



Current as of February 1, 2022

### MEDICAL GUIDELINE FOR RETURN-TO-PLAY AFTER COVID-19 INFECTION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Positive COVID Test: \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_ N/A if asymptomatic:

Date of Last Symptoms: \_\_\_\_\_ N/A if asymptomatic:

Date to start Return to Play: \_\_\_\_\_

**<12yo ASYMPTOMATIC/MILD or MODERATE symptoms:**

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed and negative
<input type="checkbox"/> <u>RETURN TO PLAY:</u> <ul style="list-style-type: none"> <li>• May progress physical activity according to own tolerance once out of isolation</li> <li>• Mask required for ALL activity until 10 full days from +test or symptom onset has passed</li> <li>• Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise</li> </ul>	

**≥12yo ASYMPTOMATIC/MILD symptoms**

(<4 days fever >100.4F, <1 week myalgia, chills, or lethargy)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation
SCREENING	<input type="checkbox"/> AHA 14-element screen reviewed <input type="checkbox"/> Out of isolation and >1 day symptom-free (excluding loss of taste/smell)
<input type="checkbox"/> <u>RETURN TO PLAY:</u> <ul style="list-style-type: none"> <li>• Minimum 2 days of increase in physical activity (ie. one light practice, one normal practice)</li> <li>• No games before day 3</li> <li>• Mask required for ALL activity until 10 full days from +test or symptom onset has passed</li> <li>• Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise</li> </ul>	

**≥12yo MODERATE symptoms**

(>4 days fever >100.4, ≥1 week of myalgia, chills, or lethargy, or non-ICU hospital stay without evidence of MIS-C)

GUIDANCE	<input type="checkbox"/> No exercise while in isolation <input type="checkbox"/> No exercise until cleared by PCP
SCREENING	<input type="checkbox"/> In-person evaluation by PCP after symptoms resolved and out of isolation <input type="checkbox"/> AHA 14-element screen reviewed <input type="checkbox"/> No concerning cardiac findings on in-office exam <input type="checkbox"/> Normal EKG <input type="checkbox"/> ≥10 days have passed since symptom onset or positive test
<input type="checkbox"/> <u>RETURN TO PLAY:</u> <ul style="list-style-type: none"> <li>• Start no sooner than 10 days from symptom onset or positive test</li> <li>• Minimum 4 days of gradual increase in physical activity (ie. one light cardio workout, two light practices, one full practice)</li> <li>• No games before day 5</li> <li>• Immediately stop activity and have in-person medical evaluation for any chest pain, shortness of breath out of proportion with symptoms, new-onset palpitations, or syncope with return to exercise</li> </ul>	

Clinician: \_\_\_\_\_ Office Phone number: \_\_\_\_\_

*Guidelines are based on national recommendations (<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>) to increase safety and minimize risk. Return to play should be a teams-based discussion between patient/caregiver and medical provider with continued teams-based care encouraged between school nurses and medical homes. This does not impact ability to return to school and is not the responsibility of the school nurse.*

## 14-Element AHA Screening Checklist

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chest pain/tightness/pressure related to exertion</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Unexplained syncope or near-syncope (not including vasovagal cause)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Excessive exertional, unexplained shortness of breath/fatigue or new onset palpitations with exercise</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>New heart murmur on exam or persistent tachycardia</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Abnormal pulses on exam including femoral pulses (to exclude aortic coarctation)</b>
<input type="checkbox"/>	<input type="checkbox"/>	History of elevated systemic blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Prior restriction from participation in sports
<input type="checkbox"/>	<input type="checkbox"/>	Prior cardiac testing ordered by a physician
<input type="checkbox"/>	<input type="checkbox"/>	Family history of premature death <50yrs due to heart disease
<input type="checkbox"/>	<input type="checkbox"/>	Disability due to heart disease in a close relative <50yo
<input type="checkbox"/>	<input type="checkbox"/>	Family history of HCM/Dilated cardiomyopathy, long QT/ion channelopathies, Marfan syndrome, significant arrhythmias, or genetic cardiac conditions
<input type="checkbox"/>	<input type="checkbox"/>	History of heart murmur (excluding innocent/resolved murmurs)
<input type="checkbox"/>	<input type="checkbox"/>	Physical stigmata of Marfan Syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal brachial artery blood pressure in sitting position on exam

**4-Element AHA Screening Checklist** adapted from Maron BJ, et al. *Journal of the American College of Cardiology*, 2014. AHA 14-element screening to be reviewed with special emphasis on symptoms of myocarditis (incidence 0.5-3%): **chest pain, shortness of breath out of proportion with URI symptoms, new-onset palpitations, or syncope.**