**Coronavirus (COVID-19)**

Children with confirmed or suspected coronavirus (COVID-19) who do not require respiratory or hydration support but are at risk of deterioration can be admitted to HITH for monitoring. As with any other HITH admission, this requires a safe home environment and consent from caregivers.

**HITH (Wallaby) admission criteria and referral**

MORE SEVERE ILLNESS (CPG/Taskforce definition)

* Oxygen requirement per clinical judgement
* Persistent tachypnoea
* Requiring NG/IV fluids
* PIMS-TS or similar inflammatory features

MILD ILLNESS OR ASYMPTOMATIC

* Mild disease can usually be managed by GP

**Wallaby not appropriate**

Admit under appropriate team

Refer back to GP

**Wallaby possible**

**Internal:** Contact HITH fellow in-hours on 52784 or consultant on call for HITH after hours via switch. Complete EMR HITH referral

 **External:** for

doctors wanting

to discuss referral

see separate RCH

COVID-19 pathways

document

* Asymptomatic with high-risk co-morbidities (cyanotic heart disease/chronic lung disease/ complex neurodisability/extreme obesity/ immunocompromised\*) – most can be monitored by GP, but case-dependent
* Support for children out of usual home care
* Social complexity may mean not appropriate

MODERATELY UNWELL (HITH-specific definition)

* Mild to moderate work of breathing but maintaining oxygen sats >94% in air
* <2/3 usual intake but no NG/IV fluid needed
* Transition to home after inpatient admission

MILDLY UNWELL BUT HIGHER RISK

* Mild symptoms with high-risk co-morbidities\*
* Neonates (if febrile, other causes excluded)

**Wallaby appropriate**

Prior to family leaving please ensure:

* HITH AUM has spoken with family to obtain consent and current contact information
* HITH AUM has asked the family for the name and contact details of an alternate person and plan if parent(s) are admitted to hospital
* HITH COVID-19 handout given to family
* Family and referring team are aware that reviews will be conducted via telehealth at a specified time. Face-to-face medical and/or nursing reviews will occur only if clinically indicated. This includes the admission process

** 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**

* + ****Inadequate oral intake (< 3 wet nappies in 24 hours, <2/3 oral intake, clinical signs of dehydration) – transfer back to hospital (see below)
	+ ****Respiratory deterioration (SaO2 <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
	+ Parental anxiety – increase daily support/telehealth reviews/home visits

**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 – patients may deteriorate around 5 days.

 If high risk group and mild symptoms, can discharge after 7 days.

 Family must continue isolation until advised otherwise by Dept of Health.