RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS
Interim Recommendations as of October, 2021

COVID-19 Infection In Past 3 Months AND
Cleared CDC Recs for Isolation
After Infection Dx (see Note 1)

Note 1: All patients with a known/suspected Hx of a COVID-19 infection in the preceding 3 months require clearance from a Primary Care Provider. Some clearances may be appropriate for telehealth. For children/teens who have already advanced back to physical activity/sports on their own and do not have any abnormal signs/symptoms, no further workup is necessary.

Note 2: Monitor for chest pain, SOB out of proportion for URI, new-onset palpitations, or syncope when returning to exercise. Referral to Cardiology if sx’s.


Stage 1: Day 182 (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.

Stage 2: Day 3 (1 Day Minimum)-30 minutes or less: Add simple movement activities (i.e. running drills) – intensity no greater than 80% of maximum heart rate.

Stage 3: 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.

Stage 4: Day 5-6 (2 Days Minimum)-60 minutes: Normal training activity – intensity no greater than 80% maximum heart rate.

Stage 5: Day 7-Return to full activity/participation (i.e. contests/competitions).

Source: San Diego Rady Children’s Health Network in partnership with CPCMG, RCSSD & AAP-CA Chapter 3

Current HX & PHYSICAL
Hx: Suggest AHA 14-element screening eval. with special emphasis on Chest Pain, SOB out of proportion for URI, Syncope, New-Onset Palpitations
PE: Abnormal Cardiac Exam

HX & PE NEGATIVE: Assess COVID Infection Severity

*ECG’s may be at the direction of Cardiology

HX or PE POSITIVE (In-Person or Telehealth)

Note 4: Children < 12 y/o may progress back to sports/PE classes according to their own tolerance.

ASYNMPTOMATIC or MILD SYMPTOMS
< 4 days of fever > 100.4 AND < 1 week myalgia, chills or lethargy
Pt. Can Be Cleared Via Telehealth Visit

Clear For Participation With Gradual Return to Full Physical Activity (see Notes 2, 3 & 4)

Note 2: Monitor for chest pain, SOB out of proportion for URI, new-onset palpitations, or syncope when returning to exercise. Referral to Cardiology if sx’s.

SEVERE SYMPTOMS
• ICU Hospitalization due to COVID-19
• Hx of MIS-C
• Abnormal Cardiac Testing/Labs

Remain under Cardiology Care for Evaluation, Treatment & Return to Play Guidance

Possible Workup: ECG, Echo, 24 Hour Holter Monitor, Troponin, Exercise Stress Test, +/- Cardiac MRI

Exercise: Typically restricted for a minimum of 3-6 Months

If Myocarditis Concerns

Consider ECG and/or Cardio Referral* Prior to Participation

If No Significant Concerns

MODERATE SYMPTOMS
≥ 4 days of fever > 100.4 OR
≥ 1 week myalgia, chills or lethargy AND
Non-ICU Hosp. & No Evidence of MIS-C
Pt. Requires In-Person Evaluation

• Age ≥ 12 y/o AND
• Competitive Sports or High Intensity Physical Activity

If Myocarditis Concerns

REFERENCES

The guideline is meant to support clinical assessment and medical decision making. It is not intended or meant to replace the provider’s professional judgment or establish a professional standard of care. The guideline should be modified based on the provider’s professional judgment in considering individual patient’s needs.

The COVID-19 interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire Dec. 31, 2021 unless otherwise specified (as noted by the AAP).