

PEDIATRIC COVID TREATMENT PROTOCOL

NOTES

- If high suspicion for risk of COVID but not meeting criteria for treatment please page Pediatric ID (p9200) to discuss
- Corticosteroids are not indicated routinely for COVID
- Please consult with Pedi ID/Pulmonary to discuss corticosteroid use in other conditions or for severe disease

Persons with Suspected COVID

Contact/Droplet Precautions/PPE
N95 respirator for NP specimen collection,
ETT, CPR, bag mask ventilation
Comprehensive respiratory Panel
COVID-19 PCR
CRP, PCT, CBC, CMP, troponin I, EKG*
Continuous pulse Ox (can discontinue when
O2 sat > 98% for 24 hrs)
Fluid boluses only if hypotensive**
Contact Ped ID team (p9200)

Hydroxychloroquine Dosing:

13 mg/kg/dose Q 12 hours x 2 for loading dose (max. 400 mg/dose or 800 mg/day) followed by 6.5 mg/kg/dose Q 12 hours (max 200 mg/dose or 400 mg/day) for 4 days (total of 5 days including loading dose). Suspension 25mg/ml & 200 mg tablets.

Azithromycin Dosing:

10 mg/kg/day for 1 day, then 5 mg/kg/day for 4 days; max dose 1.5 gm total dose

COVID PCR Positive

Continue Hydroxychloroquine
Discuss other options with Pedi ID

COVID PCR Negative,
improving clinically

Start usual treatment AND if hypoxemia (SpO2 ≤92%) +/- T>101.5 degrees F
Start hydroxychloroquine (needs ID approval)* and azithromycin

* EKG: repeat daily while on hydroxychloroquine if underlying cardiac disease or if taking other QT prolonging agents
**Cardiomyopathy reported in COVID

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Stop hydroxychloroquine. Stop azithromycin (unless prescribed for other diagnosis)

Discuss with
Ped ID team

COVID PCR Negative
If clinical deterioration +
still high suspicion