

Admitting Process for Pediatric (1 month - 21 years) PUI or Confirmed COVID19

The indication for Pediatric COVID19 testing for patients *being admitted* is fever PLUS symptoms of one or more of the following diagnoses: URI, LRI, or gastroenteritis.
COVID19 testing for isolated fever in high-risk patient populations may be discussed with Pediatric Infectious Disease.

ICU STATUS

FROM UHS

- Usual method of contact for admission per SPOK (Resident patches in PICU faculty if contacted)
- RVP and COVID19 testing** should be ordered from patient location if above guidelines met, and patient transported/admitted as a PUI
- Ordering provider will obtain clearance for performing COVID19 testing by calling COVID task pager or Pedi ID per UH guidelines

FROM OSH (via ONE CALL/TRANSPORT)

- PICU attending contacted to accept/admit
- Patient should be transported/admitted as a PUI
- RVP and COVID19 testing** should be ordered when patient arrives to UHS
- Ordering provider will obtain clearance for performing COVID19 testing by calling COVID task pager or Pediatric ID per UH guidelines

ADMITTING TEAM

- PICU team admits patient, day/night. Resident completes all of admit note EXCEPT the FTF PE, which will be performed by the PICU faculty. Resident portion includes obtaining the usual history from a parent, completing the med reconciliation, writing orders, and documenting the plan after discussion with the faculty.
- **First call: PICU Resident**
- All pediatric cardiac patients will be cared for by PICU team, regardless of status
- **Checkout:** Usual day/night process with residents/faculty per PICU team routine (PM rounds, AM verbal)

ACU or IMC STATUS

FROM UHS

- Usual method of contact for admission per SPOK (Resident patches in CV19 hospitalist if contacted)
- RVP and COVID19 testing** should be ordered from patient location if above guidelines met, and patient transported/admitted as a PUI
- Ordering provider will obtain clearance for performing C19 testing by calling COVID task pager or Pedi ID per UH guidelines

FROM OSH (via ONE CALL/TRANSPORT)

- On Call Hospitalist contacted to accept/admit, Resident/CV19 Hospitalist added to call
- Patient should be transported/admitted as a PUI
- RVP and COVID19 testing** should be ordered when patient arrives to UHS
- Ordering provider will obtain clearance for performing COVID19 testing by calling COVID task pager or Pediatric ID per UH guidelines

ADMITTING TEAM

- Floor team admits patient. Resident completes all of admit note EXCEPT the FTF PE, which will be performed as outlined below. Resident portion includes obtaining the usual history from a parent, completing the med reconciliation, writing orders, and documenting the plan after discussion with the faculty.
- **(DAY):** FTF PE will be performed by CV19 hospitalist
- **(NIGHT):** FTF PE will be performed by the PICU faculty.
- **First call: UH3 Night Float Resident**
- **Checkout:**
 - PICU faculty will give verbal AM checkout to CV19 Hospitalist If night ACU/IMC admission
 - Usual floor resident checkout process

**VIRAL CO-INFECTION

Published co-infection rates (COVID19 plus 1 or more other viruses) 3-22%. UHS data will be evaluated once both RVP and C19 testing is sent on 100 pediatric patients, and policy re-evaluated.

Continued Coverage for ANY Pediatric (1 m. – 21 y.o.)PUI or Confirmed COVID19

ICU STATUS

- PICU team follows patient, day/night.
- Resident presents all patient data on rounds.
- Resident completes all of daily note EXCEPT the FTF PE, which will be performed by the PICU faculty. This includes documenting plan after discussion with the faculty.
- **First call: PICU Resident**
- All pedi cardiac patients will be cared for by PICU team, regardless of status
- **Checkout:** Usual day/night process as detailed above

REMOVAL FROM PUI STATUS

As current supply of C19 testing materials remains limited, patients will be removed from PUI testing if **ONE** C19 test is negative. Policy re-evaluation planned as testing supply improves.

ACU or IMC STATUS

- Floor team follows patient, day/night.
- Resident presents all patient data during table rounds with CV19 hospitalist.
- Resident completes all of daily note EXCEPT the FTF PE, which will be performed by the CV19 hospitalist. This includes documenting the plan after discussion with the faculty.
- **First call: UH3 Resident**
- If resident or nurse determines patient must be reassessed, the resident will:
 - **(DAY):** Contact the CV19 hospitalist to discuss patient status and/or perform FTF re-evaluation
 - **(NIGHT):** Contact the CV19 hospitalist to discuss patient status, then contact PICU faculty if FTF re-evaluation indicated
- **Checkout:**
 - Usual floor resident checkout process
 - CV19 Hospitalist to PICU faculty verbal checkout
 - PICU faculty will update CV19 Hospitalist via AM verbal checkout if involved in ACU/IMC care overnight

PATIENT TRANSFERS

Downgrade/escalation of status must be discussed between CV19 hospitalist and PICU faculty before orders are placed.

If a current inpatient is determined to qualify for COVID19 testing, UHS guidelines currently state that the patient MAY remain in their primary location as a PUI. Should transfer to a dedicated pediatric COVID19 area for a PUI be desired, this will be decided after discussion between physician and nursing leadership of the primary location.

Discussion between the primary attending and either the CV19 hospitalist or PICU faculty must occur before transfer orders to the Pedi COVID19 area are placed for ANY PUI or confirmed COVID19 case.

IF COVID19 testing result is negative and transition to another location and team is desired, discussion must occur between CV19 hospitalist and team attending (PHO, GI, Nephrology) before orders are placed.

SPECIFIC PATIENT POPULATIONS

Cardiac PUI/confirmed COVID19 of any status will be cared for by PICU team, with mandatory phone consult with PCCU faculty. FTF evaluation by PCCU faculty will occur at the discretion of both the PICU and PCCU faculty.

Heme/Onc, GI, Nephrology, and Transplant PUI/confirmed COVID19 should be discussed with the specialty faculty and then the CV19 hospitalist (ACU/IMC status) or PICU faculty (ICU status).

Trauma PUI/confirmed COVID19 (ACU/IMC status) will have a chart check consult note focused on pedi issues written by the floor resident after discussion with the on-service Pedi Hospitalist. If FTF evaluation or co-management is indicated or specifically requested, the C19 Hospitalist will perform a FTF evaluation.