

**Coronavirus – COVID-19 Emergency  
TELEPHONE TRIAGE FOR CHILDREN WITH FLU-LIKE SYMPTOMS**

*The following indications are based on the current state of knowledge. For this reason, they can be modified whenever clinic and/or epidemiological changes emerge in proportion to the diffusion of the virus at local or national level. Moreover, indications may change if Health Authorities, which FIMP is constantly and closely in contact with, provide us with some new ones.*

DATE \_\_\_\_\_ TIME \_\_\_\_\_

PRIMARY CARE PAEDIATRICIAN \_\_\_\_\_

<b>PATIENT DATA</b>	
Last name	First name
Birth Date	Birthplace
Address	
Caller's name (parent or relatives)	
Phone number #	
Number of cohabitants #	

**1. EPIDEMIOLOGICAL SUSPECT**

**a) The child or cohabitant relatives come from an area at risk:**

- China
- other countries with COVID-19 cases
- Italian municipalities quarantined

Web Site WHO:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Arrival date from the area at risk \_\_\_\_\_

**b) The child or cohabitant relatives have been in contact with:**

- confirmed cases of people (alive or dead) who tested positive for Coronavirus
- suspicious cases of people with high risk of being positive for Coronavirus
- relatives of suspicious cases of Coronavirus infection
- people who returned from high risk countries or places  
(please, indicate the arrival date from the area at risk) \_\_\_\_\_

*If even one of the conditions reported at point 1 is present:*

- a. **recommend** voluntary house isolation*
- b. **warn emergency service** as indicated by local health service*

## 2. CLINICAL SUSPECT

### The child is symptomatic for flu-like infection in absence of epidemiological suspect

Start date of symptoms \_\_\_\_\_

Presence of symptoms suggestive of flu-like infection	Other general aspects
<ul style="list-style-type: none"> <li><input type="checkbox"/> Fever &gt;38°C</li> <li><input type="checkbox"/> Cold</li> <li><input type="checkbox"/> Cough</li> <li><input type="checkbox"/> Sore throat</li> <li><input type="checkbox"/> Feeding difficulties</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Headache</li> <li><input type="checkbox"/> General malaise</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Vaccinated for seasonal influenza</li> <li><input type="checkbox"/> Cohabitant relatives sick with flu-like infection (ILI) in the last few weeks</li> <li><input type="checkbox"/> ...</li> </ul>

#### A) Conditions reported as mild or moderate seriousness:

- a. Recommend **staying at home** avoiding contact with healthy people.
- b. Recommend not to go to your Primary Care Paediatrician's office or to other Care Services (Emergency Room or First-Aid Station) without prior consultation.
- c. Give advice on **symptomatic therapy** and on personal and family **hygiene**.
- d. Keep on monitoring symptoms evolution by ensuring the availability to the **follow-up** in case of worsening by agreeing times and methods for the **telephonic reevaluation** of the case, with clear and agreed information with child's parents.

#### B) Telephonically detect if levels of clinical seriousness are present:

- He/Her presents a significant difficulty in breathing when he/she is at rest, or he/she has a high respiratory rate compared to his/her age (give parents appropriate indications for measurement).
  - He/She is strongly fatigued and poorly responsive even when he/she has no fever.
  - He/She has an altered state of consciousness.
  - He/She has signs of peripheral cyanosis (suggest how to control skin and lips colour)
- a. **Contact** local health services in order to activate more appropriate assistance strategies if one or more conditions mentioned at point B are present.
  - b. Availability to a **direct clinical evaluation** with necessary individual security measures provided by ASL (mask, disposable gown, gloves and visor)