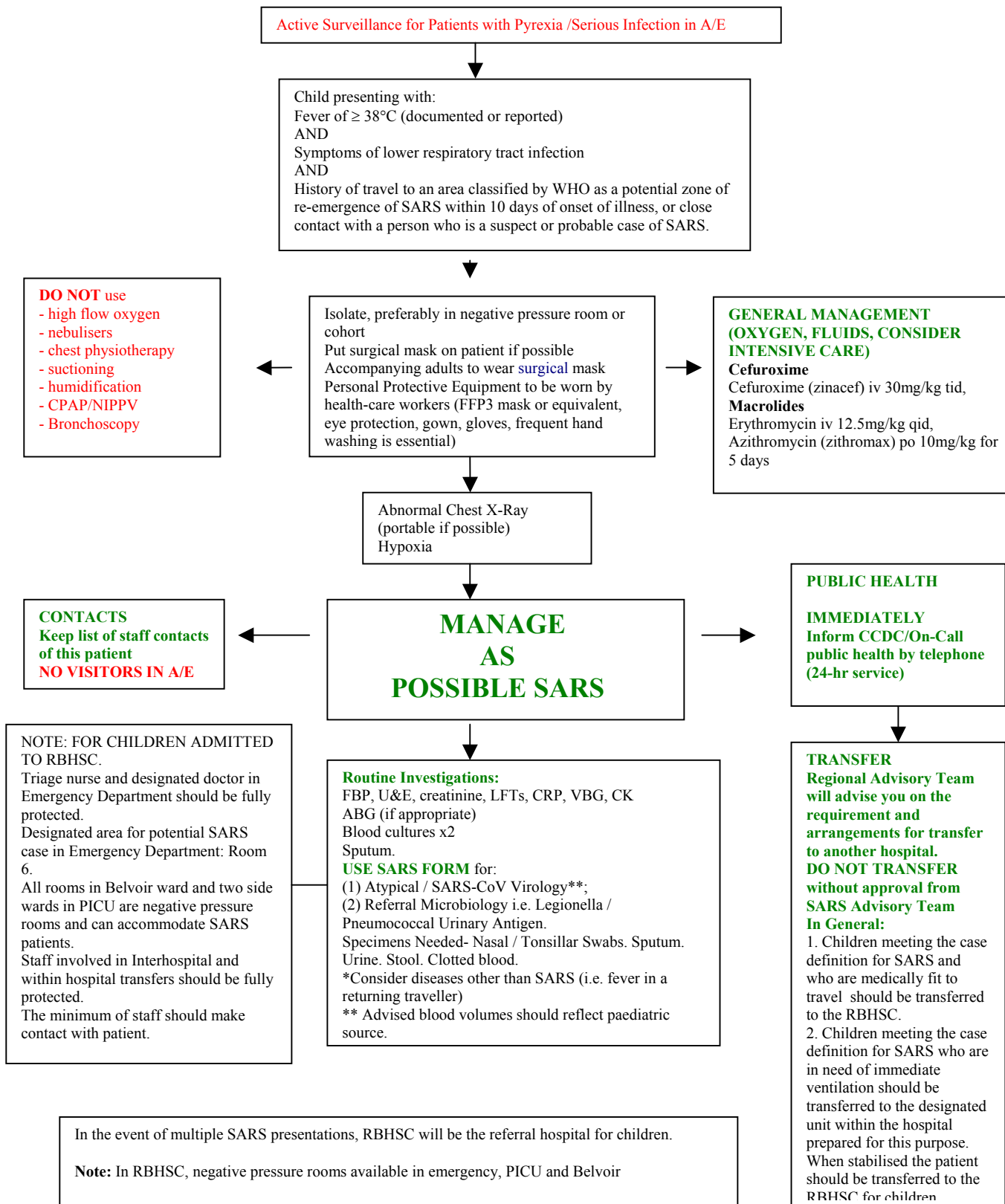


## MANAGEMENT OF CHILDREN WITH SUSPECTED SARS



Active Surveillance for Patients with Pyrexia /Serious Infection in A/E

Child presenting with:  
Fever of  $\geq 38^{\circ}\text{C}$  (documented or reported)  
AND  
Symptoms of lower respiratory tract infection  
AND  
History of travel to an area classified by WHO as a potential zone of re-emergence of SARS within 10 days of onset of illness, or close contact with a person who is a suspect or probable case of SARS.

**DO NOT use**  
- high flow oxygen  
- nebulisers  
- chest physiotherapy  
- suctioning  
- humidification  
- CPAP/NIPPV  
- Bronchoscopy

Isolate, preferably in negative pressure room or cohort  
Put surgical mask on patient if possible  
Accompanying adults to wear surgical mask  
Personal Protective Equipment to be worn by health-care workers (FFP3 mask or equivalent, eye protection, gown, gloves, frequent hand washing is essential)

**GENERAL MANAGEMENT (OXYGEN, FLUIDS, CONSIDER INTENSIVE CARE)**  
**Cefuroxime**  
Cefuroxime (zincef) iv 30mg/kg tid,  
**Macrolides**  
Erythromycin iv 12.5mg/kg qid,  
Azithromycin (zithromax) po 10mg/kg for 5 days

Abnormal Chest X-Ray (portable if possible)  
Hypoxia

**CONTACTS**  
Keep list of staff contacts of this patient  
**NO VISITORS IN A/E**

**MANAGE AS POSSIBLE SARS**

**PUBLIC HEALTH**  
**IMMEDIATELY** Inform CCDC/On-Call public health by telephone (24-hr service)

**NOTE: FOR CHILDREN ADMITTED TO RBHSC.**  
Triage nurse and designated doctor in Emergency Department should be fully protected.  
Designated area for potential SARS case in Emergency Department: Room 6.  
All rooms in Belvoir ward and two side wards in PICU are negative pressure rooms and can accommodate SARS patients.  
Staff involved in Interhospital and within hospital transfers should be fully protected.  
The minimum of staff should make contact with patient.

**Routine Investigations:**  
FBP, U&E, creatinine, LFTs, CRP, VBG, CK  
ABG (if appropriate)  
Blood cultures x2  
Sputum.  
**USE SARS FORM for:**  
(1) Atypical / SARS-CoV Virology\*\*;  
(2) Referral Microbiology i.e. Legionella / Pneumococcal Urinary Antigen.  
Specimens Needed- Nasal / Tonsillar Swabs. Sputum. Urine. Stool. Clotted blood.  
\*Consider diseases other than SARS (i.e. fever in a returning traveller)  
\*\* Advised blood volumes should reflect paediatric source.

**TRANSFER**  
**Regional Advisory Team will advise you on the requirement and arrangements for transfer to another hospital. DO NOT TRANSFER without approval from SARS Advisory Team In General:**  
1. Children meeting the case definition for SARS and who are medically fit to travel should be transferred to the RBHSC.  
2. Children meeting the case definition for SARS who are in need of immediate ventilation should be transferred to the designated unit within the hospital prepared for this purpose. When stabilised the patient should be transferred to the RBHSC for children

In the event of multiple SARS presentations, RBHSC will be the referral hospital for children.  
  
**Note:** In RBHSC, negative pressure rooms available in emergency, PICU and Belvoir