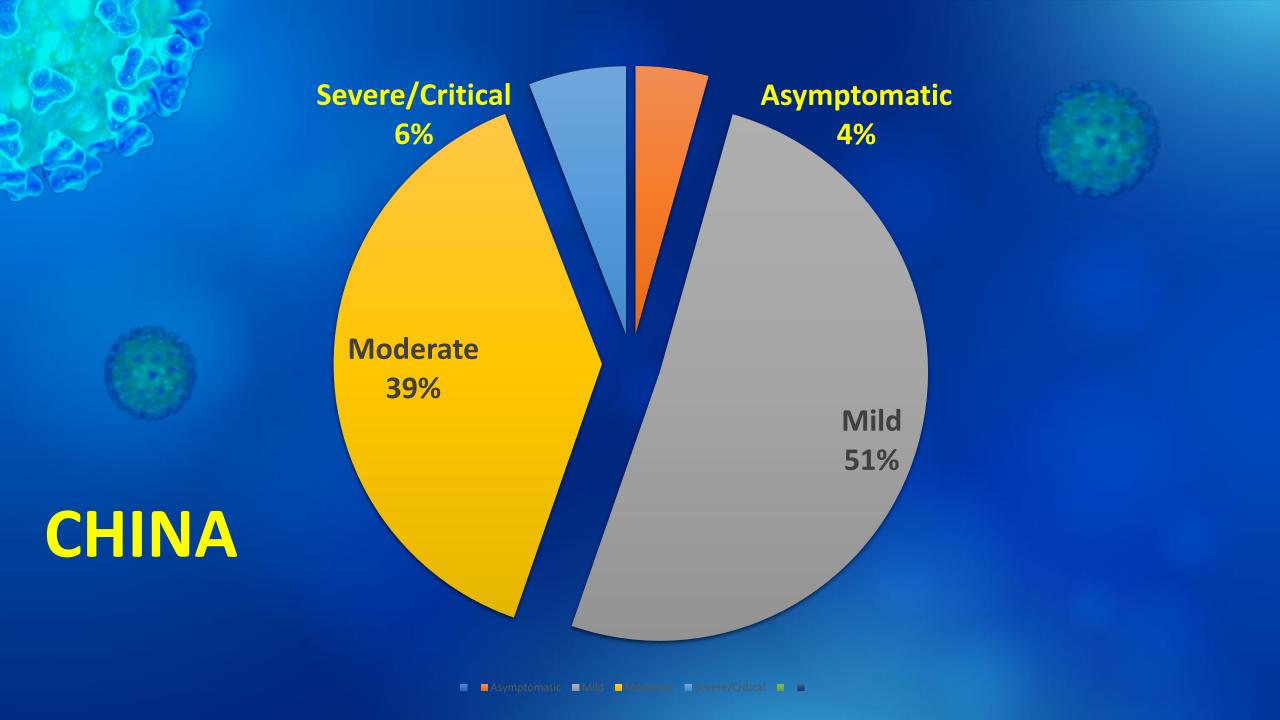




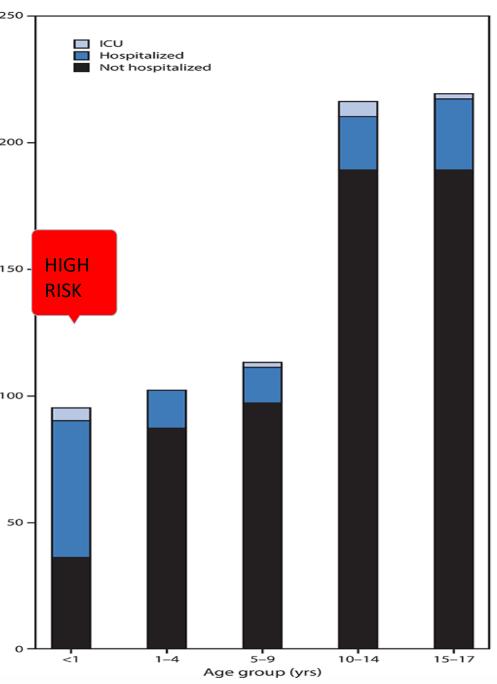
"Take Care of the Kids BUT

### Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020

	COVID positive	Deaths	Fatality Rate
Kids	2573	3	0.002 %
Adults	435,128	14,795	3.4 %
Health Care Providers	10 – 28 %	??? > 250	



URE 2. COVID-19 cases among children\* aged <18 years, among those with known hospitalization status (N = 745),† by age group and pitalization status — United States, February 12–April 2, 2020



## <u>USA</u>

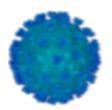
**2573 Cases** 

147 admissions

(62 % are infants)

**5 ICU Admissions** 

3 deaths



138
COVID-19 Positive

3

2302

604

171

PICU Days

Sites Submitted Data\*

**Confirmed Deaths** 

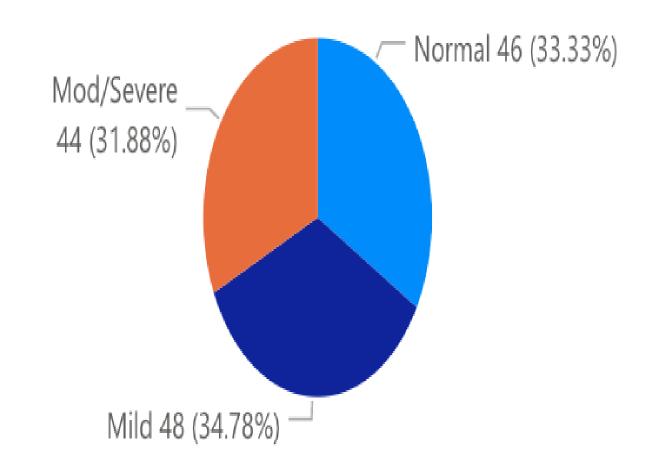
Tested\*

7-63

#### COVID-19 Confirme



## **Comorbidity of Patients**



neline Dashboard



#### 9 BY STATE

Positive	Deaths	
57	2	
17	0	
8	0	
7	0	
6	1	
5	0	
4	0	
4	0	
4	0	
	_	
138	3	

## TAKE AWAY MESSAGES

- 1. Very Few Kids get severely III
- 2. Infants and Kids with Chronic illnesses are at risk
- 3. Kids are the perfect Vectors



## **TRIAGE**



- 1. Assume that they have COVID
- 2. Symptomatic treatment
- 3. Discharge Home if possible
- 4. Isolation for at least 14 days



## SEVERE / CRITICAL

- 1. Admit to single isolation Room
- 2. CXR, Bloods, Viral Studies
- 3. IV Hydration
- 4. Broad Spectrum Antibiotics/ Tamiflu?
- 5. Oxygen via nasal cannula to keep SaO2 > 92 %
- 6. Bronchodilator Therapy: use MDI



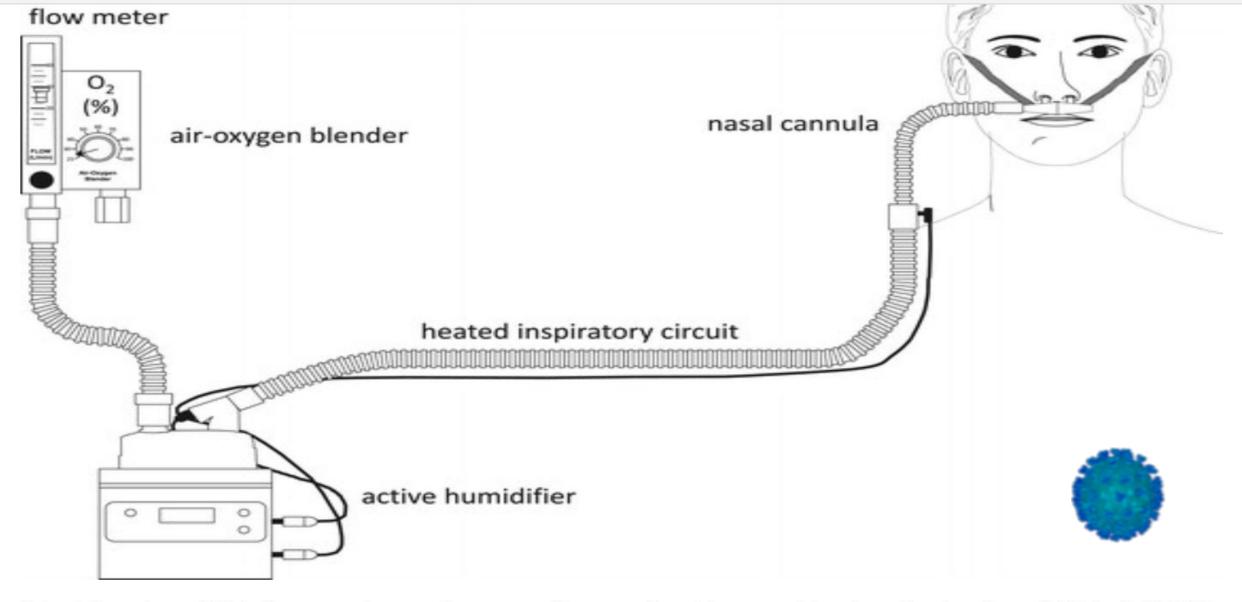
## SEVERE / CRITICAL

HIGH FLOW NASAL CANNULA (HFNC)

1. Simple circuit

2. Heated(37 d.) and humidified air and oxygen

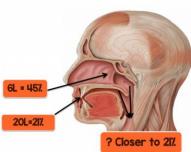
3. Cannula: 2/3 diameter of the Nares



Principle setup of high-flow nasal cannula oxygen therapy. An air/oxygen blender, allowing from 0.21 to 1.0 FIO2, generates up to 60 L/min flow. The gas is heated and humidified through an active heated humidifier and delivered via a single-limb heated inspiratory circuit. The patient breathes the adequately heated and humidified medical gas through nasal cannulas with a large diameter.

## **HOW DOES IT WORK**

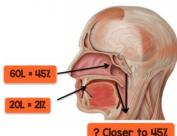
### Oxygen Dilution



If there is a NC at 6 liter/min delivering 45%, but your patient is breathing 20 liter/min at room air (21%), then what % fi02 do you think is actually reaching the patients trachea? I don't actually know but definitely NOT 45% and likely closer to 21%. This phenomenon is known as oxygen dilution and will occur if you don't meet or exceed your patients inspiratory flow demands.

To deliver higher amounts of fiO2 effectively to your patient you have to not only match, but exceed your patient minute ventilation and inspiratory demands to minimize oxygen dilution.

#### On HiFlow

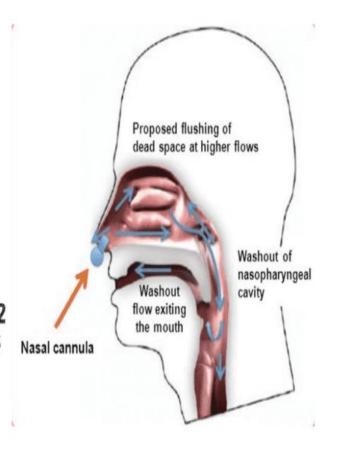


Now place your patient on a hiflow NC delivering 60L at 45%, with your patient still breathing 20 liter/min at room air (21%), and what % fi02 do you think is actually reaching the patients trachea? I still don't actually know, but I believe it will now be closer to 45%. To deliver higher fi02 concentrations you must not only match, but exceed your patients inspiratory flow to minimize oxygen dilution.

Continuous high flow oxygen washes out the upper airways

Reservoir of oxygen in upper airway (pharynx) available for gas exchange

Avoids rebreathing of CO2 and therefore decreases anatomic dead space

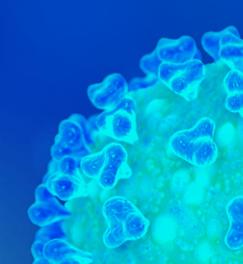


**OXYGENATION** 

**VENTILATION: CO2** 

## **HFNC: Settings**

- 1. 1 2 LPM / Kg ( Max : 25 LPM)
- 2. FiO2:40%
- 3. Use MDI
- 4. Use PPE
- 5. Patient wears a mask



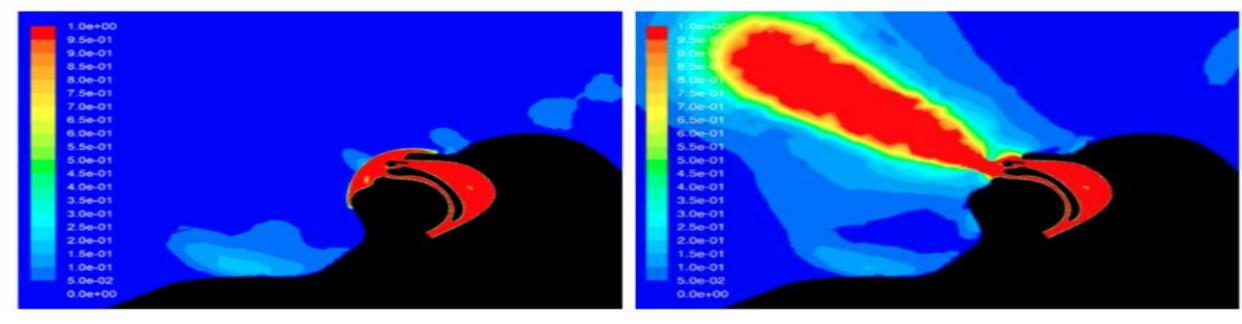


Figure 7. HVNI with Mask - velocity

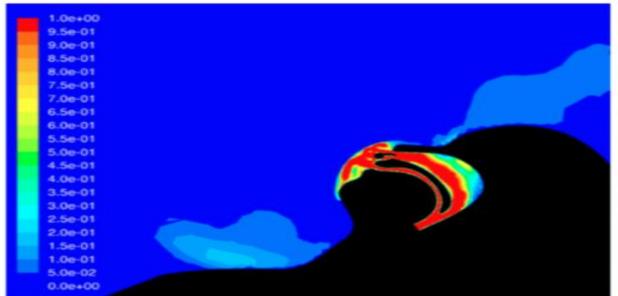


Figure 8. HVNI without Mask - velocity

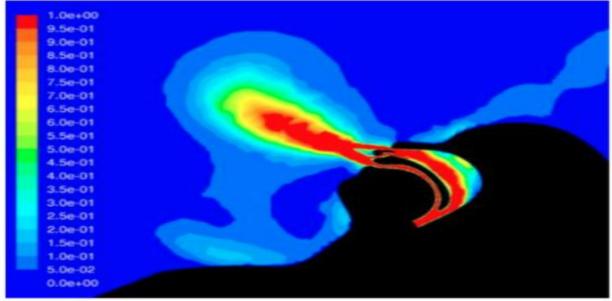


Figure 9. Low Flow Nasal Cannula with Mask - vel Figure 10. Low Flow Nasal Cannula w/o Mask - vel

## **CRITICAL: INTUBATION**

- 1. Full PPE
- 2. Most Experienced
- 4. NO Bag and Mask
- 6. Cuffed ET tube preferred
- 8. Once Intubated Bag with Filter





## **Critical: Mechanical Ventilation**

1. LUNG Protection Settings

Low tidal Volume: 6-8 mls /kg

Keep PIP < 30 cm/H2O

PEEP 6 cm H20 and titrate

- 2. Prone Position
- 3. Inline suctioning
- 4. Bronchodilator via MDI

through the circuit



# SUMMARY

1.Kids have very mild disease2.Beware of the high risk Groups3.Protect your Staff



