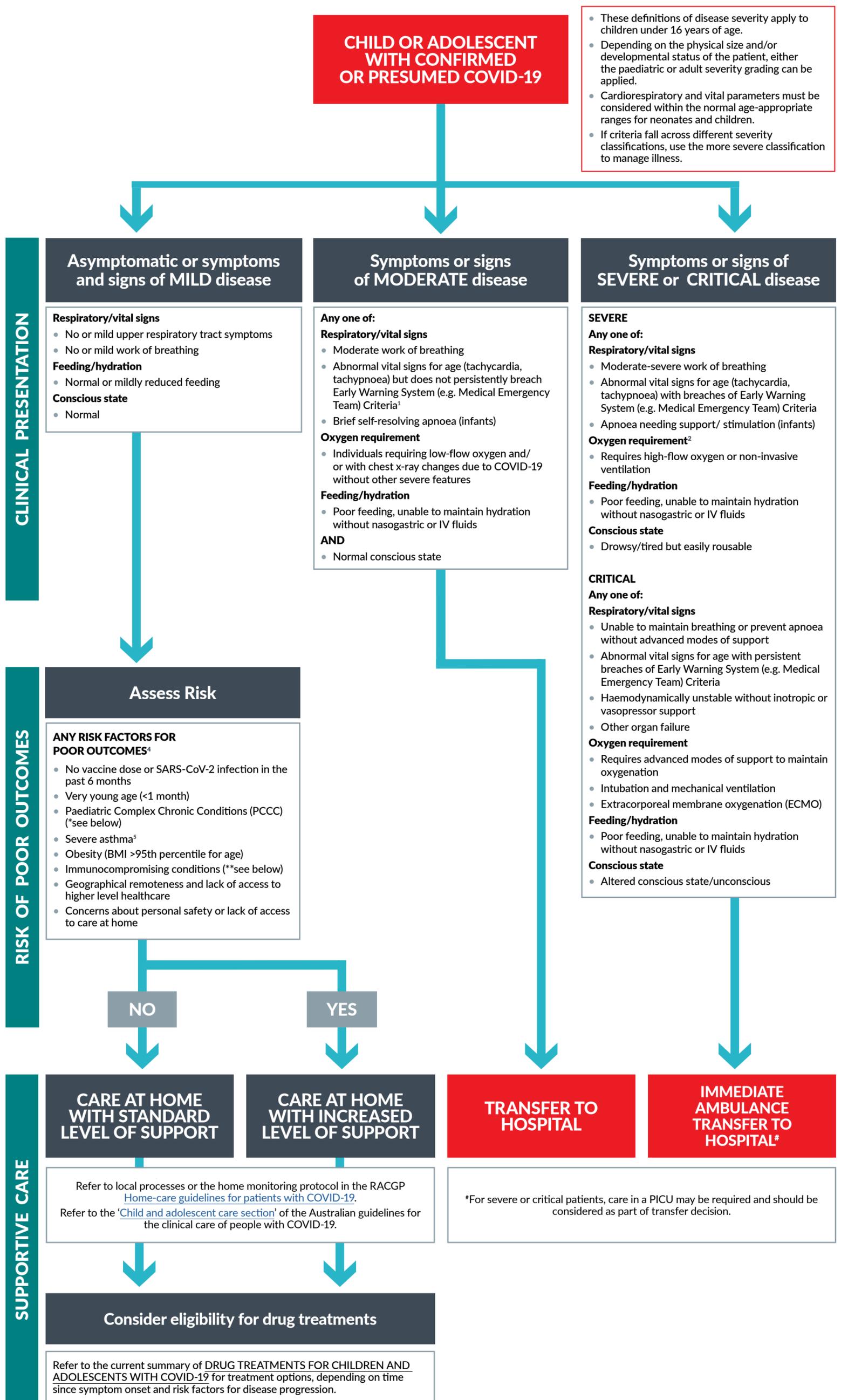


PATHWAYS TO CARE FOR CHILDREN AND ADOLESCENTS WITH COVID-19



Local adaptation may be necessary as assessment of overall risk and appropriate models of care may vary across jurisdictions



[1] Temperature instability should be considered an abnormal vital sign in infants. Fever is common in children and does not contribute to determination of illness severity in isolation.

[2] Oxygen saturation target should be modified for children and adolescents with pre-existing illness, such as cyanotic heart disease.

[3] Infants and neonates <4 kg may be managed on high-flow nasal cannula oxygen at 2–8L/min irrespective of weight.

[4] Until further evidence emerges, modified adult risk factors have been applied. Evidence of paediatric specific risk factors is under surveillance.

[5] For example, in the past 12 months either ≥1 exacerbation requiring ICU admission or IV treatment OR ≥2 hospital admissions for asthma; children requiring biologic therapy for symptoms.