

### **Managing deteriorating paediatric patients who are COVID positive/suspected positive**

The cornerstones of paediatric resuscitation are the prevention of cardio-respiratory arrest through early recognition of deterioration, early intervention with simple measures and early escalation to senior staff. This remains the case in patients who have suspected or confirmed CoVid19 infection.

This advice assumes that the first responder is wearing the recommended level of PPE for the clinical area

#### **If you have any concerns about a patient:**

- Ensure that they are receiving supplemental oxygen preferably 15 l/min via face mask with reservoir bag
- Escalate to senior staff / call 2222 for the PET team at an early stage, this will allow them to don PPE in plenty of time to help.

#### **If the patient has insufficient respiratory effort :**

- Call for help / activate the emergency buzzer and ensure PET team has been called
- Stimulate the patient (often particularly helpful in infants), and ensure that they are receiving supplemental oxygen preferably 15 l/min via face mask with reservoir bag
- Bag-valve-mask ventilation has been defined as an aerosolising procedure and potentially puts staff at risk. Staff are not expected to start bag-valve-mask ventilation without donning full PPE<sup>1</sup> including an appropriately fitted FFP3 mask. If you are not wearing full PPE and the child is unresponsive and cyanosed despite oxygen and stimulation start chest compressions only.
- Subsequent staff responders should don full PPE and commence ventilation using a bag-valve-mask fitted with an antiviral / HME filter, ensuring that all staff not wearing full PPE leave the room. A two-person technique should be used - one person holding the mask to minimise any leak, the other person bagging. If chest compressions are required the member of staff squeezing the bag can also perform chest compressions until a third person with full PPE is available.

*<sup>1</sup> If any member of staff were to make a personal decision to apply bag-valve-mask ventilation before being protected in this way, they will not be criticised for doing so.*

#### **Notes:**

A supply of PPE for use in an emergency is available on a trolley in each ward

Keep the number of staff in direct patient contact to a minimum. Other staff can remain outside the room/cubicle in a fluid resistant (surgical) mask, apron and gloves to act as runners, liaise with other staff, send off bloods etc

Transferring a patient to critical care will need careful consideration as to how to minimise the risk to the patient and others. Involve senior staff in planning the transfer.

These guidelines will be reviewed at short intervals as we gain more experience with these patients.