

Providing Acute Care in the Ambulatory Setting During the COVID-19 Pandemic

American Academy of Pediatrics Interim Guidance
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This interim guidance helps pediatricians through the unprecedented challenges of caring for acutely ill children during the COVID-19 pandemic. The value of pediatric expertise within the medical home for all children, especially children with special health care needs, should be emphasized.

Every patient/family request must be viewed through a family-centered lens that improves the quality of care and health of populations, enhances the patient care experience for individuals, and is cost-effective. Because of the complexities of the public health emergency, the recent surge in pediatric SARS-CoV-2 infections and COVID-19 cases related to variants, as well as other circulating respiratory viruses such as RSV, the American Academy of Pediatrics (AAP) supports working with community and regional partners to ensure coordinated access so pediatricians can provide the right care for the right patient in the right place at the right time.

There is no single solution that will apply to every practice, but creative models should consider the following:

- Safety of patients, families, and office teams, which includes the availability of appropriate personal protective equipment (PPE) and addressing patients/families presenting for care without a face covering/mask
- Timely and equitable access to safe and appropriate care, including appropriate utilization of telemedicine
- Acknowledgement of disparities, especially in under-resourced populations, including those with language and technology barriers
- Coordination with community resources, including urgent and emergency care, when appropriate
- Bi-directional communication within the medical home neighborhood, both when referring patients outside the medical home for care and receiving timely and accurate reports for care delivered elsewhere
- Implications for total cost of care delivered, including family cost-sharing, which may result in care being refused or deferred
- Impact on schools and child care settings
- Local data on SARS-CoV-2 infections and COVID-19 and local/state public health recommendations
- Patient and family need for ongoing communication, education, and support within the medical home during this time of increased stress

How do I provide “sick care” and keep my practice safe?

- The single best way to keep staff and patients safe is through COVID-19 vaccination. Practices should implement COVID-19 vaccination and testing policies for team members and consider sharing this information publicly to increase confidence. Additionally, practices should enroll to become COVID-19 vaccination sites, reach out to eligible patients, and use every opportunity to administer COVID-19 vaccine to protect their patients, families, and other members of the community. If practices are unable to administer COVID-19 vaccines, they should coordinate with community resources to assure equitable access to COVID-19 vaccine.
- For both sick and well care, the general practices of physical distancing, universal maskwearing, and hand hygiene are essential. Practices should have a mask-wearing policy that is consistent with the [AAP interim guidance](#) and communicated to families along with available [patient education materials](#).
- Following evidence-based care, including antibiotic stewardship, is important regardless of venue.

- Appropriate use and wearing of PPE in accordance with the AAP [interim guidance on PPE](#), as well as education and regular review of donning/removing PPE, are important to improving confidence of practice teams as well as communicating a safe environment to patients and families.
- Facility management and [disinfection and cleaning](#) should be aligned with evolving [safe work practices](#). In addition, considerations should include waiting room management/elimination and alternate waiting and care delivery sites (eg. outdoors).
- Special attention is necessary when assessing children with ≥ 3 days of fever to assess for signs of the multisystem inflammatory syndrome in children (MIS-C), in accordance with the [MIS-C interim guidance](#). History should be taken to determine whether the child has had a positive test for SARS-CoV-2 or COVID-19 exposure within the 4 weeks prior to onset of symptoms, as MIS-C is a rare complication temporally associated with COVID-19. Initial evaluation should include measurement of vital signs, assessment of perfusion, and oxygen saturation for those who are moderately to severely ill with clinical signs of organ dysfunction. Early consultation and coordination with the nearest infectious diseases or rheumatology specialist and pediatric referral center for possible hospital admission, optimal testing, and management should be considered. Guidance on identification and treatment of MIS-C should be distributed to all practice team members, including clinical staff, to increase awareness and identify potential patients as early as possible.

How do I adapt patient scheduling and triage?

Practices that offer self-scheduling or same-day walk-in visits for acute illnesses might consider workflow redesign during times of surge. Practices should consider replacing self-scheduling for acute visits with nurse triage conversations (via phone or secure chat). Walk-in hours for acute visits might be replaced with walk-in virtual visits. Balancing a practice's physical limitations with the need to provide access for in-person acute care when appropriate will be an ongoing process and can be supported by daily practice team huddles.

Accommodating all patients who want to be seen in-person may not be possible, especially if there are limitations in the number of patient rooms, the ability to follow cleaning protocols, or the ability to provide safe areas to separate sick and well patients. When a patient calls the office with an acute care need, [updated triage processes](#) can help determine the best practice approach. This might involve giving advice for home care, using telemedicine, being seen for an in-person visit, or referring to a partner in the medical neighborhood. As always, caution should be used against delaying necessary care for acute illnesses. In smaller-sized practices, it may not be possible to assign separate providers to sick and well care, and appropriate PPE can and should be used to safely provide in-person care for both well and sick visits throughout the day.

When should I consider using telehealth?

Telehealth visits are powerful alternatives for improving access to quality, timely and cost-effective care particularly during surges. They can be used to facilitate care for patients with various acute illnesses, such as enhancing patient triage, providing care and patient/family education, and monitoring patients who require close follow-up. Telehealth visits may also increase access for patients/families who are fearful of seeking in-person care or experience external barriers such as transportation and cost. However, telehealth should not be used as a substitute or replacement for in-person care when a more detailed physical examination or intervention is necessary.

While optimal to utilize telehealth visits (with video), not all patients/families have access to the resources necessary, so alternate communication such as through phone can be considered.

Telehealth may be an ideal tool to screen patients with respiratory illness during the cold/flu season. Patients presenting with symptoms suggestive of possible COVID-19 (fever, cough, myalgia, fatigue, sore throat,

anosmia, ageusia, runny nose, diarrhea, or abdominal pain) can be assessed initially within the medical home via telehealth to clinically evaluate, counsel/educate on COVID-19, or refer for appropriate testing. Testing can be either on site at the practice (“hybrid visit”) or at a community testing site. In addition, when dealing with surge and increased demand, innovative models such as drive through testing in a practice’s parking lot or outdoor testing at a designated site during specific days/hours may help to increase access for a larger number of patients.

For patients who require further assessment or in-person intervention, the virtual visit can be turned into an in-person visit, or when appropriate, the patient can be referred to a higher level of care for further evaluation, management, or hospitalization.

Telehealth can also facilitate follow-up care for patients with confirmed COVID-19 illness who have ongoing symptoms as outlined in the AAP interim guidance on [Post-COVID Conditions](#).

Telehealth regulations remain liberalized per order of the US Department of Health and Human Services throughout the public health emergency with expansion to equitable payment. AAP [policy](#), [interim guidance](#) and [advocacy efforts](#) continue to support expanded ongoing telehealth use post-pandemic.

When should I consider testing?

- [AAP interim guidance for COVID-19 testing](#) is available to help practices make appropriate decisions.
- Clinical decision-making about testing is complex and dependent on local factors including test availability, costs, community cases, availability of PPE, and state/local public health recommendations.
- Testing also should be considered for other upper respiratory infections (ie. Influenza or RSV) when clinically appropriate and likely to change treatment and management.

What else should I consider during an acute care visit?

- Pediatricians should assess whether age-eligible patients (and household contacts) have received COVID-19 vaccine, be able to answer any patient or family vaccine questions, and administer the COVID-19 vaccine to eligible patients and family members or provide guidance on where to obtain a vaccine locally.
- In response to decreased routine immunization rates during the pandemic, pediatricians should also determine if patients are behind on routine immunizations and provide catch-up vaccines.
- Ensuring that patients receive COVID-19, influenza, and other routine vaccines, which can all be co-administered at the same visit, is critical to the reduction of vaccine-preventable disease burden, now and in the future. See [AAP COVID-19 Vaccine Policy](#).

Patients who have a current SARS-CoV-2 infection should not receive COVID-19 vaccine until they have recovered from their acute illness and have completed their recommended isolation period. These patients should be encouraged to schedule vaccine appointments for a future date during their visit.

How can I protect and support my practice team during a surge?

It is incumbent on practices to keep their staff as safe as possible during the pandemic. One key element is for all staff to be fully vaccinated against COVID-19. Additionally, practices should follow the [Occupational Safety and Health Administration’s Healthcare Emergency Temporary Standard](#), which outlines specific guidelines including the provision of appropriate PPE.

The unknown duration of the pandemic has led to burnout and fatigue among pediatricians and members of their practice team. Additionally, there has been an increase in resignations and COVID-19 illnesses, which has

led to some practices being short-staffed. The surge in COVID-19 and other viral illnesses, the increase in emotional and behavioral health needs, and hesitancy around COVID-19 vaccines also impact practice capacity and stress the system.

It is important for all members of the practice team to work together to create a culture of caring and support. Creative solutions are necessary to protect and support the physical and emotional well being of pediatric practice staff, including:

- Referring staff to available wellness programs
- Collaborating with community partners (e.g. regional call center, billing service) to delegate work and reduce burden on practice staff
- Implementing new visit models, like telehealth, to provide care to a greater number of patients

How do I best use community resources?

Practices should work together with other community health care partners to make sure that all patients have access to appropriate and safe care. Innovative partnerships may include working with schools, childcare centers, or public health resources. Community education targeted to accessing appropriate care for acutely ill children should be considered. Attention should be focused on forming a referral network with entities that have pediatric expertise to help patients/families become better consumers of acute care. Local practices may work together through affiliations with other practices, healthcare systems or other collaborations to provide appropriate after-hours care to their collective patients.

- There is value in recognizing the pediatric capabilities and expertise of acute care partners, such as testing centers and urgent care and emergency department resources.
- Similarly, the limitations of community partners, including but not limited to: operating hours, age restrictions, cost/payment issues, should be understood.
- With acute care being provided outside the medical home it is important to promote the use of community partners that communicate effectively with the medical home to best provide continuity of care during the pandemic.
- Utilizing community partners may be advantageous to eliminate redundant or unnecessary care for patients with persistent or worsening symptoms for whom additional testing, monitoring, procedural care, or further management are necessary.

In summary, providing appropriate access to high quality, safe, timely, and cost-effective care to all pediatric patients is challenging during the COVID-19 pandemic but is achievable if communities work together to provide a coordinated medical home neighborhood/regional network. Pediatricians should use interim and updated guidance from the AAP and CDC to improve their confidence and ability to provide care. This care includes preventive care, immunizations, acute illnesses, injuries, management of chronic conditions, and behavioral/mental health support. Barriers should be removed to improve access to appropriate care with consideration of the patient/family at the center of these efforts. Child health professionals should also work together to create a culture of caring and support for their practice teams.