



COVID-19

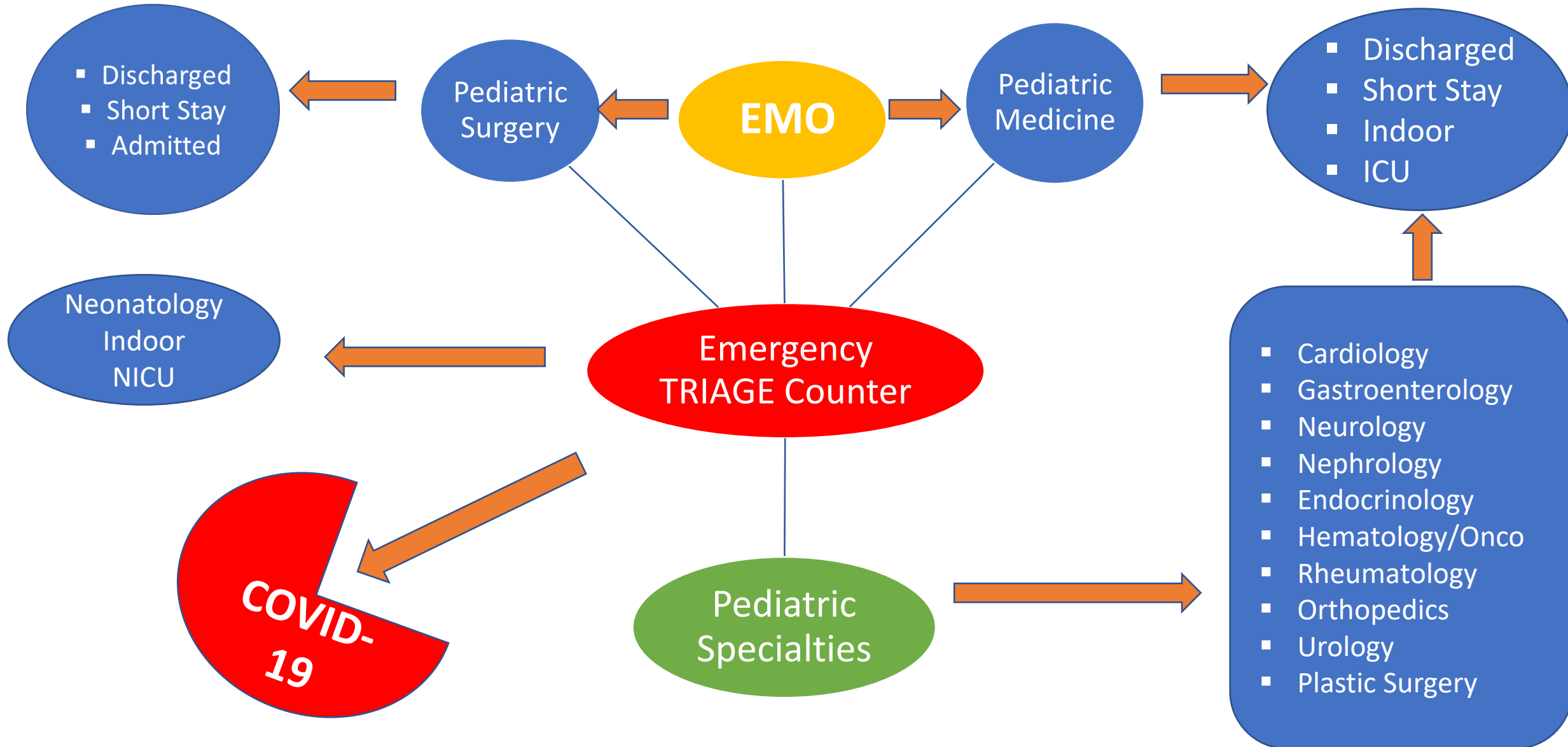
Remodeled & Restructured processes for entry to and pathways through care for children in a hospital setting in Pakistan

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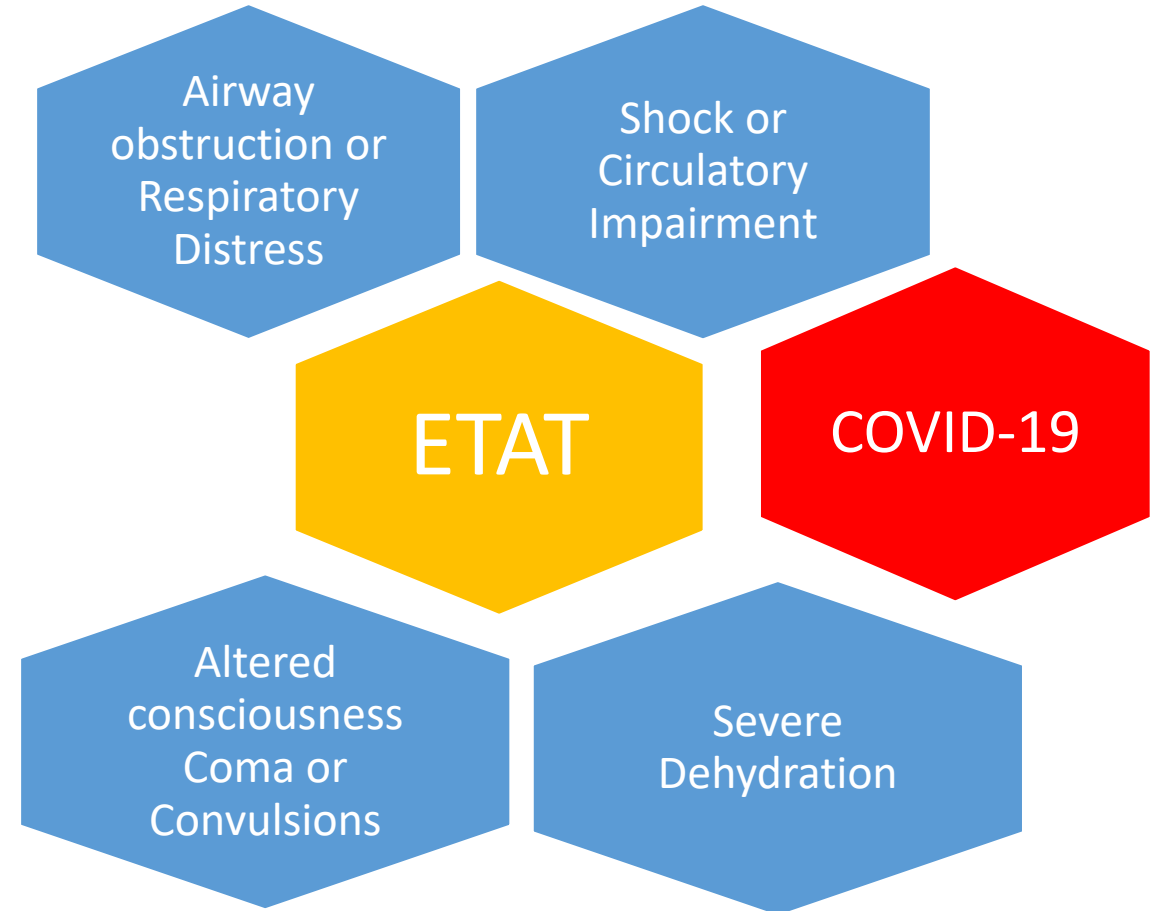
Routine (ETAT) Pediatric Emergency Patient Inflow in Children's Hospital, Lahore Pakistan



COVID -19: Levels of Emergency Triage



1. **Identify** the COVID-19 Patient: **Suspect or Confirmed (PCR)**
2. **Record** Assessment History & Findings
3. **Prioritize** the patient's need for medical treatment & transport from the emergency scene: **Mild, Moderate, Severe or Critical**
4. **Track** the patient progress through the triage process
5. Identify additional **hazards** e.g. Contamination i.e. Donning & Doffing



Screening of Patients at arrival: COVID Case definitions



Moderate COVID-19:

- Fast breathing (as per WHO ARI criteria) with **NO** chest indrawing
- SPO2 between 90-94% at room air
- X-ray Infiltrates > 30%
- No Danger signs of Severe Disease

Severe COVID-19

- Fast breathing **with** chest indrawing
- X-ray Infiltrates > 50%
- SPO2 <90% in room air
- **Danger signs:**

Critical COVID-19

- **Respiratory failure** requiring Mechanical Ventilation
- **ARDS, Sepsis with Shock**
- Drowsy or unconscious
- (MODS) Multiple organ dysfunction syndrome

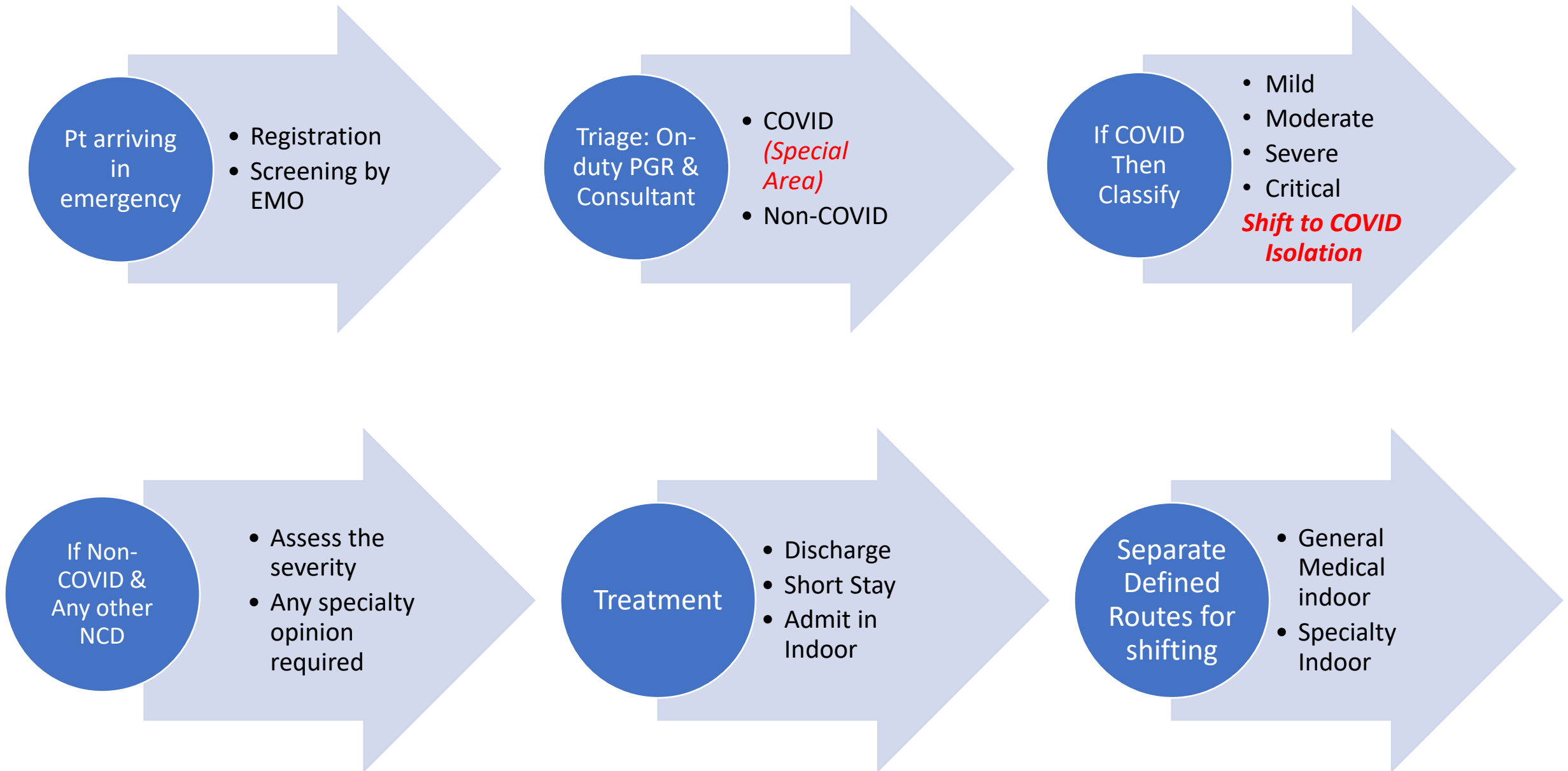
MIS-C COVID-19

Persistent fever (≥ 3 days) & **ANY TWO** of the following:

1. Symptoms like **Kawasaki disease**
2. Shock
3. Myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities
4. Coagulopathy
5. GI symptoms (vomiting, diarrhea, pain abdomen), raised CRP, ESR.



How to Sustain ETAT for COVID & Non-COVID: Restructuring

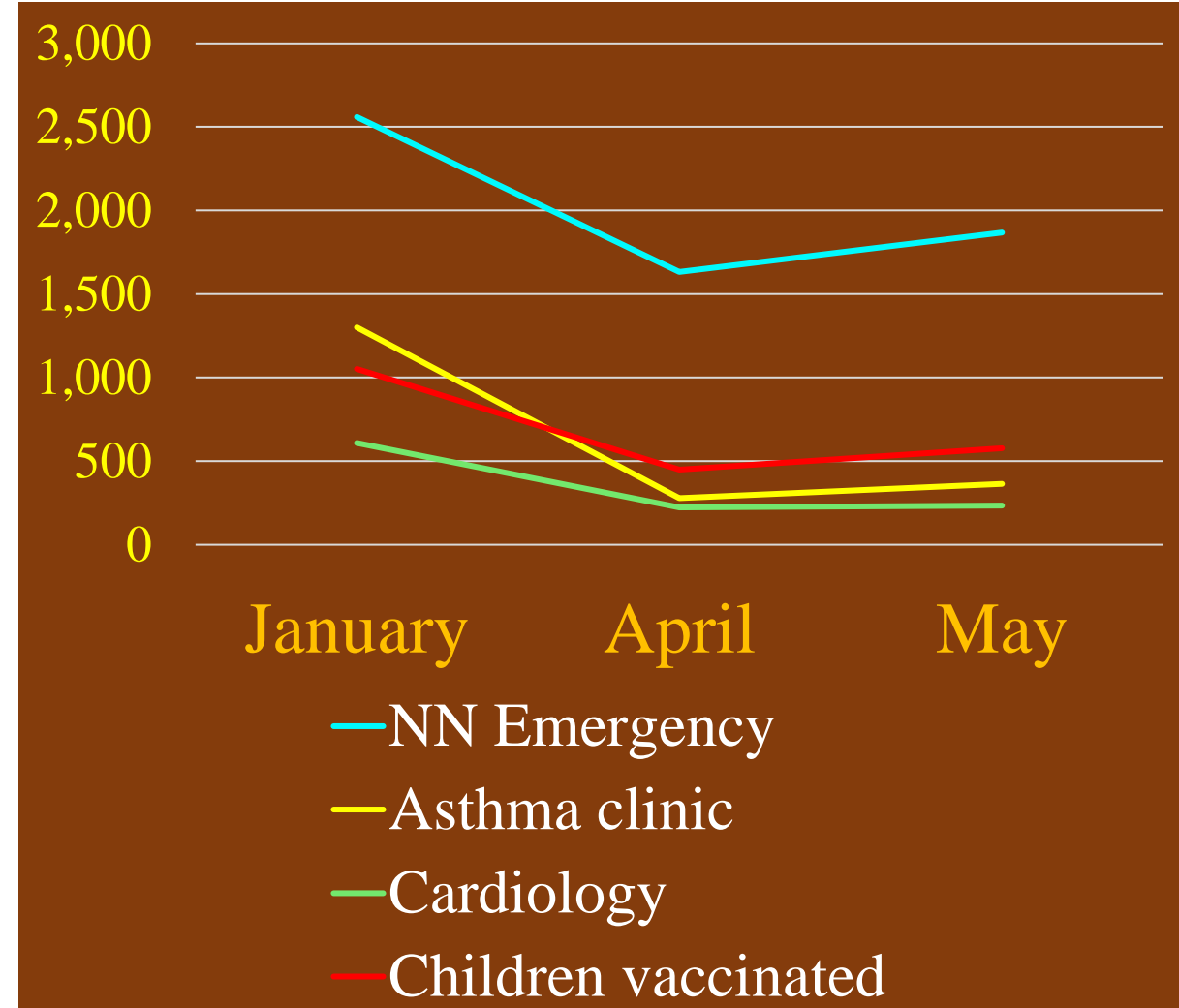
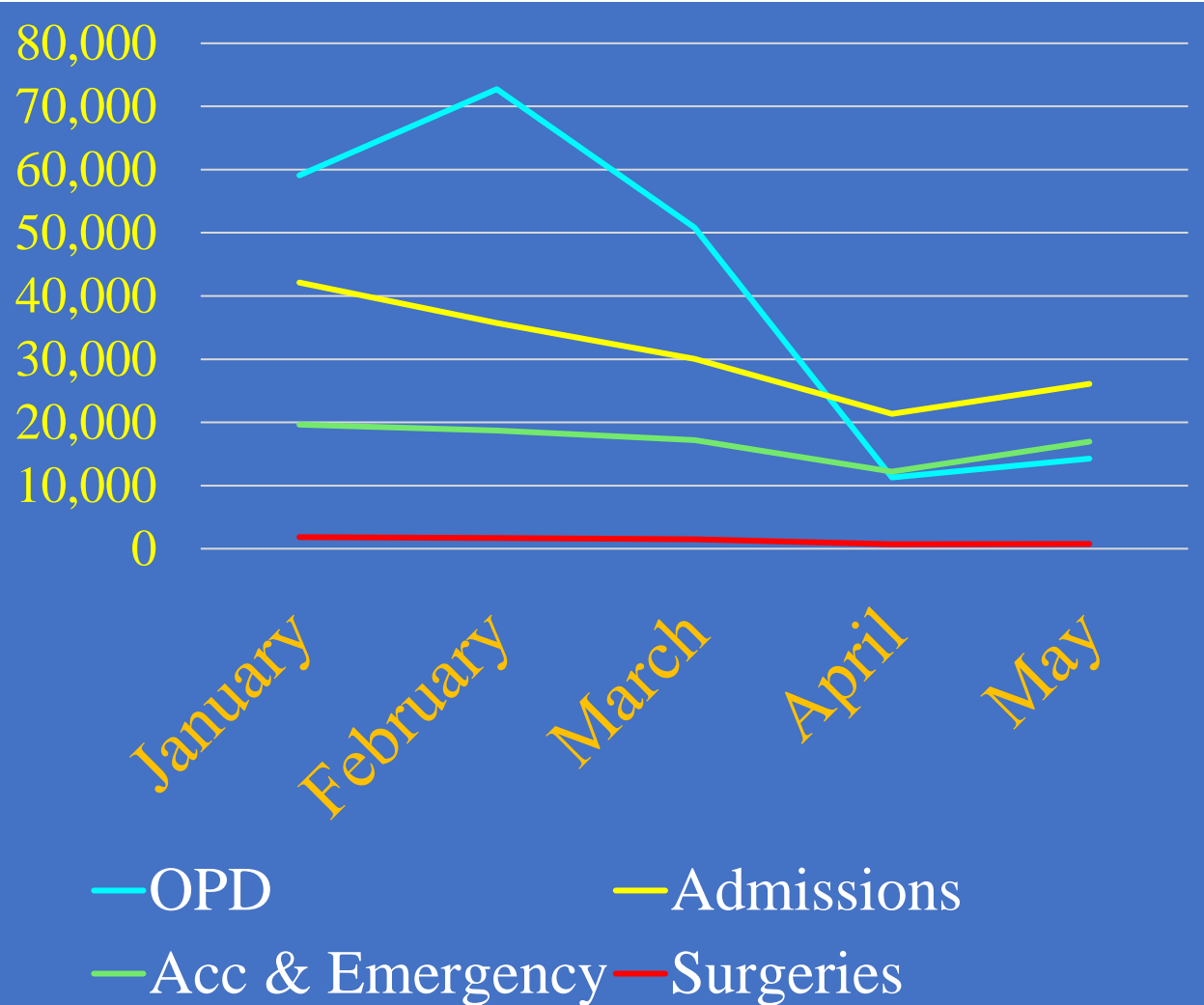


Pediatric Emergency Reorganizing to Sustain ETAT & Triage





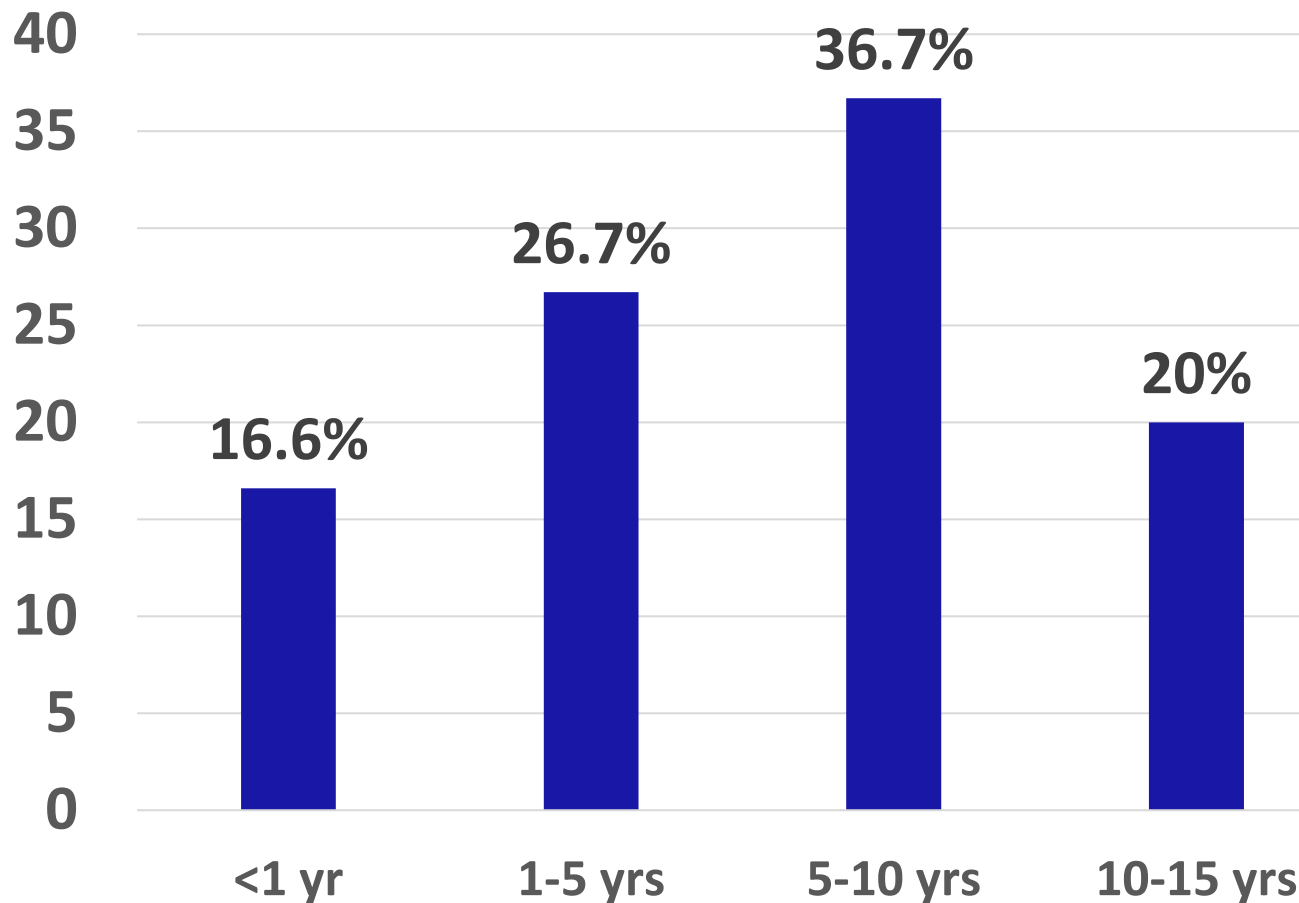
Pre & Post COVID-19: Effect on *Patient Inflow*



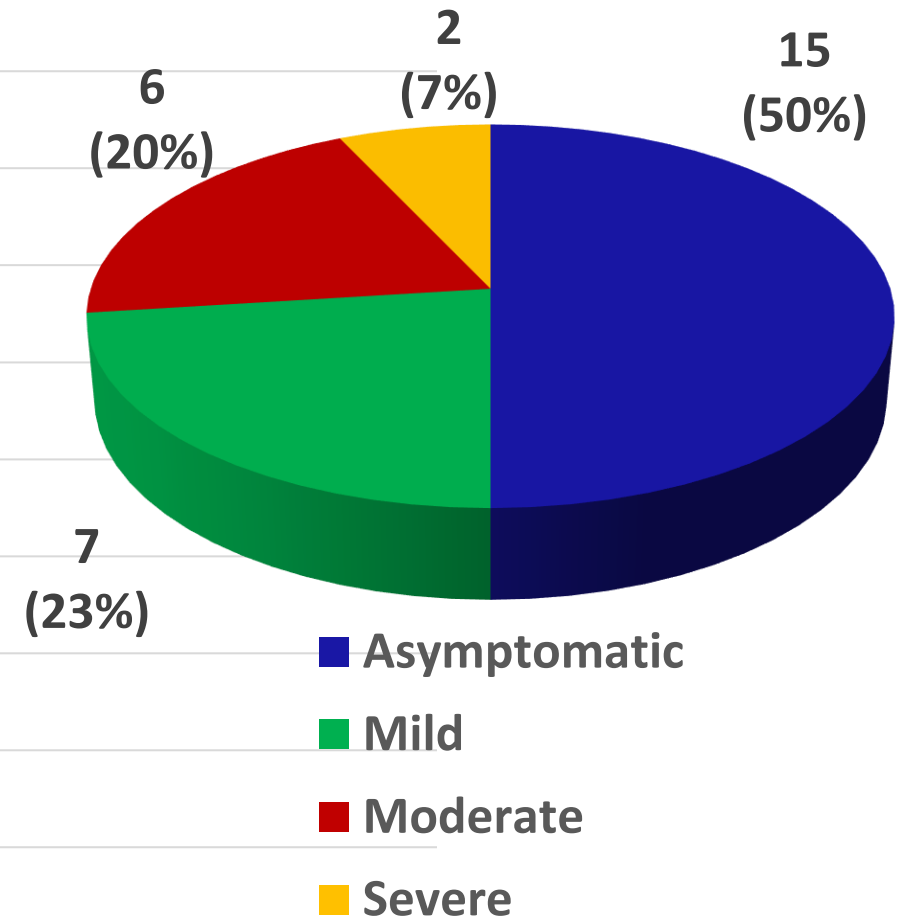
COVID-19 (30 Confirmed Children)



Age Groups



Disease severity



Sustaining high quality Essential Health Services



- **'Work Force'** distribution: For Non-COVID & COVID 24/7 as required
- **Special Fever/Filter Clinics/Specialty Clinics:** For Non-COVID & COVID, NCDs etc. diabetes, CHD, Asthma, pulmonology OPD for chronic lung diseases, Celiac, Nephrology & Neurology clinic
- **Auxiliary Services:** *Reorganized by 2 Separate Lab & separate radiology service plan:* Non-COVID & COVID.
- **Continuity of essential critical indoor therapies/services** managed e.g. Chemotherapy, dialysis
- **Elective surgeries** restarted
- **Special hospital staff & Community Trainings:** Of hospital staff, Webinars for community Pediatricians & Handbook of COVID
- **Dengue Clinic:** working parallel to COVID
- **Diagnosis & treatment** of other infectious diseases like TB is not effected

Challenges in COVID to Sustain Emergency Triage

- **Safety** of Health care workers
- **COVID scare & stigma** in society, so hiding of COVID contact or positive reports etc.
- **Varied presentation** of COVID e.g. GI Symptoms, cardiac (MIS-C), coagulopathy
- **NCDs** coming with positive COVID RT-PCRs
- **Handling of Surgical emergencies** without COVID testing
- **Grossly effected Targeted referral** to pediatric sub-specialties due to Transport lockdown
- Emergence of **Vaccine preventable diseases** e.g. measles, diphtheria, pertussis
- Unemployment leading to **increase in malnutrition**, micro & macro nutrient deficiencies in children
- **Neonatal Mortality**
- **Child Abuse**