

# SPECIAL CONSIDERATIONS FOR THE CARE OF CHILDREN IN THE EMERGENCY DEPARTMENT DURING COVID-19

## PEDIATRIC CONTEXT:

- Children with COVID-19 present to the ED with symptoms common to other viral illnesses
- Not all children who are positive for COVID-19 have a fever
- Children are generally faring well with COVID-19, few need inpatient care
- Testing only admitted patients leaves us less likely to know which children have COVID-19

## Cohorting Patients

- Set apart a treatment area for children with respiratory symptoms to help protect providers + other ED patients.

## Visitor Policies

- Limit to one caregiver.
- Screen visitors for symptoms of COVID-19.
- Adopt universal masking policies for visitors.

## Aerosol Generating Procedures

- High flow oxygen\* & nebulized treatments (albuterol, racemic epi) may be aerosol generating.
- Try metered-dose inhalers (MDIs) with spacers in place of nebulizers for wheeze.
- If nebulizers are needed, ensure staff use full PPE with N95s + negative pressure rooms if available.

*\*The threshold at which high flow oxygen elevates risk of infection from COVID-19-positive patients is controversial. Use of PPE should follow CDC & institutional guidelines based on evolving evidence.*

## Medications

- Did you know?
  - Even infants can be treated with MDIs. Place the mask over their nose + mouth + wait for them to take 6 good breaths (screaming is ok).
- Encourage patients bring their own MDI to the ED.
- Consider establishing processes for sterilization + re-use of MDIs to conserve supplies.