

# Happy & Healthy Pediatrics

Pediatric, Adolescent, & Breastfeeding Medicine



## What If My Child is Positive for Covid (Either on Home Test or a Test We Did in Our Office)

### Symptoms of COVID-19

Symptoms of COVID-19, which is caused by the SARS-CoV-2 virus, range from mild to severe and generally begin 2-14 days after being exposed to the virus. Someone with these symptoms may have COVID-19:

- Fever and chills (we have seen children range from low grade fevers for several days to children with 105F fever for a week)
- A cough (with this strain we have been seeing several kids with a croup like cough)
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Headache
- Fatigue
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Conjunctivitis (pink eye)

### Testing

**A home test can be used to confirm a positive result.** Home rapid tests usually are most accurate a few days into the symptoms. A positive is a positive. A negative could mean a false negative. **If you have a positive rapid test at home on your child, please be sure to contact the Department of Health Hotline at 516-227-9570 to ensure that they have a record of your case for the purpose of contact tracing and releasing your children from isolation.** This reporting will also

apply for future travel documentation. You should also notify the school. **This website will provide you with a letter clearing the child back to school once the appropriate isolation has been completed:**

<https://app.nassaucountyny.gov/DOH/covid-release/>

<https://health.suffolkcountyny.gov/covidreleaseletters/Release.aspx>

**YOU DO NOT NEED TO CONFIRM A HOME POSITIVE TEST WITH A PCR. A POSITIVE RESULT IS CONSIDERED A POSITIVE RESULT-just report it to the DOH hotline above, and the school if applicable.**

Of course, we are providing PCR testing in our office and are happy to see your child, especially if they are acting sick.

### **When to Worry**

- If your child complains about chest pain, shortness of breath or fainting,
- If the child seemed to be getting better and then suddenly takes a turn for the worse, fever starts again a day or two later, they become more miserable or cough worsens.
- If your child has asthma or any history of wheezing, please make sure you start them on their maintenance medications and use albuterol as needed-this may require an office visit if the child's asthma is being triggered by the infection.
- If the child can't stop coughing. Some children may get a croupy (very barky sounding) cough associated with it. If your child does develop a barky cough, we recommend keeping them in the steamy bathroom, and/or bringing them out into the night air (it usually gets worse at night), and/or sticking their heads in the freezer (that cold, humid air usually helps the cough). If all of that does not work, or you think your child is having any trouble breathing, please let us know right away. If consistent coughing persists, please let us know immediately.
- Any signs of respiratory distress-if you think your child is having trouble breathing, you need to let us know immediately. Retractions is a finding in pediatrics where kids use extra chest and abdominal muscles to help them breathe. This is what retractions look like: <https://www.youtube.com/watch?v=qsFR8evfrK8>
- Dehydration-make sure your child is urinating something every 6 hours, even if less than usual. If this is not the case, then you need to let us know immediately.

### **Treatments**

At this time there are no specific treatments approved for healthy kids. Monoclonal antibody therapy and a newly approved oral drug can be used in children with severe illness or special healthcare needs. Thankfully, none of our patients have required these treatments as the current strains of Covid-19 circulating have overall caused mild symptoms in children. The best care is supportive care. Antibiotics are not helpful in treating COVID. Home remedies you may

hear about on social media, such as the lice and animal de-worming product [ivermectin](#), are **NOT** proven effective against COVID-19. Worse, they can be toxic if used not as directed.

**Please refer to our cold/cough handout that gives you all of the resources needed to treat a child with covid:**

<https://static1.squarespace.com/static/5528765de4b037749ced9985/t/576d777b414fb53649609fd2/1466791804573/5.+Treating+COLDS.pdf>

TREAT THE CHILD, NOT THE NUMBER ON THE THERMOMETER. The purpose of Tylenol and Motrin is to make the child more comfortable, not to lower the number. If a child is acting normally and has a fever, we recommend not giving anything. Other treatments for a fever are to keep the child lightly dressed and offer plenty of fluids. Sponge bathe your child's face and arms with lukewarm water. Avoid ice or alcohol baths. We want the child to be comfortable and to be able to stay hydrated (urinating something every 6 hours even if less than usual). **DON'T LET FEVER SCARE YOU!** Nature created it for a reason, to help fight infection. Fever doesn't scare us as pediatricians and there is **no absolute number** where you need to go to the hospital (see above for what does make us worry). Just make the child comfortable.

If you find your child is still uncomfortable after giving a dose of Tylenol, it's ok to then give a dose of Motrin without waiting for the Tylenol to wear off or vice versa. However, make sure you are giving weight appropriate doses and no more often than Tylenol every 4 hours from the last dose of Tylenol, and Motrin every 6 hours from the last dose of Motrin. Alternating these medications should be done sparingly and neither of these should be given in an around the clock manner. Motrin is not recommended for children less than 6 months of age.

Motrin or Tylenol does not CURE a fever. All it does is make the child more comfortable while they have a fever. When the medicine wears off, the fever may come back, and that is ok. Fevers due to covid (or any virus) may last several days. **If your child has a fever and you give Tylenol or Motrin, and the number on the thermometer does not go down, don't worry.** Again, the purpose of the medications is to make the child more comfortable, not to lower the number.

Here is the link to our medication dosing handout that will show you exactly how much medication to administer if needed:

<https://static1.squarespace.com/static/5528765de4b037749ced9985/t/576d7774414fb53649609f5d/1466791797500/4.+Medication+Dosing+Charts.pdf>

### **Vitamin D and C**

We have been recommending additional Vit D for years for boosting immune systems and contributing to better overall wellness.

- In children under 12 months of age- 400 IU/day as recommended
- From the ages of 12 to 24 months- 1000 IU/day
- 2 years of age-12 years of age-2000 IU/day
- 12 years of age +-4000 IU/day

The multivitamin with fluoride that we prescribe (in all fluoride concentrations 0.25mg, 0.5 mg, and 1 mg) all contain 400 IU/day. If you refuse the fluoride vitamin or live in NYC and give an over-the-counter multivitamin, please check to see how much vitamin D it contains.

Over the age of 1 year of age, we are recommending these supplements in addition to the multi vitamin with fluoride we recommend.

If we have tested your child and found him or her to be deficient, we may have recommended doses higher than what is listed above. The doses above are based on maintenance, not correcting for deficiency.

Blood levels on our lab reports state that a level of 30 ng/mL in the blood is normal. But what the literature supports is that true cellular protection from Vitamin D is from levels of 40-80 ng/mL. It is recommended by experts in the field of Vitamin D research that healthy children receive approximately 1000 IU per 11 kg of body weight each day to achieve optimal Vitamin D levels year-round- and it's this calculation that has caused us to make these recommendations.

If you are exposed or positive to Covid-19-everyone in the home should double up on their dose of vitamin D for 1-2 weeks. Very unlikely to cause toxicity (especially since they are doing Vitamin D IV infusions in hospitalized patients), and if only doubled for 1-2 weeks.

Extra Vitamin C is worth having in the house for treatment just in case (also low in sugar):

**Birth-5 years of age-no additional supplementation needed-they get enough between diet and multivitamin.**

**5 years of age-12 years of age-250 mg/day (one chewable referenced below)**

**12 years of age +-500 mg/day (one tablet referenced below)**

For kids:

[https://www.amazon.com/gp/product/B01N2V4GHZ/ref=ppx\\_yo\\_dt\\_b\\_search\\_asin\\_title?ie=UTF8&psc=1](https://www.amazon.com/gp/product/B01N2V4GHZ/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&psc=1)

For

adults: [https://www.amazon.com/gp/product/B003BVICUU/ref=ppx\\_yo\\_dt\\_b\\_search\\_asin\\_title?ie=UTF8&psc=1](https://www.amazon.com/gp/product/B003BVICUU/ref=ppx_yo_dt_b_search_asin_title?ie=UTF8&psc=1)

### Preparing Your Child for a Covid Test

Unfortunately, most kids have already had several covid tests, but just in case, these are some good resources:

· How to best prepare children for the nasal swab to test for

covid <https://www.megfoundationforpain.org/blog/nasal-swabs-creating-comfort-and-preventing-pain>

<https://www.nytimes.com/2020/07/15/parenting/kids-covid-19-test.html?smid=em-share>

### **Mental Health**

Chronic stress has been proven to lower our immune systems. Try to relax and take it easy. Reassure the older kids that they are going to be ok. Say positive manifestations like “I am strong and healthy, and I will be ok”. I know it sounds a little hokey, but it has scientifically proven to work. We control our thoughts, and what we chose our thoughts to be will directly affect our anxiety and the strength of our immune systems. Here are some more resources:

<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Mood-Boosting-Tips-for-Families-COVID-19.aspx>

As you know, things are constantly changing, and we will try to keep you as updated as possible. We are here to help! We will get past this crisis.