

Return to Participation after COVID-19 Infection for School-Aged Children

Pediatric patient with history of COVID-19 infection (≥ 10 days after positive COVID-19 test or symptom onset AND 24 hrs. symptom free off of fever-reducing medications)

Appointment with medical practitioner for assessment

Asymptomatic or mild symptoms
(no fever, < 4 days of fever of ≥ 100.4 or other symptoms)

If no cardiac symptoms, then clear to begin gradual return to play

If cardiac symptoms, refer to cardiology

Moderate COVID symptoms
(fever ≥ 4 days of ≥ 100.4 , prolonged symptoms and bedrest, no hospitalization)

ECG prior to participation

Normal ECG

If no cardiac symptoms, then clear to begin gradual return to play

Abnormal ECG

Evaluation by Pediatric Cardiologist

Severe COVID symptoms
(hospitalized, abnormal cardiac testing, multisystem inflammatory syndrome in children (MIS-C))

To be followed by Cardiology

Testing: ECG, echocardiogram, 24 hour Holter monitor, exercise stress test, +/- cardiac MRI

Exercise restriction for 3-6 months. Cleared to return to play by cardiologist only.

Cardiac Symptoms:

- Chest pain consistent with a cardiac etiology
- Shortness of breath out of proportion to URI symptoms
- New onset palpitations
- Syncope not clearly consistent with a vasovagal cause

Reference:

"COVID-19 Interim Guidance: Return to Sports". *American Academy of Pediatrics*. 17 Dec 2020. [COVID-19 Interim Guidance: Return to Sports \(aap.org\)](https://www.aap.org/clinical-guidance/covid-19-interim-guidance-return-to-sports)