



Children's Wisconsin
Return to Play After COVID 19 Infection in Pediatric Patients **11/30/2020***
Based on guidelines published by [ACC](#) and [JAMA](#)

Children's Wisconsin Pediatric Cardiology is using the following algorithm for Return to Play/Sport after a positive COVID test in children and teens. It is based on two articles article, one from the [American College of Cardiology](#) (ACC) and other from the [Journal of the American Medical Association](#) (JAMA).

The signs and symptoms of myocarditis should be covered in return to play/sports clearance. In pediatric patients these can be highly variable and the patient may be asymptomatic. The patient classically presents with symptoms of acute heart failure and a history of viral infection. Common signs and symptoms include:

- Chest pain
- Respiratory distress
- Gastrointestinal symptoms
- Tachycardia/arrhythmias
- Poor perfusion/diminished extremity pulses
- Fatigue
- Syncope

Based on the algorithm that follows on the next page, Cardiology should be consulted for patients with a history of severe disease or those with a history of moderate disease that are over 12 years old with any abnormalities noted on screening EKG, echocardiogram or blood troponin level. The recommendation is to define moderate illness as including persistent fever >3 days, chills, myalgias, lethargy, dyspnea, and chest tightness without hospitalization. In addition, evaluation by a cardiologist is recommended for those patients with new or ongoing cardiovascular symptoms (dyspnea, exercise intolerance, chest tightness, dizziness, syncope, and palpitations)

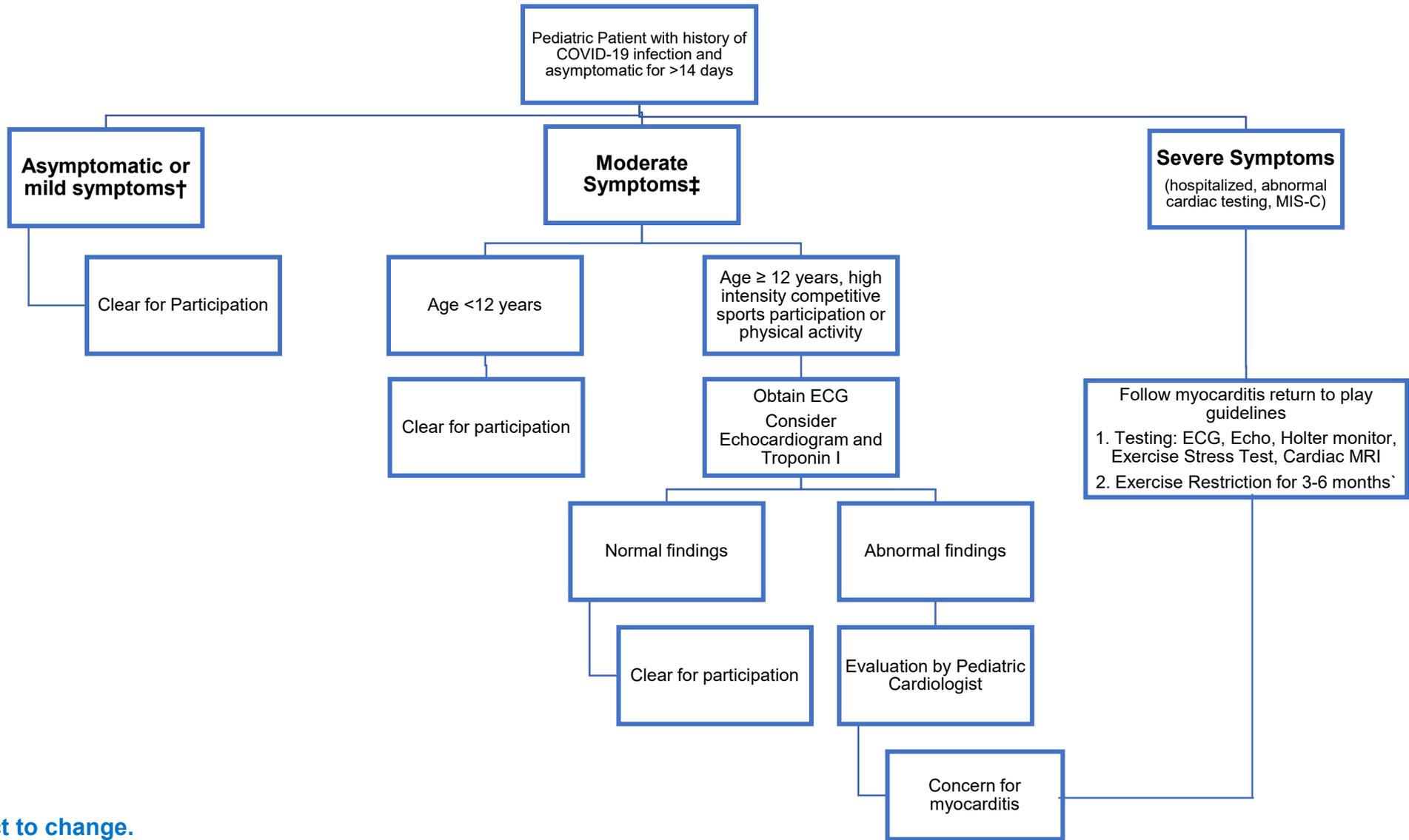
Cardiac test abnormalities are common in myocarditis but are often nonspecific. Identification of concerning abnormalities would be best interpreted by a pediatric cardiologist whenever possible.

***Subject to change.**

Visit childrenswi.org/COVIDsports for the latest recommendations.

All care guidelines can be found at childrenswi.org/careguidelines.

If you're looking for more information, please reach out to one of our physician liaisons. For contact information, visit childrenswi.org/liaisons.



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†Mild symptoms include anosmia, ageusia, headache, mild fatigue, mild upper respiratory tract illness, and mild gastrointestinal illness

‡Moderate symptoms include persistent fever >3 days, chills, myalgias, lethargy, dyspnea, and chest tightness without hospitalization

Depending on the patient and situation it may be reasonable to pursue work up at an earlier age

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