



ABSTRACT

COVID-19 pandemic – Triage and Treatment protocol for Children with corona virus infection – Orders - Issued.

HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms) No. 34

**Dated: 24.01.2022
Thiruvalluvar Aandu-2053
Sree Pilava, Thai – 11**

Read:

1. G.O.(Ms).No.04, Health and Family Welfare (P1) Department, dated: 03.01.2022.
2. G.O.(Ms).No.09, Health and Family Welfare (P1) Department, dated: 06.01.2022.
3. From the Mission Director, National Health Mission, Letter Ref. No.4847/P7/NHM/2021, dated 13.01.2022.

ORDER:

In the Government order 1st and 2nd read above updated Triage and Treatment Protocol was issued for the patients with corona virus infection.

2. The Mission Director, National Health Mission has now submitted the Paediatric Covid Initial Triaging and Case Management Protocol for children with Corona virus infection to guide the State's response and handling of the new variant for managing COVID-19 cases at all health facilities.

3. The Government have carefully examined the proposal of the Mission Director, National Health Mission and decided to approve the Paediatric Covid Initial Triaging and Case Management Protocol recommended by the Expert Committee for managing the children with Corona virus infection cases at all health facilities.

(BY ORDER OF THE GOVERNOR)

**J.RADHAKRISHNAN,
PRINCIPAL SECRETARY TO GOVERNMENT.**

To

The Director of Medical Education, Chennai – 600 010.

The Director of Medical and Rural Health Services, Chennai -600 006.

The Director of Medical and Rural Health Services (ESI), Chennai – 600 006.

The Director of Public Health and Preventive Medicine, Chennai – 600 006.

The Mission Director, National Health Mission, Chennai- 600 006.

The Health and Family Welfare (Data Cell) Department, Secretariat, Chennai – 600 009.

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//FORWARDED BY ORDER//

SECTION OFFICER
24/01/2022
[Signature]

(Annexed to G.O.(Ms).No.34, Health and Family Welfare (P1) Department, dated: 24.01.2022)

COVID-19 INITIAL TRIAGING & CASE MANAGEMENT PROTOCOL FOR CHILDREN WITH CORONA VIRUS INFECTION

The Expert Committee convened on 06.01.2022 has recommended the following guidelines for initial triaging and managing COVID-19 cases at all health facilities.

Advised Home isolation:

- RTPCR positive children without symptoms
- RTPCR positive children with mild symptoms
- If facility for home isolation is not possible patient may be referred to COVID designated Hospitals

Mild Category:

H/O low grade fever, Sore Throat, Rhinorrhea, Cough, Loose Stools etc falls under mild category

Management of Mild Category:

Supportive Care are as follows:

- i. Adequate hydration & feeding
- ii. Tab. Paracetamol 10-15 mg/kg/dose – if Fever or Myalgia Present
- iii. Seek hospital care /admission if condition worsens

Red Flag signs for Home isolated children:

- Persistent fever not responding for more than 5 days
- Persistent cough
- Breathlessness or fatigability

Admission Criteria:-

All symptomatic COVID positive Children with the following criteria should be admitted in Dedicated COVID Hospitals.

- RTPCR positive with co-morbidities
- RTPCR negative but suspect clinically to be admitted in Paediatric Ward away from the COVID ward.

Moderate Category:-

COVID positive children presenting with

- Fast breathing (age specific)
 1. ≥ 60 /min for < 2 months
 2. ≥ 50 /min for 2-12 months
 3. ≥ 40 /min for 1-5 years
 4. ≥ 30 /min for > 5 years
- SpO₂ – 90 to 93% on room air

Case Management for moderate category:-

- On admission, baseline investigations like Complete Blood Count (CBC), Quantitative CRP, ESR, Blood Glucose and chest X-ray should be done.
- Oxygen supplementation to maintain SpO₂ > 94%
- Appropriate Fluid Management to avoid dehydration and over hydration
- To administer systemic steroids, if hypoxia present.

Severe Category:-

COVID positive children presenting with

- Altered Conscious Level
- Seizure
- Septic Shock
- ARDS
- Increased respiratory efforts & SpO₂ <90% on room air.

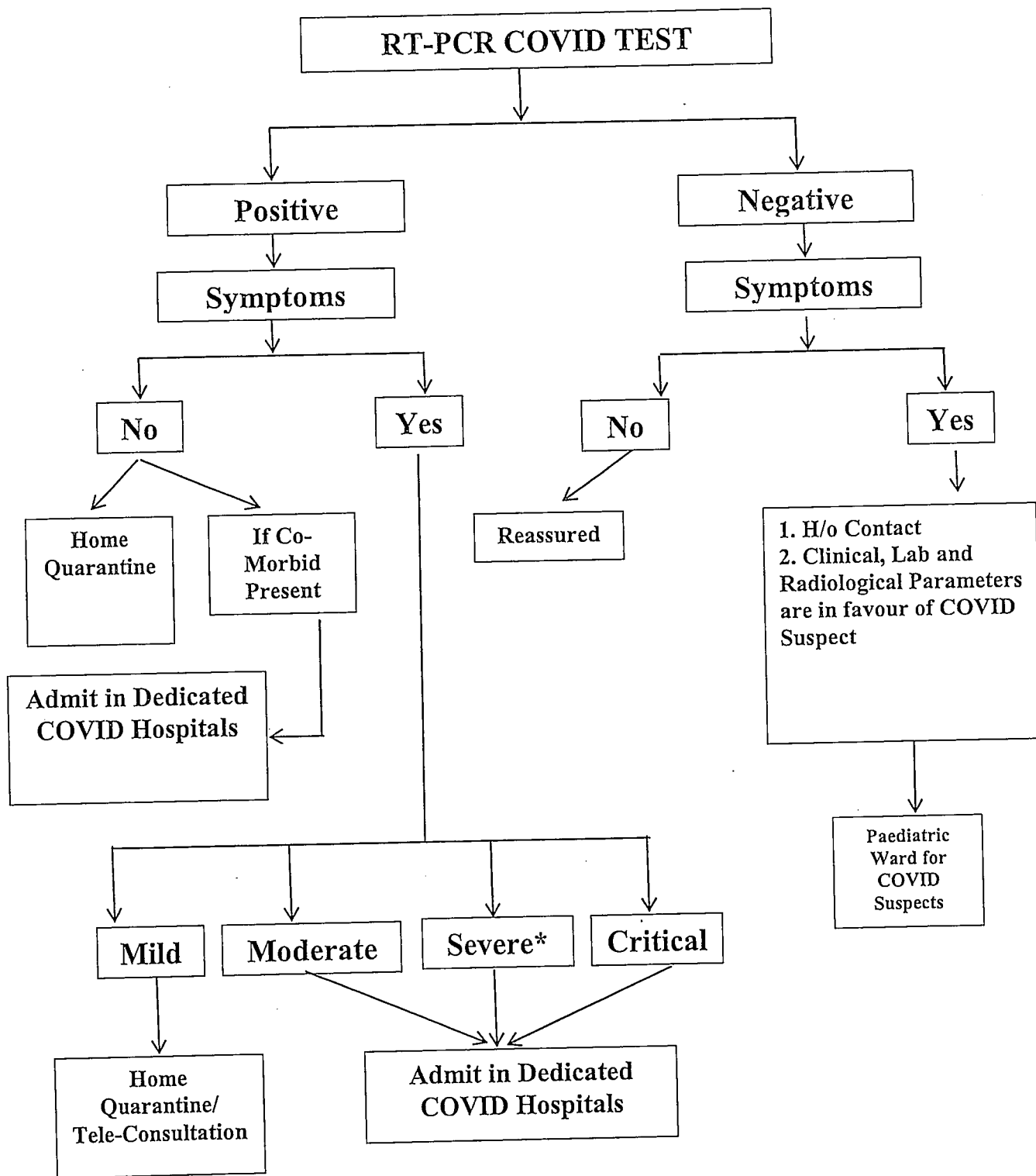
Case Management for severe category:-

- If SpO₂<90%, initiate low flow oxygen therapy as per guidelines. Start Oxygen to achieve target SpO₂ >94%
- Nasal Prongs 2-5 liters /min
- Oxygen Hood – 5 Litres/min
- Simple face mask upto 6-8 Litres/min and titrate as per guidelines
- Use Non re-breathing mask (NRM) if flow required > 6 litres per minute
- HFNC- if target SpO₂ not achieved.
- Mechanical Ventilation
- Steroid therapy
- Crystalloids infusion – IVF-NS-10 to 20 ml /kg bolus for shock correction
- In case of myocardial dysfunction, to start inotropes

Co-Morbidities

Prematurity, Severe Malnutrition, Obesity, Diabetes, Congenital Heart Disease, Chronic Asthma, Bronchiectasis, Interstitial lung disease, H/O Measles in the last 3 months, Immuno-compromised

PAEDIATRIC COVID-19 TRIAGING PROTOCOL



*ARDS & MODS

Assessment of severity based on clinical features and Management

Mild	Moderate	Severe
Fever	Fast breathing (age based)	ARDS*, Sepsis
Sore Throat	≥60/min for <2 months.	Septic shock, MODS*
Rhinorrhoea	≥50/min for 2-12 months	Pneumonia with any of these
Cough	≥40/min for 1-5 years	1. Cyanosis
No fast breathing	≥30/min for > 5 years	2. Increased respiratory efforts (grunting, severe retractions)
Diarrhoea	No signs of severe pneumonia/illness	3. Lethargy, somnolence, seizure
SpO ₂ ≥ 94 % on room air	SpO ₂ 90 to 93% on room air	SpO ₂ < 90 % on room air
MANAGEMENT		
1. Home Isolation 2. Supportive Care 3. Adequate Hydration & Feeding 4. Paracetamol 10-15 mg/kg/dose for fever 5. Report if the child worsens	1. Investigation as per requirement 2. Oxygen supplementation to maintain SpO ₂ > 94 % 3. Bronchodilators: MDI with Spacer 4. Antibiotics if Sepsis suspected 5. Systemic Steroids (Inj. Dexamethasone or Inj. Methyl Prednisolone), if hypoxia presents 6. Feed/fluid-avoid dehydration & overhydration	1. Evaluate thrombosis, HLH, Organ failure 2. Oxygen therapy to target SpO ₂ > 94% (a) Nasal Prongs- 5 Litres (b) Oxygen Hood- > 5 Litres (c) NRM- 10 -15 Litres (d) HFNC- if target SpO ₂ not achieved (e) Mechanical Ventilation 3. Steroid therapy 4. Crystalloid 10-20 ml/kg bolus (Shock) 5. Inotropes (myocardial dysfunction)

*Includes critical illness

Co-Morbidities

Prematurity, Severe Malnutrition, Obesity, Diabetes, Congenital Heart Disease, Chronic Asthma, Bronchiectasis, Interstitial lung disease, H/O Measles in the last 3 months, Immunocompromised Chronic kidney/liver disease, Neuro disability, Current Malignancy

Investigations

Complete Blood Count (CBC), X-ray chest, Blood Glucose

In moderate to severe cases- Liver function test, Renal function test, ABG, Quantitative CRP and ESR
Inflammatory markers, Echocardiogram

**J.RADHAKRISHNAN,
PRINCIPAL SECRETARY TO GOVERNMENT.**

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29/07/2022
SECTION OFFICER
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