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COVID-19 Quarantine and Symptomatic Care after positive test: 6 years and up

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 improved
- With no symptoms or mild symptoms, end quarantine no sooner than 5 days from beginning of symptoms or positive test (if no symptoms present).
- **With both scenarios: Continue wearing a mask around others for 5 more days. If unable to reliably wear a mask due to age, quarantine an additional 5 days.**

Other Information

- The CDC website has additional information on COVID-19 serial testing after day 5. Follow the [Isolation and Exposure Calculator](#) for specific instructions.

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](#)

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. 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.

Treatment for fevers:

- Increase fluid intake until urinating every 2-3 hours to help cool the body and prevent dehydration
- Offer a warm bath or cool compresses on pulse points to help cool the body and lower the temperature
- 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 dosage on package.
- 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

Encourage your child to blow their nose frequently. Congestion can drain down the back of the throat and into the stomach causing decreased appetite, looser stools, coughing, and even occasional vomiting. Maintaining good hydration is especially important to help thin mucous so it can be expelled more easily. Congestion and runny nose can last 2-3 weeks or more. Nasal discharge caused by a virus starts clear, then turns yellow, then turns greenish, then resolves.

Treatment for congestion

- Steam showers can loosen congestion. Turn on hot water to fill bathroom with steam. Breathe in warm, moist steam for 15-20 minutes.
- Use a cool-mist humidifier bedside while sleeping. Dry air makes mucus thicker.
- Though there is no research that proves that hard candy or lozenges can help with cold symptoms. For those over 4, they should not be harmful and may soothe throat irritation.
- Decongestants cause blood vessels in the nasal passages to constrict helping to relieve nasal congestion. Though they can be used for those 12 and older though they do have side effects including elevation of blood pressure and heart rate.
- While not harmful, 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. 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 increasingly worsening, 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 (see instructions above under “treatments for congestion”). Sleep with humidifier in room (cool-mist humidifier)
- Clear warm fluids offered often can help with cough as well. For children who will drink peppermint tea, offering this with honey often helps both open nasal passages and decrease cough.
- Though there is no research that proves that hard candy or lozenges can help with cold symptoms. For those over 4, they should not be harmful and may soothe throat irritation.
- Cough suppressants are not recommended for children because they show no proven benefit and could suppress a cough that is helpful. Honey has been proven to offer as much benefit as the over the counter cough suppressant dextromethorphan (Robitussin) and does not have any side effects.
- Mucinex (guaifenesin) is an example of an expectorant medication. Expectorants work to thin out secretions and *increase* mucus production. Though guaifenesin is a very safe medication with few side effects, there are no proven studies that it helps with the common cold. Also, it is often combined with other medications in combination cold medications and is not recommended in these forms.

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, or it 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
- Reports 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. Other tips we are 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. Watch for more concerning symptoms listed above in the "Reasons to Call our Office" 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 *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.

- 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 child recover?

- The short answer is not really. Good nutrition is always helpful for illness recovery, so eating lots of fruits and veggies is always important. Smoothies are a great way to accomplish this. Often, we hear of supplements such as zinc, Vitamin C, green tea, or echinacea. 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 the Omicron 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.

- Do we need a sports clearance before returning to contact sports after testing positive for COVID?

See next page



Return to sports after COVID-19 illness

A very rare complication of the COVID-19 virus is myocarditis (inflammation of the heart muscle). Though this only occurs in a very small percentage of the pediatric population after a COVID-19 illness, it is still important not to miss. It is important to discuss returning to physical activity, and in some instances do a physical exam, before returning to sports participation after COVID-19 illness.

We follow the American Academy of Pediatrics return to play guidelines. Children fall into 2 main categories and recommendations for follow-up are below. The primary reason for follow-up before beginning exercise is to ensure there are no cardiac symptoms. **Symptoms to watch for include chest pain, shortness of breath more so than with a typical cold, new-onset heart palpitations (feeling like the heart is “beating funny”) or passing out (or feeling like he/she is about to pass out). If any symptoms occur, stop exercise immediately and call our office.**

Illness Severity	Mild Illness: <4 days of fever >100.4°F; <1 week of muscle aches, chills, and decreased energy	Moderate Illness: ≥4 days of fever >100.4°F, ≥1 week of muscle aches, chills, or decreased energy, or a non-ICU hospital stay
When to follow-up with PCP	5 days have passed from symptom onset or positive test, and a minimum of 1 day of symptom resolution (excluding loss of taste/smell) without fever-reducing medicine	10 days have passed from symptom onset or positive test, and a minimum of 1 day of symptom resolution (excluding loss of taste/smell) without fever-reducing medicine
Type of follow-up needed	This will depend based on the PCP and an in office visit may be needed	In office visit and possible referral for cardiac EKG screening

Once cleared, follow a gradual return-to-play exercise progression

- 11 and younger: progress back to activity gradually, according to his/her own tolerance
- 12 and older: follow a graduated return to play progression

Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg. running drills) - intensity no greater than 80% of maximum heart rate.

Day 4 - (1 Day Minimum) - 45 minutes or less- Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Day 5 and Day 6 - (2 Days Minimum) - 60 minutes – Normal training activity - intensity no greater than 80% maximum heart rate.

Day 7 - Return to full activity/participation