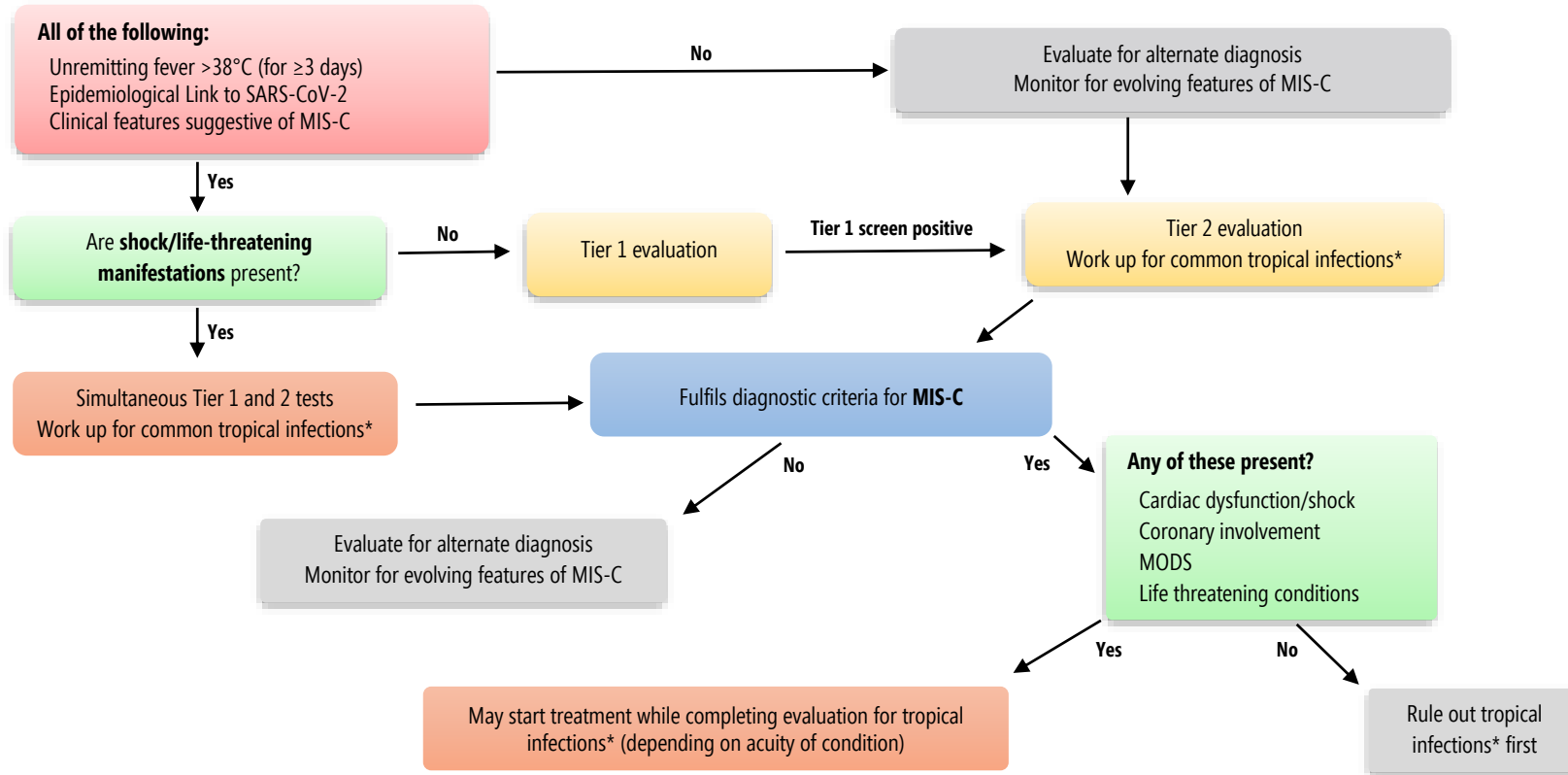


# Guidelines for Management of COVID-19 in Children

## Stepwise investigations in a patient with MIS-C



**Tier 1 tests** (may be done at Covid Care Centre, Dedicated Covid Health Centre): CBC, complete metabolic profile (LFT/KFT/blood gas/glucose), CRP and/or ESR, SARS-CoV-2 serology and/or RT-PCR, blood culture

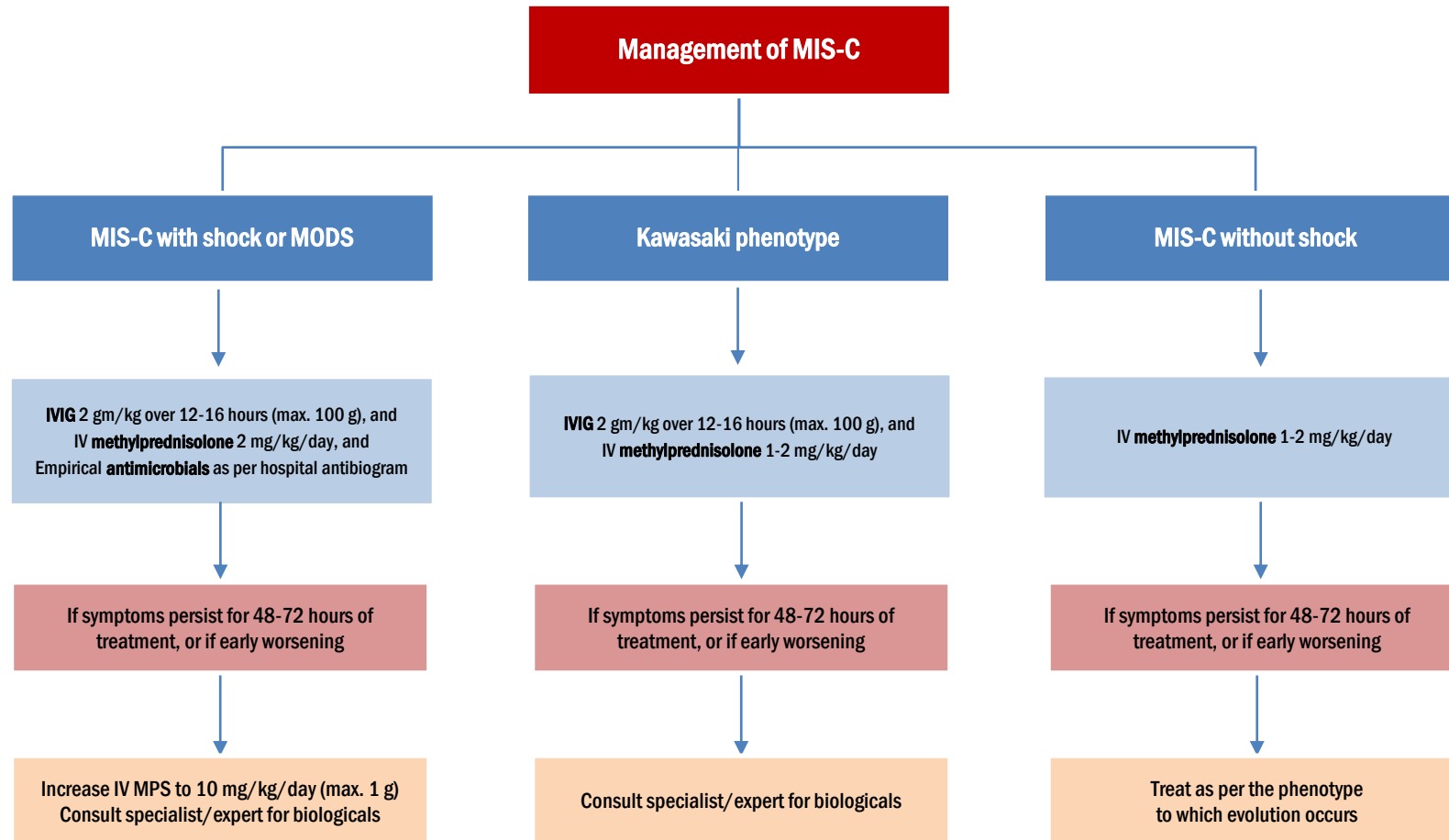
**Positive Tier 1 screen** (*both* of these should be present):

1. CRP >5 mg/L *and/or* ESR >40 mm/hour;
2. At least *one* of these: ALC <1000/ $\mu$ L, platelet count <150,000/ $\mu$ L, Na <135 mEq/L, neutrophilia, hypoalbuminemia

**Tier 2 tests** (may be done at Dedicated Covid Hospital): Cardiac (ECG, echocardiogram, BNP, troponin T); inflammatory markers (procalcitonin, ferritin, PT, PTT, D-Dimer, fibrinogen, LDH, triglyceride, cytokine panel); blood smear; SARS-CoV-2 serology

\* Common tropical infections include malaria, dengue, enteric fever, rickettsial illness (scrub typhus), etc.

# Guidelines for Management of COVID-19 in Children



- Appropriate supportive care is needed preferably in ICU for treatment of cardiac dysfunction, coronary involvement, shock or multi-organ dysfunction syndrome (MODS)
- IVIG to be given slower (over up to 48 hours) in children with cardiac failure/ fluid overload
- Taper steroids over 2-3 weeks with clinical and CRP monitoring
- Aspirin 3-5 mg/kg/day, maximum 75 mg/day in all children for 4-6 weeks (with platelet count >80,000/ $\mu$ L) for at least 4-6 weeks or longer for those with coronary aneurysms
- Low molecular weight heparin (Enoxaparin) 1 mg/kg/dose twice daily s/c in >2 months (0.75mg/kg/dose in <2 months) if patient has thrombosis or giant aneurysm with absolute coronary diameter  $\geq$ 8 mm or Z score  $\geq$ 10 or LVEF <30%
- For children with cardiac involvement, repeat ECG 48 hourly & repeat ECHO at 7-14 days and between 4 to 6 weeks, and after 1 year if initial ECHO was abnormal

**Use biologicals only after expert consultation and at tertiary care only**