

# pediatric associates of austin, p.a.

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## COVID-19 Quarantine and Symptomatic Care after positive test: 2 months-5 years

### QUARANTINE

#### Duration

- With symptoms, quarantine can end when all these criteria are met:
  1. 5 days have passed since symptoms began or testing positive (if no symptoms present)
  2. It has been 24 hours without fever
  3. Symptoms have improvedContinue wearing a mask around others for 5 more days. If unable to reliably wear a mask due to age, quarantine an additional 5 days. This will be the case for almost all kids between 2 and 5 years.
- With no symptoms or mild symptoms, end quarantine no sooner than 5 days from beginning of symptoms or positive test (if no symptoms present). Continue wearing a mask for 5 more days. If unable to reliably wear a mask due to age, quarantine an additional 5 days. This will be the case for almost all kids between 2 and 5 years.

## SYMPTOM TREATMENT

COVID-19 is caused by a virus and antibiotics don't treat viral illness. Most covid cases can be treated at home using the following interventions for presenting symptoms:

### FEVER

Most fevers are good for children and a sign that the body is fighting infection. The goal of therapy is to bring the fever down to a comfortable level. True fever begins at 100.4 (using rectal, ear or forehead thermometer); many fevers associated with a virus fluctuate between 100.4-104 degrees for 2-3 days. Fevers only need to be treated with medicine if they cause discomfort, which usually means fevers of 102 degrees and higher. Ear temperatures are not accurate before 6 months of age.

#### Treatment for fevers:

- Dress in 1 layer of clothing unless shivering to prevent trapped heat close to the body
- Increase fluid intake until urinating every 2-3 hours to help cool the body and prevent dehydration
- Offer a warm baths or cool compresses on pulse points to help cool the body and lower the temperature

#### Medication for fevers:

- If your child is younger than 2 months and has a fever, your child needs evaluation
- Children 2 months to 6 months can be given Tylenol (based on weight) every 4 hours as needed. See next page for dosage information. *Do not give ibuprofen (Motrin, Advil) to a child under 6 months of age.*
- Children over 6 months of age can be given *either* Tylenol or Motrin. Tylenol can be given every 4 hours. Motrin can be given every 6 hours as needed. See next page for dosage information.

## ACETAMINOPHEN DOSING GUIDE (TYLENOL AND OTHER BRANDS)

If possible, use weight to dose, otherwise use age.  <b>Give every 4 - 6 hours, as needed</b> , no more than 5 times in 24 hours (unless directed by your physician).  Use only the dosing device that comes with the product.		<b>Infants' New Formulation OR Children's Liquid</b>	<b>Children's Chewable Tablets</b>
		<i>Active Ingredient: Acetaminophen 160 mg in each 5 mL or 1 tsp</i>	<i>Active Ingredient: Acetaminophen 160 mg in each tablet</i>
<b>Weight</b>	<b>Age</b>		
6 - 11 lbs (2.7 - 5 kg)	0 - 3 mo	1.25 mL (1/4 tsp)	
12 - 17 lbs (5.5 - 7.7 kg)	4 - 11 mo	2.5 mL (1/2 tsp)	
18 - 23 lbs (8.2 - 10.5 kg)	12 - 23 mo	3.75 mL (3/4 tsp)	
24 - 35 lbs (10.9 - 15.9 kg)	2 - 3 yrs	5 mL (1 tsp)	1 tablet
36 - 47 lbs (16.4 - 21.4 kg)	4 - 5 yrs	7.5 mL (1 1/2 tsp)	1 1/2 tablets
48 - 59 lbs (21.8 - 26.8 kg)	6 - 8 yrs	10 mL (2 tsp)	2 tablets

## IBUPROFEN DOSING GUIDE (ADVIL, MOTRIN, OR ANOTHER BRAND)

If possible, use weight to dose, otherwise use age.  <b>Give every 6 - 8 hours, as needed</b> , no more than 5 times in 24 hours (unless directed by your physician).  Use only the dosing device that comes with the product.		<b>Infants' Drops (Concentrated)</b>	<b>Children's Liquid</b>	<b>Children's Chewables or Junior Tablets</b>
		<i>Active Ingredient: 50 mg in each 1.25 mL</i>	<i>Active Ingredient: 100 mg in each 5 mL or 1 tsp</i>	<i>Active Ingredient: 100 mg in each tablet</i>
<b>Weight</b>	<b>Age</b>			
<b>Not for children younger than 6 months</b>				
12 - 17 lbs (5.5 - 7.7 kg)	6 - 11 mo	1.25 mL	2.5 mL (1/2 tsp)	
18 - 23 lbs (8.2 - 10.5 kg)	12 - 23 mo	1.875 mL	3.75 mL (3/4 tsp)	
24 - 35 lbs (10.9 - 15.9 kg)	2 - 3 yrs		5 mL (1 tsp)	1 tablets
36 - 47 lbs (16.4 - 21.4 kg)	4 - 5 yrs		7.5 mL (1 1/2 tsp)	1 1/2 tablets
48 - 59 lbs (21.8 - 26.8 kg)	6 - 8 yrs		10 mL (2 tsp)	2 tablets

- If giving medication to reduce a fever, do not be concerned if the temperature only lowers 1-2 degrees. This is very normal when the body is working to fight illness.
- Do not give aspirin to any child under the age of 16.

## CONGESTION and RUNNY NOSE

If your child is over age 2, have them blow their nose frequently. For younger children, gently suction their nose with a suction bulb whenever nasal passages are blocked, and they can't breathe through their nose. Congestion can drain down the back of the throat and into the stomach causing decreased appetite, looser stools, and even vomiting. It can also go into the lungs and cause coughing. Maintaining good hydration is especially important to help thin mucous so it can be expelled more easily. Try to clear passages prior to feeds, naps and bedtime so child can eat and sleep more comfortably. Congestion and runny nose can last 2-3 weeks or more.

### Treatment for congestion

- Saline drops can be used to loosen mucous prior to suctioning. Put 3 drops in the nostril (1 drop for children under 1), close off other nostril and suction nostril.
- Steam showers can loosen congestion. Turn on hot water to fill bathroom with steam. Place child on floor of bathroom with supervision to play and allow child to breathe in warm, moist steam for 15-20 minutes.
- Use a cool-mist humidifier crib-side/bedside while sleeping. Dry air makes mucus thicker.

### Medications for congestion

- **Avoid any cold or cough medicine to young children, they are not FDA approved under age 6.**
- Allergy medications are not helpful unless your child also has nasal allergies.

## COUGH

Coughing up mucus is very important for protecting the lungs from pneumonia. We want to encourage a productive cough, not turn it off. For vomiting that occurs with hard coughing, reduce the amount given per feeding. Coughs can last 2-3 weeks or more, and often as a virus begins to resolve, a cough becomes more productive or “phlegmy.” This is not concerning as long as it is not causing trouble breathing, wheezing, shortness of breath, or preventing sleep at night.

### Treatment for coughs

- For coughing spells breathe in warm, moist air from steam showers as often as needed, even in middle of the night (see instructions above under “treatments for congestion”)
- If over 3 months of age, give clear warm fluids, such as apple juice or lemonade diluted 50:50 with water. Give 1 ounce (30 ml) each time, limit to 4 times per day. If over 1 year of age, give as much as needed.
- Sleep with humidifier in room (cool-mist humidifier)

### Medication for coughs:

- **Avoid any cold or cough medicine to young children, they are not FDA approved under age 6**
- Try Homemade Cough Treatments:
  - Age 1 Year and Older: Use honey 1/2 to 1 tsp (2 to 5 ml) as needed as a homemade cough medicine. It can thin the secretions and loosen the cough. (If not available, can use corn syrup.) OTC cough syrups containing honey are also available. They are not more effective than plain honey and cost much more per dose.
  - Age 3 Months to 1 year: Give warm clear fluids (e.g., apple juice or lemonade) to thin the mucus and relax the airway. Dosage: 1-3 teaspoons (5-15 ml) four times per day

## REASONS TO CALL OUR OFFICE

- There is trouble breathing, stridor, wheezing, or retractions (accessory muscles pulling in between ribs/collar bone when inhaling)
- Fever is over 104 degrees
- Fever lasts more than 3 days (true fever = 100.4)
- No urine output in 6 hours
- Nasal discharge is not slowly improving and over 3 week period (nasal discharge caused by a virus starts clear, then turns yellow, then turns greenish, then resolves)
- Cough is not slowly improving over 3 weeks period
- Signs of ear pain
- Fever returns after having no fever (without fever reducers) for more than 24 hours
- Your child becomes worse

## FAQ

- How do we keep siblings and other family members from getting covid?  
This is really difficult! COVID is contagious 1-2 days before symptoms begin (and for an additional 10 days) so it makes preventing the spread through the household very hard. When the person with COVID-19 has the ability to quarantine from others in the household, this can be helpful. What this looks like practically can differ from family to family. Ideally the COVID positive individuals should have their own bathroom and sleeping area and be able to eat separately from others (in the same room is fine, just not at the same table). If able, all family members wearing N-95 masks at home when in common spaces, is helpful. Again, sometimes this just isn't feasible, especially for infants and young children. Other tips we all know but need to remember include avoiding sharing utensils, disinfecting surfaces that are often touched, and washing hands often.

- Another child in the house is now showing signs, what should we do?  
First, try not to worry. With the Omicron variant, we are seeing COVID spread much more readily. Each family will handle this scenario differently. Any of these plans are reasonable; do what feels best for your family. You can:
  - Assume your child’s symptoms are due to COVID (unless of course the symptoms are completely different from the others in the home with COVID) and *there is no need to test*. End quarantine as described above under “Quarantine” section.
  - Assume your child’s symptoms are due to COVID (unless of course the symptoms are completely different from the others in the home with COVID) and *perform a COVID test*. End quarantine as described above under “Quarantine” section.
  - Watch for more concerning symptoms listed above in the “Reasons to Call our Office” section.
  
- Do we need to retest with a PCR test after getting a positive rapid test?  
No. This is not helpful. A PCR test can remain positive for 60-90 days, again, after no longer contagious. We determine when it is safe to leave quarantine based on the CDC guidelines for when symptoms started or when the test appeared positive (for cases with no symptoms). See top of handout under “Quarantine” section.
  
- Are there any vitamins/medications we can give to help recovery?
  - The short answer is not really. Good nutrition is always helpful for illness recovery, so eating lots of fruits and veggies is always important. For children this can usually be achieved with smoothies. People often take supplements to “boost their immune system” such as zinc, Vitamin C, green tea, or echinacea, but there is not significant evidence that these will keep you from getting sick or affect your immune system.
  - In terms of medications, we do not recommend Ivermectin. It has not been FDA approved to treat or prevent COVID. There is a new antiviral medication Paxlovid (ritonavir) that has been released for emergency use for those 12 and up at high risk for severe illness from COVID. It is not yet readily available. Monoclonal antibody treatment has been used with other strains of COVID for those 12 and up and with high risk for severe illness. There is currently only 1 type of monoclonal antibody treatment for this strain, but it is not readily available. Lastly, medications like antibiotics or steroids do have a place in COVID-19 treatment only when certain complications develop. These are not routinely indicated or prescribed.
  - Our experience over the past 2 years observing symptoms of children and teens with COVID has overall been encouraging. Though, of course, we are not encouraged by the number of affected children, we are thankful that by and large children and teens are weathering the illness very well. We are not routinely seeing complications, hospitalizations, or severe illness.

For additional COVID-19 information such as when an updated vaccine is recommended, AISD return to school protocol, the CDC COVID testing guide, and a guide for returning to sports after COVID, please reference our [COVID-19 Resource Page](#).