NHS
Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

Management of children presenting to primary care during the Covid pandemic

Updated 22nd June 2021

Introduction

The purpose of this document is to provide clear guidance to primary care on management of the expected increase in paediatric presentations as Covid restrictions are eased.

Throughout the pandemic there has been a huge reduction in circulating respiratory viruses in children. This means there is an increasing number of children who have never been exposed to these viruses. Easing of Covid restrictions including mask wearing and social distancing in other countries has led to unseasonal outbreaks of respiratory viruses in children. This is expected in the UK as restrictions ease with a specific surge in RSV expected in the autumn and winter this year.

This document aims to give clear guidance on how to manage this extra demand, ensuring children are seen in the right place at the right time in an environment that is safe to patients and staff.

NHSE has recently advised primary care to **consider** face to face assessment for all children under 5 years with respiratory symptoms and refer to secondary care as appropriate. Use of remote assessment via telephone and/or video is appropriate for initial assessment of children. Healthier Together clinical pathways provide clear guidance on assessing children remotely, are evidence based and recommended by the RCPCH. GPs should continue to use remote assessment pathways and clinical judgement to decide when to convert to a face to face consultation.

Covid in children

Covid is usually a mild illness in children, many may be asymptomatic and very few (1%) develop severe or life threatening disease. Children appear to be at a lower risk of contracting the illness, totalling only 1-5% of cases. Teenagers appear more susceptible to the infection than younger children. Transmission rates from children have been difficult to establish but there is some evidence that their role in transmitting infection is limited.

The most common presentations of Covid in children are cough and temperature (50% of cases), 30-40% present with sore throat and rhinorrhoea and 10% present with diarrhoea and vomiting. Presentations can be wide ranging including thoracic pain, conjunctivitis,

febrile convulsions, severe pneumonia and paediatric multisystem inflammatory syndrome (PIMS-TS). Fever and cough are the commonest symptoms for any child requiring admission and less than 10% of children requiring admission have coryzal symptoms. Emerging data suggests this may be different for the new delta variant which commonly presents with headache, sore throat and rhinorrhoea.

Clinical presentations are often nonspecific and similar to other common viral respiratory infections making diagnosis virtually impossible without testing. It is important to note that prolonged illness or severe symptoms should not be attributed to Covid-19 and should be evaluated as usual. The threshold for face to face assessment and referral to secondary care should not change through the pandemic.

Paediatric multisystem inflammatory response temporarily associated with SARS-CoV 2 (PIMS-TS) occurs in a very small number of children. Presentation is usually abdominal pain, vomiting, diarrhoea, high grade fever. It frequently progresses to shock with cardiac involvement requiring admission to ICU.

GPs should use access to Paediatric consultants for advice via 'hotlines' if available.

Remote Assessment of children

Appropriate use of remote assessment will play a key role in managing the demand. Primary care clinicians are encouraged to use Healthier Together as a support tool to assess which children need to be seen face to face. This tool can also be used to support clear safety netting advice given to parents. Via the link below;

https://what0-18.nhs.uk/professionals/gp-primary-care-staff/clinical-pathways-remote-assessment

Specific remote assessment pathways include;

Fever https://what0-18.nhs.uk/application/files/9715/8661/3011/CS50218_NHS_Fever_pathway_for_remote_assessment_in_primary_care_Oct_19_v4.pdf

Cough/ breathlessness in children under 1 year https://what0-18.nhs.uk/application/files/6515/8661/2941/CS50218_NHS_Cough_in_child_under_1_year_pathway_for_remote_assessment_in_primary_care_Oct_19_v4.pdf

Cough/breathlessness in children over 1 year https://what0-18.nhs.uk/application/files/7915/8661/2958/CS50218_NHS_Cough_in_child_over_1_year_pathway_for_remote_assessment_in_primary_care_Oct_19_v4.pdf

(see appendix 1)

Healthier Together supports clinicians to categorise children's severity of illness as red, amber or green remotely. Most children will be in the green category and can be reassured; appropriately safety netted and advised to follow PHE guidance on community testing and the stay at home advice (appendix 2).

Children that do not need to be seen by primary care (green)

Children in the green category do not need to be seen by a primary care clinician. This includes children with temperatures below 38C, with mild cough and upper respiratory tract symptoms or a sore throat, which are clinically well and do not have an increased respiratory rate.

Face to face assessment of children (amber)

Amber children will need further assessment; this may be via video consultation or face to face. An assessment of respiratory rate is needed in children that present with a fever, cough or breathlessness. Asking the parent "are you concerned that your child is breathing more quickly?" and asking the parent to count the respiratory rate can be a useful way to make an initial assessment.

Some children in the amber category will need a face to face assessment. Parental concern and clinician intuition are also indications to arrange a face to face assessment. These children need to be assessed in a Covid secure environment in line with government and NHS England guidance.

Capacity to accommodate the expected increase in children's' presentations needs to be considered in plans to reinstate the hot hubs.

Severely unwell children (red)

Children in the red category should be admitted straight to hospital and do not need a face to face assessment by a primary care clinician. **This includes babies below 3 months with a fever above 38C.**

Testing

There are two indications for Covid testing in the UK

- Infection prevention and control measures, as outlined by Public Health England
- To inform clinical management decisions.

If a child requires a Covid test to influence immediate clinical management, the child should be under the care of paediatrician who will organise a point of care test.

Children of any age presenting with possible Covid symptoms of fever, cough or anosmia should be advised to have a PCR Covid test via the track and trace system. Due to the increased recognition of variation in symptoms, if there is clinical suspicion of Covid following assessment by a primary care clinician and the child does not require hospital admission, the child can be advised to have a PCR test through the national track and trace system. Patients can access this via the government website. Get a free PCR test to check if you have coronavirus (COVID-19) - GOV.UK (www.gov.uk)

Based on current evidence, the RCPCH advise that children with simple cold symptoms (rhinorrhoea and sore throats), without a fever, who would normally be at school in usual times do not need a Covid test (appendix 3). This is in line with Public Health England advice, test with symptoms of

- New continuous cough
- Fever
- Loss of, or change in, sense of smell or taste

Due to increased recognition of variation in symptoms PHE guidance may change

Adequate secondary care support for children with long term conditions

All children with long term conditions should have monitoring equipment at home and direct access to secondary care.

References

COVID-19-Paediatric-multisystem- inflammatory syndrome-20200501.pdf (rcpch.ac.uk)

Report template - NHSI website (england.nhs.uk)

https://www.rcpch.ac.uk/resources/Covid-19-research-evidence-summaries

https://what0-18.nhs.uk/

https://www.gov.uk/get-coronavirus-test

https://www.gov.uk/government/publications/Covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-Covid-19-infection

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Appendix 1. Healthier Together Assessment Examples

Cough/breathlessness in child <1 year of age

Healthier Together

NHS

Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	• Normal colour of skin, lips and tongue • Responds normally to social cues • Content/smiles • Stays awake or wakens quickly • Strong normal cry / not crying	• Pallor • Reduced response to social cues • Wakes only after prolonged stimulation	• Blue or grey colour • Unable to rouse or if roused does not stay awake • Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	• None of amber or red symptoms	• RR 50-70 breaths/min • Mild / moderate respiratory distress • Audible stridor only when distressed	• Grunting • RR > 70 breaths/min • Severe respiratory distress • Pauses in breathing (apnoeas) • Audible stridor at rest
Circulation / hydration	• None of amber or red symptoms	• Cold hands and feet in absence of fever • Reduced urine output • Reduced fluid intake: 50-75% of usual intake over previous 3-4 feeds	• Markedly reduced fluid intake: <50% of usual intake over last 2-3 feeds
Other	• None of amber or red symptoms	• Risk factors for severe illness: pre-existing lung condition, congenital heart disease, age <6 weeks (Corrected), prematurity <35 weeks, known immunodeficiency • Age 3-6 months with temp ≥39° (102.2°F) • Fever for ≥ 5 days • Additional parental/carer support required • Lower threshold for face to face review if significant chronic co-morbidities	• Age 0-3 months with temp ≥38° (100.4°F) • Seizure

Green Action	Amber Action	Red Action
Provide cough/breathlessness in children under 1 year safety netting advice Confirm they are comfortable with the decisions/ advice given Always consider safeguarding issues	For face to face review (consider if video consultation is appropriate). If timely clinical review cannot be facilitated in primary care, low threshold for referral to ED.	Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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Cough/breathlessness pathway for children ≥ 1 year of age

Healthier Together

NHS

Clinical support tool for remote clinical assessment

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	• Normal colour of skin, lips and tongue • Content/smiles • Stays awake/awakens quickly	• Pale • No smile • Decreased activity/lethargic	• Blue or grey colour • No response • Unable to rouse or if roused does not stay awake • Confused • Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	• None of amber or red symptoms	• RR >40 breaths/min if age 12 months - 23 months • RR >35 breaths/min if age 2-5 years • RR >30 breaths/min if age 5 -12 years • RR >25 breaths/min if age >12 years • Mild / Moderate resp distress • Audible stridor on exertion/distress only	• Grunting • Audible stridor at rest • Severe tachypnoea: RR > 10 breaths per minute above amber levels • Severe respiratory distress • Unable to complete sentences
Circulation / hydration	• None of amber or red symptoms • Able to tolerate some fluids • Passing urine	• Cold hands and feet in absence of fever • Reduced urine output • Not tolerating fluids / repeated vomiting • Unable to swallow saliva	
Other	• None of amber or red symptoms	• Fever for ≥ 5 days • Risk factors for severe disease – known asthma, chronic lung disease, bronchiectasis/CF, immunodeficiency etc. • Additional parental/carer support required	• Sudden onset and parental concern about inhaled foreign body

Green Action	Amber Action	Red Action
Provide cough/breathlessness >1 year safety netting advice Confirm they are comfortable with the decisions/ advice given. Always consider safeguarding issues	For face to face review (consider if video consultation is appropriate). If timely clinical review cannot be facilitated in primary care, low threshold for referral to ED.	Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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Fever pathway

Clinical support tool for remote clinical assessment

History of fever ≥38°

→ Is the child younger than 3 months?

→ Yes → Will need face to face review in hospital based setting. Consider whether 999 transfer or parent/ taxi most appropriate based on clinical acuity

↓ No

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high risk
Colour Activity	• Normal colour of skin, lips and tongue • Responds normally to social cues • Content/smiles • Stays awake or wakens quickly • Strong normal cry / not crying	• Pallor • Reduced response to social cues • Wakes only after prolonged stimulation • Infant (under 1 year) not feeding	• Blue or grey colour • Unable to rouse or if roused does not stay awake • Clinical concerns about nature of cry (Weak, high pitched or continuous)
Respiratory	• None of amber or red symptoms	• RR 50-60 breaths/min if aged <12 months • RR 40-50 breaths/min if age 1-5 years • RR 25-30 breaths/min if age 6 -11 years • RR 20-25 breaths/min if age ≥12 years • Mild/moderate respiratory distress	• Grunting or severe respiratory distress • RR >60 breaths/min if aged <12 months • RR >50 breaths/min if age 1-5 years • RR >30 breaths/min if age 6 -11 years • RR >25 breaths/min if age ≥12 years
Circulation / hydration	• None of amber or red symptoms	• Cold hands and feet in absence of fever • Reduced urine output • Not tolerating fluids	
Other	• None of amber or red symptoms	• Fever for ≥ 5 days • Swelling of limb or joint • Non-weight bearing / not using an extremity • Swollen eye • A new lump ≥ 2cm • Symptoms suggest UTI • Symptoms suggest cellulitis • Symptoms suggest scarlet fever • Age 3-6 months with temp ≥39° (102.2°F) with no clear focus of infection • Additional parental/carer support required • Lower threshold for face to face review if significant chronic co-morbidities • Recent return from malaria endemic area in preceeding 3 months	• Age 0-3 months with temp ≥38° (100.4°F) • Seizure • Rigors • Non-blanching rash

Green Action

Provide Fever safety netting advice for children:
Under 5 years of age
5 years and over
Confirm they are comfortable with the decisions/advice given
Always consider safeguarding issues.

Amber Action

For face to face review (consider if video consultation is appropriate).
If timely clinical review cannot be facilitated in primary care, low threshold for referral to ED.

Red Action

Refer immediately to emergency care – consider whether 999 transfer or parent/taxi most appropriate based on clinical acuity etc.

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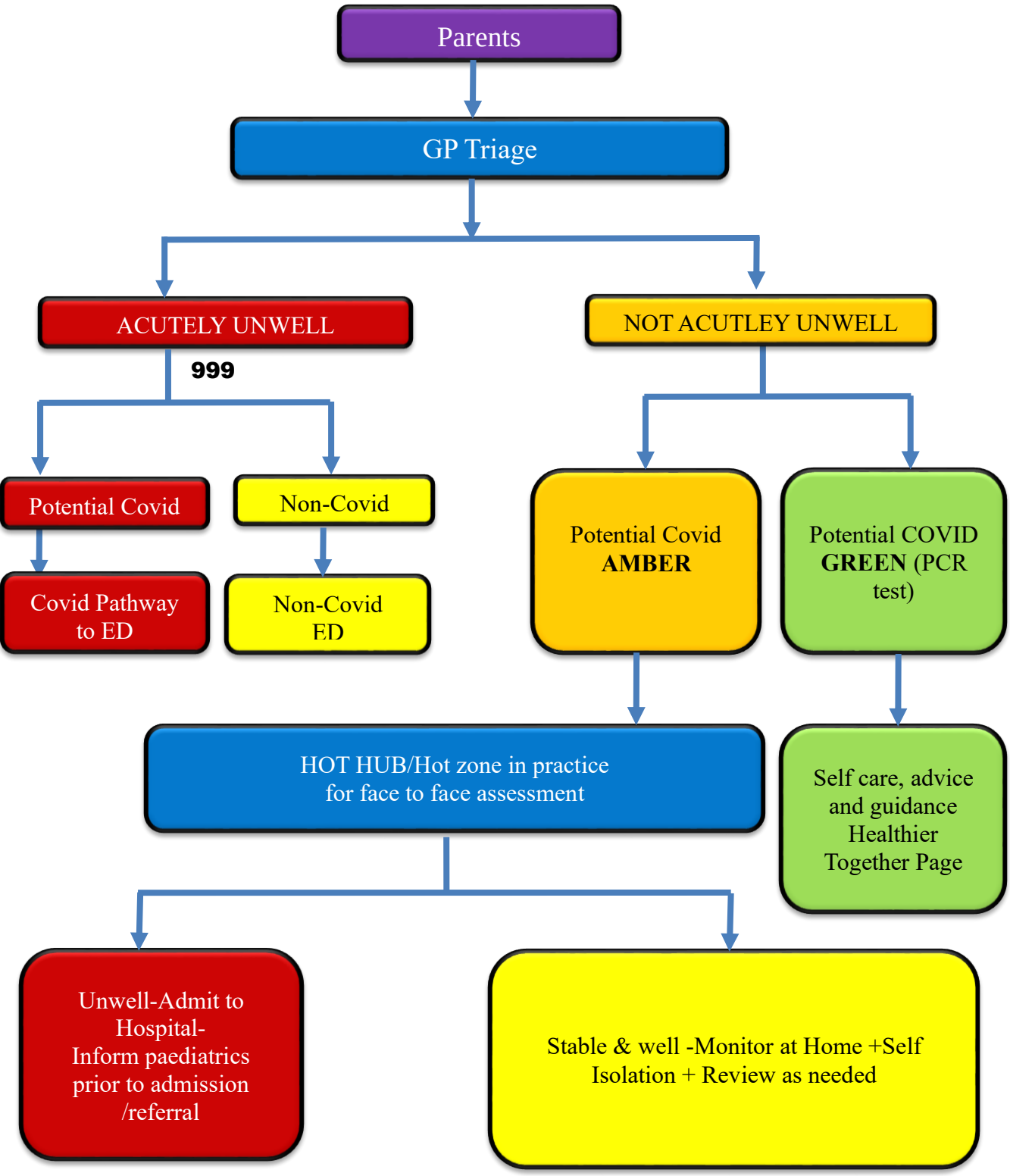
Appendix 2. Winter pathway for children with potential Covid



Appendix 3. Advice for parents on school attendance and Covid testing