Recommendations for Primary Care Providers Regarding Post-COVID-19 Return-to-Play (RTP) for Pediatric Athletes & Patients - ALGORITHM

COVID-19 infection in pediatric athletes and patients

Asymptomatic*

- Isolate for 10 days from positive-test date
- Gradual RTP+

Mild Symptoms‡
- fever ≤ 3 days (oral temp > 100.4°F), fatigue, loss of smell/taste, nausea, vomiting, diarrhea, headache, cough, congestion, sore throat
- Isolate for 10 days from positive-test date
- Contact PCP
- Consider virtual visit*
- Gradual RTP+

Moderate Symptoms‡
- fever > 3 days (oral temp > 100.4°F), chills, body aches, loss of smell/taste, significant lethargy/fatigue, cough, hypoxia, pneumonia, shortness of breath, chest pain/tightness
- Isolate for 10 days from positive-test date with at least 10 days asymptomatic‡‡ before gradual RTP+
- PCP eval*
- Virtual / In-person visit
- Age ≤ 12 years
- Gradual RTP+
- Age 13-18 years
- Consider pediatric cardiology referral prior to gradual RTP+

Severe Symptoms
- Hospitalized or abnormal cardiac testing during acute infection, or MIS-C
- Pediatric cardiology evaluation
- Timing of gradual RTP+ as determined by cardiology

*Provide anticipatory guidance to families regarding (1) red-flag symptoms (see below), (2) refraining from exercise during isolation, (3) cardiac and respiratory symptoms to watch for during gradual RTP.
+ The amount, type and intensity of activity should be gradually increased over at least 7 days.
++ The symptom of loss of smell and/or taste may take longer to resolve and should not preclude RTP.

Red Flags: If present, should result in stopping activities, discussion with PCP and possible referral to pediatric cardiologist.
- Symptoms: chest pain (concerning features for cardiac involvement: pain that gets worse with supine position, associated with exertion/palpitations/dizziness or syncpe; reassuring features: chest pain that is preexisting and long-standing, reproducible by palpation, located exclusively in axillae and related to coughing is usually non-cardiac), dyspnea, palpitations, syncope/dizziness, edema, persistent or recurrent fever, vomiting, significant ongoing fatigue, and features of MIS-C in the 4-6 weeks post COVID-19 infection.
- Physical exam findings: New-onset murmur, tachycardia, tachypnea, pericardial rub, crackles, hepatomegaly, edema.

Recommendations based on expert opinions, dated Dec. 15, 2020*. Also see our: Recommendations for Primary Care Providers Regarding Post-COVID-19 Return-to-Play (RTP) for Pediatric Athletes & Patients, with references and contributors, and Suggested Post-Covid-19 Gradual Return-to-Play Progression. *Recommendations are subject to change – see www.mottchildren.org/COVIDUpdate for updates and additional information.