



IMA TNSB COVID UPDATE

RUNNING A PEDIATRIC CLINIC IN COVID TIMES

FLOW IN PEDIATRIC CLINIC

APPOINTMENT FIXED ON PHONE
WASH AREA
MASK FOR BOTH PARENT AND CHILD

SCREENING AREA

SCREENING QUESTIONNAIRE ADMINISTERED
TEMPERATURE TO BE CHECKED
IF NEGATIVE CHILD WITH ONE PARENT ALLOWED INTO CLINIC

NO WAITING AREA

IF UNAVOIDABLE SOCIAL DISTANCING OF
3METRES BETWEEN EACH CHILD AND PARENT
PAIR
PLAY THINGS, TOYS, BOOKS REMOVED
**DISPLAY OF HEALTH EDUCATION MATERIALS
ENCOURAGED**

WEIGHING SCALE TO BE AVOIDED
USE THE LAST RECORDED WEIGHT WHENEVER
AVAILABLE
IF DEFINITELY REQUIRED WEIGHING SCALES TO BE
DISINFECTED BEFORE AND AFTER EXAMIING THE
BABY

OPEN OPD SYSTEM

NO CLOED SPACES/AIRCONDITION/ TOYS
PEDIATRICIAN AND HELPER WEARS APPROPRIATE PPE &USE DISINFECTANT AFTER
EXAMINATION OF EVERY CHILD
THROAT EXAMINATION AVOIDED AS FAR AS POSSIBLE
STETHOSCOPE AND OTOSCOPE IF USED TO BE DISINFECTED AFTER EVERY PATIENT

EXIT

ONLY ONE PARENT PROCEEDS TO PHARMACY
NEBULISERS NOT TO BE USED
USE OF SPACERS ENCOURAGED

SCREENING QUESTIONNAIRES

A)H/O FEVER IN THE CHILD /FAMILY MEMBERS	YES/ NO
B)ANY OF THE FOLLOWING	
1. H/o cough in the child/parent	YES/NO
2. H/o difficulty in breathing in the child	YES/ NO
3. Or any signs of respiratory disease in the child	YES/NO
4. Symptoms of acute gastroenteritis	YES/NO
C)ANY ONE OF THE FOLLOWING	
1. H/O travel to or residence in a country area or territory reporting Local transmission in the last 14 days prior to onset of symptoms by child/ parent	YES/NO
2. H/O contact with COVID 19 confirmed case in the last 14 days Prior to onset of symptoms by child/parent	YES/NO
3. Severe Acute respiratory infection (SARI) requiring hospitalisation And with no other etiology that fully explains the clinical Presentation	YES/NO
4. Any family member admitted or suspected for COVID or in home Quarantine	YES/NO

IF ANSWER TO ALL (A,B,C) IS YES - SUSPECT FOR COVID 19 AND REFER TO COVID DESIGNATED CENTRES BY GOVERNMENT AMBULANCE AND REPORT TO 24X7 COVID CALL CENTRES

IF ANSWER TO A,B ALONE IS YES TREAT AS RESPIRATORY INFECTION/AGE AND FOLLOW THE ROUTINE PROTOCOL

IF ANSWER TO C IS YES, REPORT TO CALL CENTRE AND SEND FOR TESTING AT DESIGNATED PLACES IF ANSWER TO ABOVE IS NO THEN THE INDEX CHILD AND ONE PARENT CAN BE ALLOWED INSIDE THE CLINIC

ADDITIONAL POINTS TO BE NOTED

1. DO NOT ENCOURAGE VISITS FOR MINOR ISSUES LIKE PICKY EATING
2. TELEPHONIC CONSULTATION TO BE ENCOURAGED WHERE POSSIBLE
3. VACCINATION SHOULD NOT BE POSTPONED. VACCINATIONS TO BE GIVEN COMPULSORILY ARE
 - a. BCG, OPV AND HEPATITIS B AT BIRTH
 - b. 6.10.14 WEEKS PRIMARY IMMUNISATION SERIES FOR DPT, HIB, HEPB
 - c. ENCOURAGE PNEUMOCOCCAL AND FLU VACCINATION
 - d. FIRST DOSE OF MMR & CHICKENPOX
4. WELL BABY VISITS IF CANNOT BE POSTPONED SCHEDULE AT A DIFFERENT TIME AVOIDING CROWDED TIMINGS
5. CHILDREN WITH CHRONIC DISEASES, IMMUNOSUPPRESSANTS, CHEMOTHERAPY TO BE SEEN IN SEPARATE TIME
6. ENCOURAGE APPOINTMENT SYSTEMS AND AVOID WALK INS

Courtesy - Dr.S.Narmadha, Secretary, Women Doctors Wing.