CLINICAL PATHWAY:

COVID-19 Cardiology Return to Play Algorithm

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT

These guidelines are subject to change periodically with availability of more data on COVID-19 and cardiac dysfunction.

Inclusion Criteria: Children ≥ 5 years of age positive for COVID-19 infection **Exclusion Criteria:** Children \leq 5 years of age (children \leq 5 years old do not generally participate in rigorous sport therefore do not require evaluation for return to play) COMMENTS:

- murmur), contact cardiology to discuss
- Iffebrile, consider a diagnosis of Multi-System Inflammatory Syndrome in Children

If cardiac symptoms2:

- refer to Cardiology for EKG and further evaluation (Appendix A: EKG and Referral Guidelines)
- If no cardiac symptoms (including if already has returned to play)2:
 - PCP may clear to return to play after routine sports pre-participation screening

If under age 5 years but there are cardiac concerns (e.g. syncope, arrhythmia, new

Note: Patients with severe COVID-19 infection should COVID-19 infection >3 months ago?

Multi-System Inflammatory Syndrome in Children (MIS-C), please follow the MIS-C Clinical Pathway

If there is a clinical suspicion for

Clinical suspicion would include: Fever ≥100.4 F for ≥24 hours AND any one of the following:

- GI: abdominal pain. diarrhea, vomiting
- CV: chest pain, arrhythmia,
- Mucocutaneous: rash. oral changes, conjunctivitis. extremity swelling/peeling
- Neuro: altered mental status, headache,

(Bolded symptoms are most

Severe4 symptoms

of COVID-19 infection

PCP to place cardiology referral

(Appendix A)

Cardiology will determine need for

additional tests, including, but not

Return to play should be

restricted for 3-6 months and will

be directed by Cardiology

Cardiac MRI

limited to:

ΝO Initial Management:

- Inform patient to isolate per CDC guidelines
- Ensure patient abstains from exercise until the following criteria have
 - Isolation period complete and
 - Patient is fever free off all fever reducing medications for a minimum of 1 day

Further management is determined by algorithm below

Asymptomatic or mildly symptomatic COVID-19 infection PCP to evaluate in office, by phone, telemedicine or other means of electronic communication (i.e., portal message) Cardiac signs or symptoms present?2

May retum to play without additional evaluation as long as routine sports preparticipation screening by PCP is current (Appendix B)

Refer to cardiology (Appendix A)

YES

Cardiology will guide evaluation and return to play criteria

of COVID-19 infection PCP to evaluate in office

Moderate³ symptoms

PCP to obtain EKG (Appendix A)

Negative cardiac Positive cardiac signs/symptoms² and signs/symptoms² and/or normal EKG abnormal EKG

May return to play after 10 days have passed from symptom onset or positive test AND routine sports pre-participation screening by PCP is complete (Appendix B)

Stress test Rhythm monitor

Cardiology will guide evaluation and return to play criteria

PCP to place cardiology

referral (Appendix A)

signs of shock, hypotension

Resp: cough, shortness of breath, difficulty breathing

irritability

common presenting symptoms)

²Cardiac signs/symptoms:

Significant:

- Chest pain consistent with a cardiac etiology
- Shortness of breath out of proportion to URI
- Syncope not clearly consistent with a vasovagal cause New onset palpitations

Moderate symptoms of COVID-19 infection include:

- ≥ 4 days of fever > 100.4°F
- ≥ 1 week myalgia, chills, or lethargy Required non-ICU hospitalization without MIS-C
- Based on PCP clinical judgment

Severe symptoms of COVID-19 infection include:

- Required ICU admission
- Diagnosis of MIS-C
- Previous abnormal cardiac testing
- Based on PCP clinical judgment

*The American College of Cardiology believes in the concept of "shared decision-making [as] the foundational framework of the contemporary sports eligibility discussion". This shared decision-making framework should be adopted to help specialists and primary care providers determine if a patient is, or is not, at significant increased risk over the general population for a significant life-threatening

References

American Academy of Pediatrics. (2022). COVID-19 Interim Guidance: Return to Sports. https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-







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EKG Locations:

The following locations provide <u>same-day EKG services</u>. Walk-ins are welcome at each location, however, please refer or call ahead to allow timely check-in, COVID-19 screening, and appropriate social distancing. <u>EKG only appointments</u> will take place after 11 days from the first positive COVID-19 test, and patient must be fever free without fever-reducing medication for at least 24 hours.

Hartford

- o Monday-Friday, 8:30 am-3:45 pm
- o 282 Washington St., 2nd Floor, Suite 2B
- o Hartford, CT, 06106

Danbury

- o Monday-Friday, 8 am-4 pm
- o 105-A Newtown Rd.
- o Danbury, CT, 06810

Westport

- o Monday-Friday, 8 am-4 pm
- o 333 Post Rd W Suite B
- o Westport, CT 06880

South Hadley

- o Monday − Friday 9 am − 3 pm (performed every hour: 9, 10, 11, 1, 2, 3)
- o 84 Willimansett St #3
- South Hadley, MA 01075

The following location is by appointment only:

Glastonbury

- o Monday Friday 9 am 3 pm (performed every hour: 9, 10, 11, 1, 2, 3)
- 310 Western Boulevard
- o Glastonbury, CT, 06033

Cardiology Referral Guidelines

- To refer a patient, please visit connecticutchildrens.org/make-a-referral/refer-a-patient or contact One Call **Phone:** 833.733.7669 **Fax** 833.226.2329. You can also call our office directly to schedule an appointment **Office:** 860-545-9400.
- <u>Cardiology evaluations</u> will take place after 11 days from the first positive COVID-19 test
 (21 days if diagnosed with an immune deficiency) and patient must be fever free without
 fever-reducing medication for at least 24 hours. If the cardiology evaluation is deemed
 urgent by the referring provider, call the One Call referral line to speak with Cardiologist
 directly.









CLINICAL PATHWAY: COVID-19 Cardiology Return to Play Algorithm Appendix B: Return to Exercise

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JUDGMENT.

- All individuals should be counseled to monitor for cardiac signs and symptoms with return to play.
 - These include: chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations, syncope
 - If any of these occur, patient should be evaluated by the PCP again and consider pediatric cardiology consultation
- Age Based Return to Exercise Guidelines:
 - <12 years old: Progress back to sports according to own tolerance</p>
 - ≥12 years old: Graduated return to play based upon symptoms (must meet all criteria prior to playing full games)
 - Asymptomatic/Mild Symptoms:
 - Minimum 1 day symptom free (excluding loss of taste/smell), and
 - Tolerating activities of daily living, and
 - Participate in 1 full practice while monitoring for symptoms
 - Moderate Symptoms:
 - Minimum 1 day symptom free (excluding loss of taste/smell), and
 - Tolerating activities of daily living, and
 - One light practice, or 30 minutes of cardiovascular exercise on own, while monitoring for symptoms
 - then progressing to 1 full practice while monitoring for symptoms
 - A mask is required for ALL physical activity, including games or scrimmages, until 10 days from positive test or symptom onset have passed

References:

American Academy of Pediatrics. (2022). COVID-19 Interim Guidance: Return to Sports. https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/.





