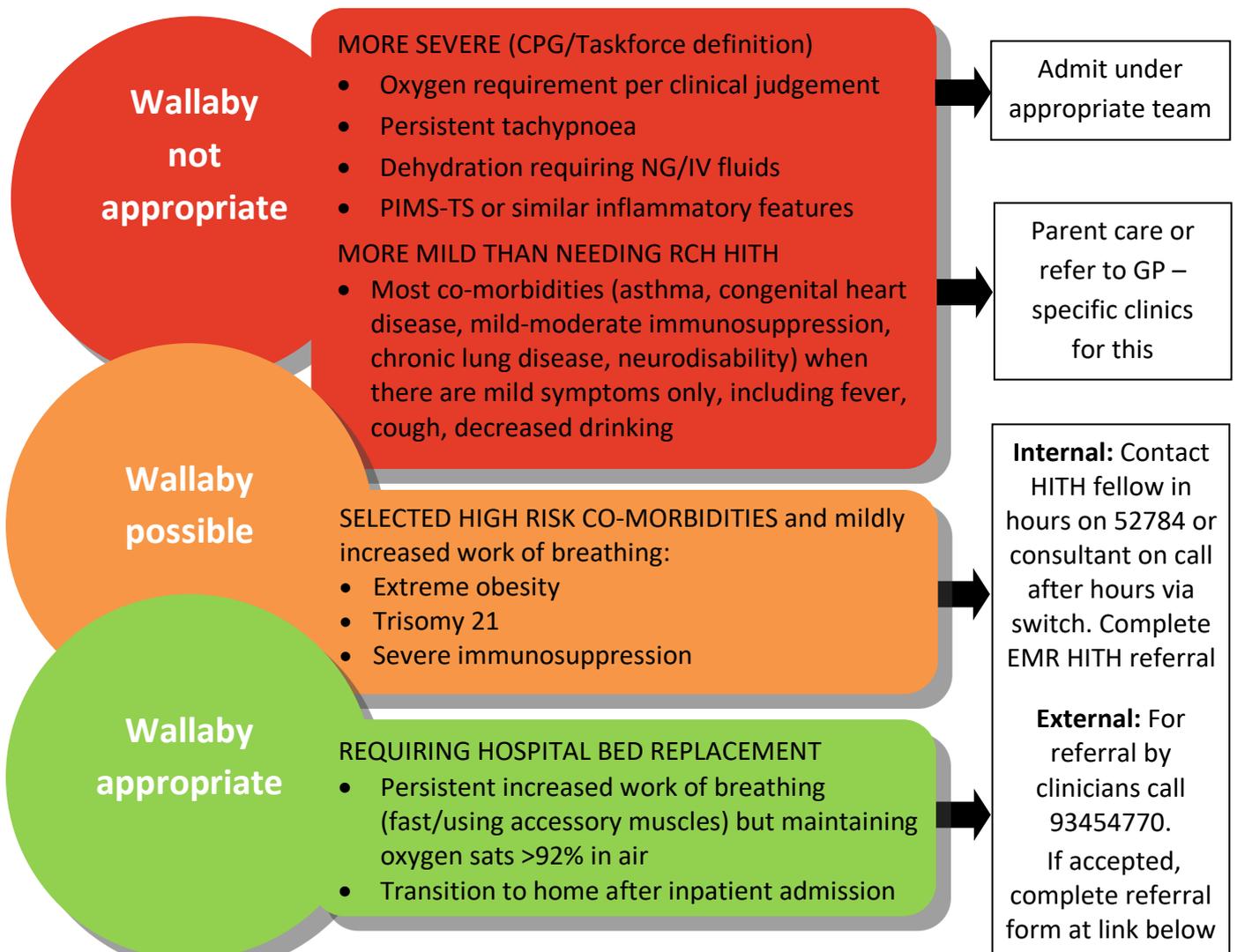




# Coronavirus (COVID-19) - omicron variant

Children with confirmed or suspected coronavirus (COVID-19) with moderate respiratory symptoms can be admitted to HITH for management with oximetry. As COVID-19 is a mild illness in most children, and with omicron even milder, most children do not need hospital bed replacement.

## HITH (Wallaby) admission criteria and referral



- Referrals are accepted from clinicians in RCH ED/wards/outpatients, external hospitals (including ED), GP, community health, public health, maternal child health nurses, adult HITH colleagues
- Prior to family leaving please ensure:
- HITH AUM has obtained consent, current contact information, name and contact details of an alternate person and plan if parent(s) are admitted to hospital; HITH COVID-19 handout given
  - Family and referring team are aware that reviews are via telehealth at a specified time. Face-to-face reviews will occur only if clinically indicated. This includes the admission process.
  - Complete EMR or external referral form [https://www.rch.org.au/wallaby/COVID-19\\_resources](https://www.rch.org.au/wallaby/COVID-19_resources)



# HITH protocol – nursing and medical

## Daily care requirements

### Moderately unwell

Daily medical telehealth review +/- nursing telehealth review in the afternoon

### Higher risk, mild symptoms

Daily nursing telehealth review – escalation as required

Telehealth review includes:

- respiratory assessment – work of breathing, activity level, respiratory rate, colour
- hydration assessment – oral intake, wet nappies, activity level

Any concerns will lead to a home visit (staff to wear personal protective equipment (PPE)) or presentation to hospital with parents or via ambulance depending on acuity.

HITH team available 24/7 for family to escalate their concerns – phone calls to come to HITH AUM in hours, ED AUM after hours and escalate to HITH consultant on call as required.

## Red flags for escalation



- Signs of dehydration – discuss with medical team
- Respiratory deterioration (SaO<sub>2</sub> <94%, apnoea, colour change, change in work of breathing) – transfer back to hospital (see below)
- Chest pain/dizziness/palpitations/fainting/breathless (consider myocarditis) – follow RCH CPG
- Fever >5 days, lymphadenopathy, rash (consider PIMS-TS) – transfer back to hospital

## Readmission

If clinically appropriate and a ward bed is available, Wallaby will liaise with General Medicine (or most appropriate team) and the bed manager to arrange direct admission to the ward.

If direct admission is not possible or urgent clinical review needed, they will be asked to present to ED. Wallaby will notify the ED admitting officer and General Medicine if this occurs.

## Personal protective equipment (PPE)

Airborne precaution PPE prior to entering the home (N95 mask, eye protection, gown, gloves)

Advise only one carer to be in the room during the visit; remind them of physical distancing 1.5 m, no unwell family members in the room

At the end of the visit, once outside, remove PPE into a disposal bag and leave for family to discard. Complete hand hygiene prior to returning to car.

## Discharge plan

Discharge when clinical condition improving.

Isolation must continue as advised by Dept of Health.