Pediatric Triage Calls and Visits during COVID-19

Update May 1, 2020

Note: Audio-video visits may be conducted. Document in the EHR as if the telehealth visits were an in-person visit. Include the time spent and any deviation in the service because the visit was not performed in-person. All care provided via telehealth should be documented in the EHR. Coding and billing for tele-video visits are to follow current processes for in-person visits per current payer guidance.

Pediatric Well Visits

- Pediatricians should continue with preventive care visits for all newborns through 24 months of age due to the critical screenings and vaccinations that occur during this age. All other “well child” visits should be deferred while the COVID-19 crisis continues.
- To ensure they do not have COVID-19 risk symptoms, such cough, fever, vomiting, or diarrhea, patients should be screened prior to their visit, preferably by telephone.

General Pediatric Care

- Providing general pediatric care per in-office protocol
  - If a visit is needed, consider a video visit first – refer to the Pediatric QLIQSoft video visit workflow or alternate video visits in use (e.g. Zoom or QLIQSoft)

General pediatric care includes management of:

- **Baby Concerns**: Feeding or sleeping concerns, umbilical cord issues, teething, cradle cap, thrush, diaper rash
- **Behavior Concerns**: From toddler to teenager anything from sleep to discipline
- **Behavioral Health**: Depression, anxiety or ADHD maintenance rechecks; or new concerns of depression, anxiety, OCD, increased tic or twitching behaviors
- **Chronic Conditions**: Asthma maintenance rechecks or concerns
- **Developmental Concerns**: Concerns about any developmental delays or not hitting milestones on time
- **GI Concerns**: Stomach pain, constipation, heartburn, nausea, food related concerns, feeding issues with babies or older kids, or mouth pain (ONLY if NO upper respiratory symptoms, NO fever, NO diarrhea, NO vomiting)
• **Reproductive System Concerns:** Menstrual Pain, STD questions, vaginal discharge or redness, or circumcision concerns

• **Minor Injuries:** Cuts, abrasions, burns, concussion, animal or insect bites, pain, swelling, or limping

• **Skin Irritations and Allergies:** Acne, minor infections (cellulitis), lice, pinworms, rashes (hives, eczema, scabies, fungal (e.g. ringworm, athletes’ foot), styes, warts, bug bites, tick bite, ingrown or toenail concerns, immunization reaction concerns, sunburn

• **Urinary Concerns:** Potty training concerns, going to too often or not enough, burning or pain (NO fever) – If clinically indicated, a urine sample may be provided to the office or lab

• **Anything else:** If child has had NO fever in the last 72 hours, NO cough, NO vomiting, NO diarrhea, NO sore throat, NO ear-pain, try to schedule a video visit.

**FURI (Fever/URI) or Sick Clinic Visits**

**FURI or sick clinic pediatrics care includes:**

• **ANY** sick visits in a patient with a fever and/or cough or any of the following symptoms within last 72 hours. (Note: If child is over 2 years old, consider a video visit)

  • Fever/ feels warm
  • Chills or repeated shaking with chills
  • Body aches
  • Cough, congestion, wheezing, runny nose, sinus pressure
  • Shortness of breath or difficult breathing
  • Headache
  • Ear pain
  • Sore throat
  • Vomiting and/or diarrhea
  • Urinary complains with fever – consider initial video visit with patient dropping off urine sample at lab or office
  • Any pink eye – consider initial video visit if no other symptoms
  • Loss of taste or smell
Patients at "HIGH RISK" who have a fever and cough may need **testing** for COVID-19 (if available) if they also have:

- History of asthma or another chronic lung disease
- Diabetes
- Immunocompromise
- Congenital heart disease
- <1 year old or was premature and <2 years old
- A chronic neuromuscular condition
- Someone living in the household who is pregnant or has a high-risk condition (e.g. diabetes, etc.)
- Someone living in the house who is a health care worker
- An infant <1 year old living in the household
- A known COVID-19 close contact exposure

*NOTE: Please follow CDC, State and Local Government guidance on testing.*
# Triage Protocols for Telephonic Assessments and Triage

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>ClearTriage Tutorial’s</td>
<td>Overview tutorial (3 minutes) will provide basics around telephonic assessment/triage. Also includes guidance in navigating Schmitt/Thompson clinical protocols within ClearTriage platform.</td>
<td><a href="http://www.cleartriage.com/training-videos">www.cleartriage.com/training-videos</a></td>
</tr>
<tr>
<td>Adult and Pediatric Schmitt-Thompson Clinical Triage Protocols</td>
<td>Protocols provided by ClearTriage that are most suitable for use by experienced registered nurses and providers. <em>(Note: Sound clinical judgment is imperative in this rapidly changing situation.)</em></td>
<td><a href="https://covid.cleartriage.com">https://covid.cleartriage.com</a></td>
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**Account ID:** trinityhealth  
**Password:** Triage2020

Alternate Disposition: Please refer to your RHM for specific guidance related to home/self-care and telehealth visits, e.g. asynchronous (Zipnosis) or synchronous (QliqSoft).

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**Example (right) of ClearTriage document for evaluating COVID-19 risk.**

This algorithm will help Triage to decide if patient needs to go straight to testing, visit provider, or self-quarantine at **Home Care**
Triage Protocols for Telephonic Assessments and Triage

Refer to the Pediatric QLIQSoft video visit workflow or alternate video visits in use (e.g. Zoom or QLIQSoft)

Additional Notes for Clinics and In-Person Visits

- **Well Urgent Care, X-ray, Lab, and FURI Clinic Locations**
  - Fill in appropriate locations for well children visits, well x-ray and lab testing, and FURI clinics

- **Cleaning rooms**
  - Clean rooms per protocol after every sick patient. Try to wait 45 minutes in between throat or nasal COVID-19 swabbed patients

- **Masks and infection control**
  - Wear a mask all the time and wear gloves when performing direct patient care
  - Everyone in the waiting room should wear a mask. Consider a “car waiting room” and calling patients in only when the exam room is ready.
  - For provider and MAs who are not swabbing and or performing any “procedures”, a mask and gloves is sufficient during outbreak and shortages of PPE ([https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html))
  - All of those who are swabbing or performing procedures must follow PPE guidelines

Updates on Pearls for managing Peds Patients during COVID-19


- **AAP: Management of Infants Born to Mothers with COVID-19 (updated 4.2.20)**: Infants born to mothers with COVID-19 should be tested for SARS-CoV-2 at 24 hours and, if still in the birth facility, at 48 hours after birth. [https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf](https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf)


- **Hold on ALL nebulized Breathing Treatments in office**
  - Due to COVID 19 Outbreak, nebulizer treatments should not be provided. It is a high-risk procedure for spreading the virus. Nebulizer treatments, if necessary, must be performed in a hospital setting using increased precautions.
    - TRIAGE – if patient has asthma and has an MDI, spacer and/or mask, tell the patient to bring it with them for their sick visit. They may need to trial a meter dose inhaler (MDI) breathing treatment in the office. Alternatively, a provider may prescribe an MDI prior to the visit. Do not share MDIs across patients due to the risk of contamination.