RETURN TO PLAY AFTER COVID-19 INFECTION IN PEDIATRIC PATIENTS

(9/23/2020)

**Athlete with history of COVID-19 infection AND 14 days since positive test OR 14 days since symptom onset AND 24 hours fever free/symptoms improving**

**Asymptomatic or mild symptoms (no fever, <3 days of symptoms)**

**Clear for participation AND slow return to play**

**Moderate symptoms (prolonged fevers and bed rest, no hospitalization, no abnormal cardiac testing)**

**Age <12 years**

**Recreational sport participation**

**Clear for participation AND slow return to play**

**Age >12 years, high intensity competitive sports participation or physical activity**

**ECG prior to participation**

**Normal ECG**

**Clear for participation AND slow return to play**

**Abnormal ECG**

**Evaluation by pediatric cardiologist and testing as dictated by the abnormal ECG**

**Concern for myocarditis**

**Severe symptoms (hospitalized, abnormal cardiac testing\(^\circ\), multi-system inflammatory syndrome in children (MIS-C))**

**Follow myocarditis return to play guidelines\(^\dagger\)**

1. Testing: ECG, echocardiogram, 24 hour Holter monitor, exercise stress test, +/- cardiac MRI
2. Exercise restriction for 3-6 months

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\(^\circ\)Cardiac symptoms include:
shortness of breath, shortness of breath with activity, chest pain, palpitations, fatigue, decreased exercise performance or tolerance

\(^\dagger\)ECG Changes include: Diffuse ST elevation, ST depression, T wave inversion, pathologic Q waves and PR depression

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*Depending on the athlete and situation, it would be reasonable able to follow the recent adult recommendations for return-to-play in this population.\(^\text{1-3}\)


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