

Pennsylvania Chapter



Recommendations for Primary Care Pediatric Offices - Addressing Well Child and Sick Visits and Provision of Immunizations

In line with the American Academy of Pediatrics (AAP), the PA Chapter, AAP strongly supports the provision of well child care consistent with the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. During the COVID-19 pandemic, the benefit of attending a well visit and receiving necessary immunizations and screenings should be balanced with the risk of exposure to other children and adults with potential contagious diseases. These recommendations are based on available evidence and should be considered in the context of your patient population and practice environment. The AAP and network of Chapters are pursuing a robust advocacy agenda to enable practice adjustments during this pandemic and mitigate negative effects.

Currently, the guidance from AAP during the COVID-19 pandemic regarding well visits includes considering modifications to the structure of your clinic schedule and physical space. Immunizing the youngest children is top priority in the context of well child care. This guidance is subject to change as new evidence on the SARS-CoV-2 virus emerges. Pediatricians should consider community spread of COVID-19 and the volume of sick patients that they are currently seeing in clinical settings, as they make decisions regarding their clinical practice. Practices may consider several adjustments to their usual clinical operations:

- Pediatricians may choose to only conduct well visits for newborns, and for infants and younger children who require immunizations and to reschedule well visits for those in middle childhood and adolescence to a later date.
- Pediatricians may choose to limit well visits to early morning while reserving the remainder of the day for sick visits.
- Pediatricians are encouraged to dedicate specific rooms for sick visits and well visits; or for those with multiple practice sites to consider using one office location to see all well visits (staffed by those in higher risk categories).
- Pediatricians are encouraged to increase their capacity to deliver telehealth, including for virtual follow up for routine chronic condition and medication follow ups. Especially for those with underlying respiratory disease.
- For any office visit, ask that the child be accompanied by only one adult who is not ill and restrict bringing other children whenever possible.
- Eliminate patient penalties for cancellations and missed appointments.
- If available, pediatricians are encouraged to utilize “drive through” dedicated COVID-19 testing sites.

The Centers for Disease Control and Prevention (CDC) has developed guidance that is relevant to the way pediatric practices approach caring for children. For patients and families who may have been exposed to SARS-CoV-2, the CDC has developed [What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection.](#)

In addition, they have [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings.](#)

CDC provides [guidance for administering vaccines when a child is sick.](#)

COVID-19 PEDIATRIC OFFICE WORKFLOW STRATEGIES

This document highlights key strategies for managing COVID19 in an outpatient pediatric setting. Please follow epidemiologic updates and guidance given by the CDC ([CDC COVID19](#)), the Pennsylvania Department of Health ([Pennsylvania Department of Health COVID19](#)), and the AAP ([AAP COVID19](#)) as the strategies listed here may change at any moment given the constantly evolving nature of this situation.

RECOMMENDATIONS BASED ON A SYNTHESIS OF CDC, AAP, AND PADOH GUIDANCE:

1. **Protect yourself and your staff** by washing your hands, wearing a mask when examining children with respiratory infections, and staying home when you are sick. Soap and water are fine for washing; alcohol rub is okay.
2. **Triage level of care: The vast majority of COVID19 infections in children are mild. These children are best cared for at home. This is the single most important message for families.** Children do not appear to be getting sick: less than 2% of cases in China were in children under 18 years of age; no fatalities. Children who got sick appeared to contract it from older family members. Influenza is still at high activity levels in all of the Districts except DC where there is local activity.
3. **Consider these additional AAP tips for workflow modifications:**
 - **Create postcards, texts, and on-hold recorded messages** to families outlining what constitutes mild respiratory symptoms and what care can be done at home.
 - **Post signs and have information in your clinic** outlining what constitutes mild respiratory symptoms and what care can be done at home ([AAP Caring for Colds](#)).
 - **Use your current nurse directed protocols/algorithms** to determine if patients calling in with respiratory symptoms can be safely managed at home.
 - **Call families with upcoming appointments to assess for signs of respiratory illness.** If the child has respiratory symptoms, use nurse directed protocols/algorithms per above.
 - **When needed, involve triage providers in clinic such as nurses, advanced practice providers or physicians to determine level of care and location of assessment if needed.** When possible, providers can give instructions on care for the child at home including a follow up plan or instructions.
 - **If triage by phone is not adequate, consider using telehealth platforms** for further assessment ([HIPAA Compliant Platform Info](#)). This can be helpful in assessing respiratory rate and overall

work of breathing. AAP offers recommendations on the use of telemedicine in the pediatric health care setting ([AAP Telehealth Recommendations](#)).

https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

- **Triage providers should use best clinical judgment based on age, severity of illness, and updates on COVID19 epidemiology** to decide when a child needs to be seen in person and where the best location is for that evaluation.
 - **Inform parents that those most at risk from COVID19 may be the child's grandparents.**
- 4. Follow recommended infection control protocols in your clinic** ([CDC Infection Control in Healthcare Settings](#))-
- Triage patients to appropriate level of precautions. Those with any respiratory symptoms or fever should don a mask covering nose and mouth.
 - Patients at risk for COVID19, according to CDC criteria, should be placed in an isolated room designated for this purpose as quickly as possible. Rooms should be cleaned between patients [according to CDC guidelines](#).
 - Providers should follow recommended PPE for all patients with respiratory symptoms including gowns, gloves, masks, and protective eye wear. See CDC link for information on access to PPE equipment.

For testing questions, follow current guidelines from PADOH for testing ([PAOH COVID19](#)) as well as clinical judgment for when to escalate to higher levels of care. Call PADOH with questions at 1-877-PAHEALTH (72432584). Communicate with other healthcare facilities when transferring care.