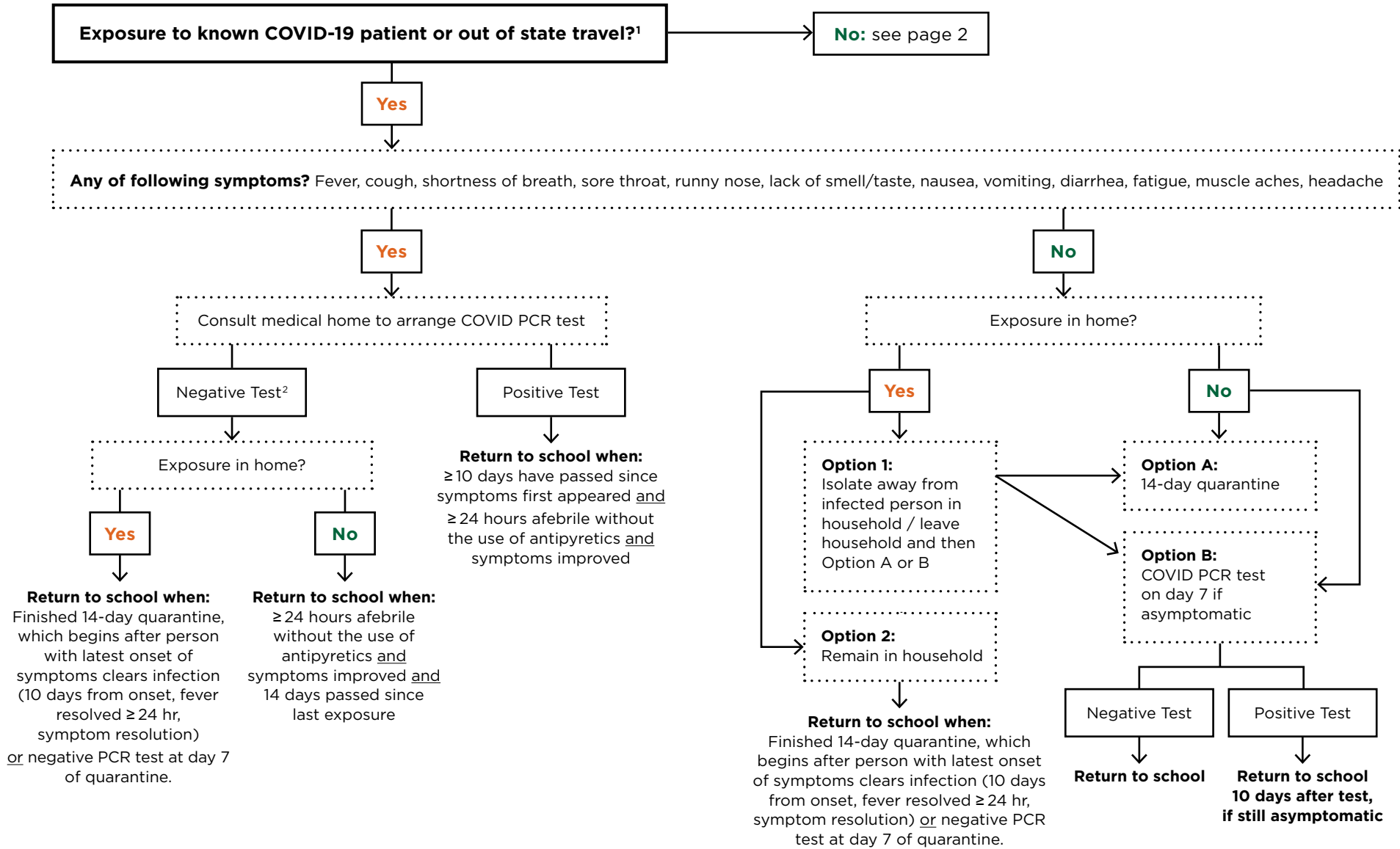


# COVID-19 in Pediatric Patients (Pre-K - Grade 12)

## Triage, Evaluation, Testing and Return to School\*

\*This algorithm was developed in the setting of Vermont's low prevalence of SARS-CoV-2 Virus. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations. The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in those settings. As pediatric patients become eligible for vaccination, the algorithm will be updated.

Current as of March 1, 2021



¹Exposure/travel: had close contact (within 6 feet of an infected person for a cumulative 15 minutes over 24 hour period) with a person with confirmed COVID-19; or traveled out of state. There are also potential exposures (gatherings, events) where a patient should be encourage to get a test as per VDH recommendations

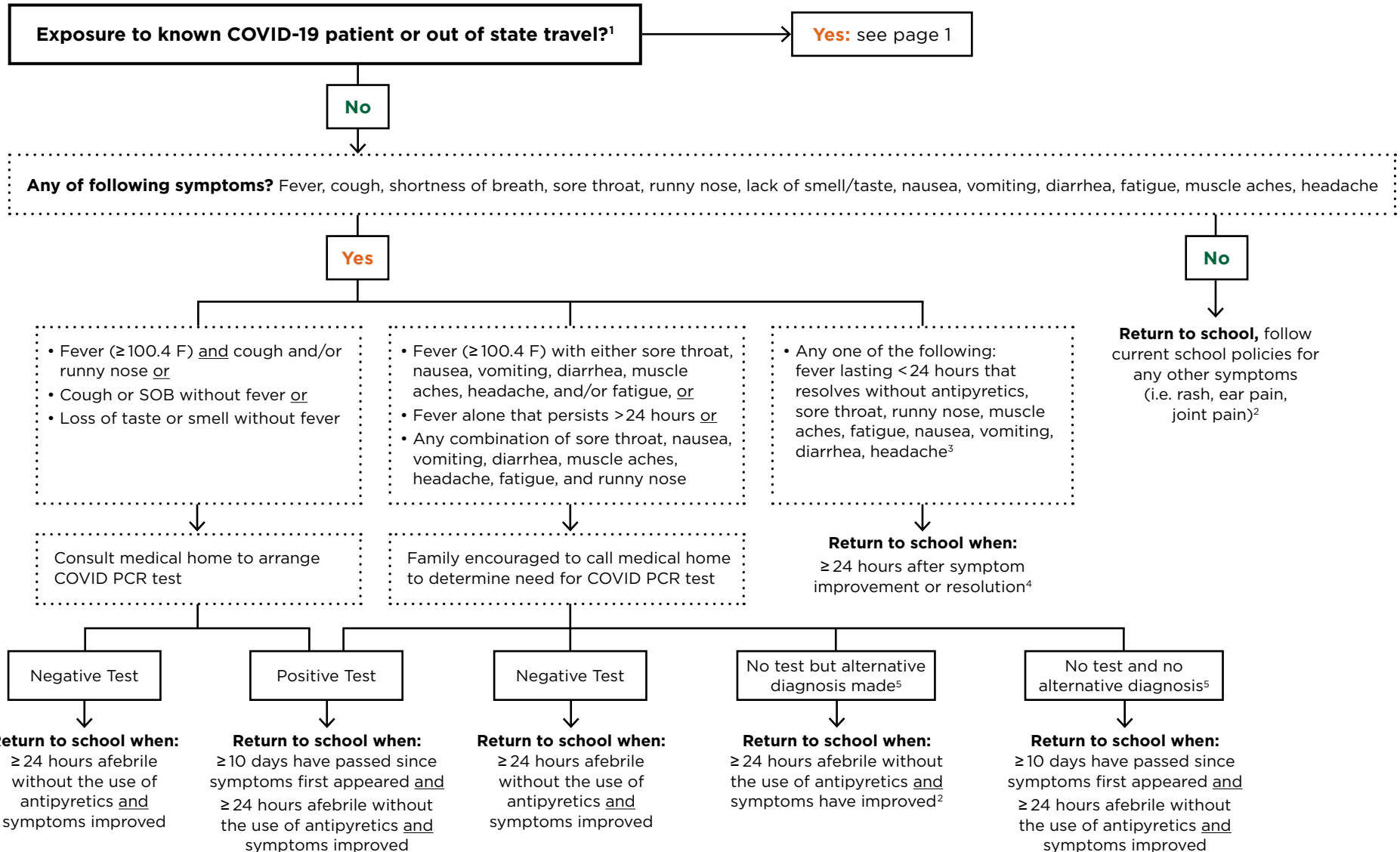
²If highly suspect COVID, may repeat test in 24 hours

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<sup>2</sup>Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)

<sup>3</sup>Rash alone, including purple toes, is not currently a CDC listed symptom of acute COVID-19 infection

<sup>4</sup>Parent/caregivers may consult medical home for persistent symptoms

<sup>5</sup>Routine testing of otherwise healthy outpatients for influenza is strongly discouraged this season, in order to preserve testing capacity for SARS-CoV-2. For additional information, please refer to current health department health alerts (HAN) or guidelines for influenza testing.