Cardiac Screening for Pediatric Athlete with Suspected or Confirmed COVID-19 Infection

**Athletes and COVID-19 Care Assessment:**

- **ATHLETES UNDER 10 YEARS OF AGE**
  - Asymptomatic/Mild Symptoms
    - No fever and/or less than 3-5 days of symptoms
    - No exercise for 14 days from symptom onset or positive test, under parental/clinical observation
    - Consider medical evaluation for any concerns prior to return to activity; if concerns obtain an ECG
    - Gradual return to play, while observing for cardiac symptoms*
  - Moderate Symptoms
    - Fever, and/or more than 5 days of symptoms, requiring bed rest
    - No exercise in sport until evaluated by physician
    - Gradual return to play to observe for cardiac symptoms*
    - Consider ECG with any cardiac symptoms or physical exam finding concerning for a cardiac condition
  - Severe Symptoms
    - (Hospitalization, MIS-C, ongoing symptoms for more than 14 days)
    - Evaluate by pediatric Cardiology prior to the return to exercise, competition or sport participation
    - Consider ECG, Echo, +/- Cardiac MRI
    - Consider Holler Monitor/Exercise stress test
      - If abnormal, follow return to sport guidelines for myocarditis/pericarditis or alternatively present on work-up
      - If normal, gradual return to play while observing for cardiac symptoms*

- **ATHLETES OVER 10 YEARS OF AGE**
  - Asymptomatic/Mild Symptoms
    - Cleared to do light exercise, while monitoring for cardiac signs and symptoms during the quarantine period under parental/clinical observation for cardiac symptoms*
    - Consider ECG with any cardiac symptoms or physical exam finding
    - Gradual return to play, while observing for cardiac symptoms*
  - Moderate Symptoms
    - Fever and/or more than 5 days of symptoms, requiring bed rest
    - Evaluate by physician prior to return to exercise, practice or sport participation
    - ECG
      - If normal: Gradual return to play, to observe for cardiac symptoms*
      - If abnormal: Obtain Echo and refer to pediatric cardiology
    - Consider ECG, Echo, +/- Cardiac MRI
  - Severe Symptoms
    - (Hospitalization, MIS-C, ongoing symptoms for more than 14 days)
    - Evaluate by pediatric Cardiology
    - ECG
      - If normal: Gradual return to play to observe for cardiac symptoms*
      - If abnormal: Obtain Echo and refer to pediatric cardiology
    - Consider exercise stress test, Holter monitor prior to return to sport
      - If normal: Gradual return to play to observe for cardiac symptoms and clearance by pediatric cardiology recommended
    - ECG Changes include: Diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves and PR depression
    - Confirmed cases of myocarditis, pericarditis or any other cardiopulmonary condition should be managed and return to sport with medical guidance and clearance.

*Cardiac symptoms include: shortness of breath, shortness of breath with activity, chest pain, palpitations, fatigue, decreased exercise performance or tolerance.