RETURN TO PLAY/AIDSCTIVITY AFTER COVID-19 INFECTION IN
PEDIATRIC PATIENTS

(7/8/2021)

Asymptomatic or Mild
(positive test with zero symptoms; or less than 4 days of fever above 100.4, less than 1 week of myalgia, chills and/or lethargy)

Athlete should contact (phone or telemedicine) their primary care physician prior to return to activities

Any respiratory/cardiac concerns (by history) obtained by phone or telehealth visit

YES

Moderate
(Greater than or equal to 4 days of fever (100.4 or above); greater than or equal to one week of chills, lethargy and/or myalgia or a non-ICU hospital stay with no evidence of MIS-C)

Athlete should be evaluated by their primary care physician prior to return to activities

Obtain ECG

Abnormal ECG or physical exam findings

No exercise until further evaluation by a pediatric cardiologist

Cleared to return to play by pediatric cardiologist

Normal ECG

If no concerning symptoms, past medical or family history or physical exam findings may clear for gradual return to play

YES

Should complete a gradual return to play while observing for any concerning symptoms*

Severe
(Hospitalization requiring ICU stay or intubation or MIS-C)

Athlete should be evaluated by a pediatric cardiologist prior to return to activities

NOT

ECG Changes include: Diffuse ST elevation, ST depression, T wave abnormalities, pathologic Q waves and PR depression

*Depending on the athlete and situation, it would be reasonable to follow the recent adult recommendations for return-to-play in this population.  

Dean et al. Return to Play After Coronavirus Infection: Pediatric Cardiologists’ Perspective - American College of Cardiology July 14 2020