

CME Information

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| Arron Berry, RN, BSN, CCRN, PHRN, CFRN | None |

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Learning Objectives

- Discuss symptoms and patient presentation of the acutely ill pediatric patient with COVID-19
- Discuss management of the acutely ill pediatric patient with COVID-19
- Discuss symptoms and patient presentation of the acutely ill pediatric patient with MIS-C
- Discuss management of the acutely ill pediatric patient with MIS-C



This activity is supported by educational grants from Gilead Sciences, Inc., Regeneron, and Eli Lilly and Company.

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Arron Berry, RN, BSN, CCRN, PHRN, CFRN Johns Hopkins – Lifeline Critical Care Transport Nurse Clinician III Baltimore, MD



Pediatric Covid-19 Statistics

- 2.5 million cases
- 12.6% of all cases
- Most common source of exposure from a family member
- Increased risk with underlying conditions
- Less illness severe than adults
 - o 0.2-2.8% of hospital admission
 - Low percentage require ICU admission (3.3% of pediatric cases)
 - Low mortality (0.07% of total Covid deaths)



https://www.nationaljewish.org/patients-visitors/patient-info/importantupdates/coronavirus-information-and-resources/patient-care/covid-19-(coronavirus)and-kids



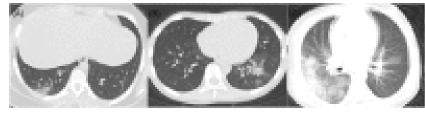
Presentation in the Peds Covid Patient

- Fever
- Respiratory signs/symptoms
 - Cough
 - Nasal congestion
 - Dyspnea
- GI signs/symptoms
 - Nausea, vomiting, diarrhea, abdominal pain
 - Loss of appetite
- Headache, fatigue



Radiologic and Lab Findings

- CXR
 - Patchy lesions
- Chest CT
 - Ground glass opacities
 - o Halo sign
- Inflammatory markers
 - D-dimer, procalcitonin, CK, interleukin-6



https://pubmed.ncbi.nlm.nih.gov/32134205/#&gid=article-figures&pid=figure-1-uid-0



Management of the Peds Covid Patient

- Supportive therapy
 - Respiratory support
 - Fluid and electrolyte support
- Thromboprophylaxis
- Remdesivir only FDA-approved treatment
- Management of co-infection
 - o Viral and bacteria
 - Influenza
- Glucocorticoids



Multisystem Inflammatory Syndrome in Children (MIS-C) CDC Case Definition

- An individual aged <21 years presenting with feverⁱ, laboratory evidence of inflammationⁱⁱ, and evidence of clinically severe illness requiring hospitalization, with multisystem (≥ 2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms



MIS-C Statistics

- 1,659 cases
- 26 deaths
- Majority of cases 1-14 years (average 8-9)
- Develop 2-4 weeks after Covid infection
- Positive for antibodies, but negative PCR at diagnosis
- Majority require admission to an ICU (as high as 70%)





Presentation in MIS-C Patient

- Kawasaki disease-like features
- Respiratory signs/symptoms
 - o Dyspnea
 - Cough
- GI signs/symptoms
 - Abd pain, vomiting and diarrhea
- Shock

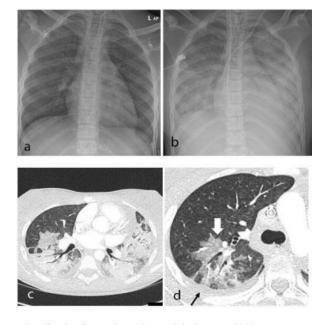
SYMPTOMS OF KAWASAKI DISEASE





Radiologic and Lab Findings

- CXR
 - Cardiomegaly, pulmonary edema, pleural effusions, opacities
- Chest CT
 - ARDS pattern, PE (small)
- Echo/cardiac imaging
 - Left ventricular systolic dysfunction with depressed ejection fraction
 - Coronary artery dilation
- Inflammatory markers
- Cardiac markers



https://www.itnonline.com/content/new-study-looks-post-covid-19emerging-disease-children



Management of the MIS-C Patient

- Supportive therapy
 - Respiratory support
 - Hemodynamic support
- Anti-inflammatories
 - IVIG and corticosteroids
- Anti-platelets and anticoagulation
- Monitoring kidney function
- Close monitoring of cardiac and vascular involvement





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Are there any special steps that should be taken in pediatric patients for managing mild to moderate COVID-19 at home?





Question 2



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