Children's Hospital of The King's Daughters

Guidance for Children and Adolescents Recovering from COVID-19 and MIS-C

All patients hospitalized for COVID-19 or MIS-C should have at least one follow-up conversation or visit with their pediatrician/primary care medical home:

- Patients who are discharged from the hospital while still under isolation should have a telehealth visit two to three days after going home.
- Patients who are discharged from the hospital after completing isolation should have an in-person evaluation within a week of hospital discharge and prior to return to school or physical activity.

At home, encourage your child to perform routine activities like dressing, walking short distances, and using the stairs. The need for rest should be balanced with some movement to reduce the risk of blood clots.

The overall path of recovery from COVID-19 is rarely a straight line. Symptoms can change day to day, and even throughout the day. Your child might feel better, only to walk up a flight of stairs and feel unable to get out of bed for a week or more. A very gradual return to physical activity is essential. For example, your child might engage in no more than 50 percent of what they feel capable of on any given day. A good rule of thumb is to think of your child as having a $100 daily "energy budget," which they can expend on academics, physical activity, and/or emotional stress or excitement, but spending even just $1 more may set their recovery backward. It is also important that they get plenty of rest and drink fluids with electrolytes (e.g., Gatorade, Pedialyte, Nuun) throughout the day.

Children recovering from COVID-19 should NOT return to sports/physical activity until they have completed isolation, can perform normal activities of daily living, and display no concerning signs/symptoms such as chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset heart palpitations, dizziness, or fainting.

- Children younger than 12 years may then progress back to sports/physical education classes according to their own comfort and tolerance.
- Those age 12 years and older should return to play gradually, under the guidance of a healthcare provider. This process should last at least seven days. For those who experienced more severe COVID-19 symptoms, progressing to full participation may need to take longer.

Children and teens who had moderate or severe symptoms may require additional support, such as a gradual return to school and other activities based on tolerance. Close monitoring and communication between the family, school, and pediatrician is essential to assess progress and recommend appropriate accommodations. Examples of school accommodations are listed on the next page. Because the recovery from COVID-19 can be unpredictable, we recommend that students be symptom free for an extended period of time before very gradually withdrawing accommodations, erring on the side of waiting longer than may seem necessary. Withdrawal of accommodations/support should be carefully monitored. If symptoms return, accommodations should be reinstated.

In addition to the sports/physical activity limits already mentioned, possible school accommodations for children and adolescents recovering from COVID-19 may include any combination of the following:

- Enable a flexible attendance schedule with the understanding that the student might have several good days or weeks followed by challenging days or weeks causing them to miss school.
- Enable a flexible attendance schedule that allows the student to join class for only part of the day, at whatever interval they can (e.g., attend class for an hour in the morning or 30 minutes before lunch and 30 minutes in the afternoon).
- Offer optional remote learning for days they cannot attend school in person.
- Allow time to visit the school nurse for headaches and other symptoms.
- Develop a plan so student can discreetly leave class as needed for rest.
- Develop a plan for students with gastrointestinal symptoms to quickly and discreetly access the restroom.
- Develop an emotional support plan for the student (e.g., identify an adult at school to talk with if the child feels overwhelmed).
- Allow the student to attend online classes with their camera off so they can lie down if needed.
- Anticipate that attention, concentration, and memory difficulties may hinder organization and self-sufficiency (even in older students) and more frequent contact with a parent or caregiver should be maintained so they are aware of what is expected of the student. Parents may need to be more “hands on” as the child is reintroduced to school and recovering.
- Some students may be reluctant to accept accommodations and instead push through symptoms to complete work because of the anxiety of work piling up. Thus, it is helpful, when possible, to excuse assignments altogether. If an assignment cannot be excused entirely, providing a parallel self-care "assignment" could provide incentive for the student to use the accommodations and work at a more reasonable pace.

Sources:

Post-COVID-19 Conditions in Children and Adolescents
https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/post-covid-19-conditions-in-children-and-adolescents/

COVID-19 Interim Guidance: Return to Sports and Physical Activity
https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/

Supporting Students with Post-Acute Sequelae of SARS-CoV-2 Infection
https://www.nasponline.org/publications/periodicals/communique/issues/volume-50-issue-1/supporting-students-with-post-acute-sequelae-of-sars-cov-2-infection-applying-lessons-learned-from-postconcussion-symptoms