

## 7.

### RECOMMENDATIONS FOR PEDIATRIC PATIENTS

Keep in mind

1. To date there is a paucity of information regarding COVID-19 in children.
2. Children and infants are affected and with milder forms (X-ray more often negative; CT more sensitive) (34, 35).
3. A small series of children with COVID-19 has shown a greater prevalence of peripheral halo (halo-sign) lung consolidations on CT (35). The criteria for the definition of Acute Respiratory Distress Syndrome (ARDS) and septic shock, the guidelines for the management of sepsis and septic shock and the use of non-invasive ventilation in children are different from those of adults (2).
4. Children desaturate more easily during intubation; therefore, it is important to pre-oxygenate with 100% O<sub>2</sub> with a mask with a reservoir before intubating (2).
5. A rectal swab may be useful in children to determine the timing of the termination of quarantine. Some authors have used the cycle threshold values of the serial rectal and nasopharyngeal swab tests to indicate viral load. Interestingly, the measurements have indicated that viral shedding from the gastrointestinal system could be greater and last longer than the respiratory tract (36, 37).