



Guidance on post-COVID-19 Care for Primary Care Setting

All patients with illness related to COVID-19 infection should have at least one conversation or visit with their PCP.

For patients discharged from the hospital after COVID-19 infection or MIS-C, but still under isolation, a *telehealth* visit is recommended within 2-3 days of hospital discharge.

For those with **moderate or severe** symptoms of COVID-19 or **MIS-C**, an *in-person* evaluation by their PCP is recommended after symptom resolution and completion of isolation and family quarantine.

No exercise or sports until cleared by PCP. Please follow the AAP interim guidance for return to sports. (Linked below).

Note: For children and adolescents with **severe COVID-19 symptoms or **MIS-C**, it is recommended they be restricted from exercise for a minimum of 3 to 6 months and obtain cardiology clearance prior to resuming training or competition.*

Resources:

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/>

(Please note, these pages may be updated routinely with new guidelines)

For persistent (>3 weeks) post-COVID-19 symptoms impacting activity/daily function consider:

- **Referral to CHKD Rehabilitation physical therapy** for general fatigue and decreased mobility/endurance
- **Referral to CHKD Sports Medicine physical therapy** for fatigue/endurance challenges and return to sport guidance
- **Referral to Pulmonary** for persistent dyspnea
- **Referral to outpatient PM&R** for:
 - Residual fatigue impacting daytime alert state and school attendance
 - Cognitive processing challenges
 - Dizziness/orthostatic intolerance