RETURN TO PLAY AFTER COVID-19 INFECTION in Pediatric Patients

The proposed clinical shared guidance are based on very limited data regarding the risk of persistent myocardial inflammation following COVID-19 infection. Evidence-based recommendations may change as more data emerge.

Modified AHA’s 14-Point Pre-Sport Check

MEDICAL HISTORY

PERSONAL HISTORY
- Chest pain/discomfort/tightness/pressure related to exertion
- Unexplained syncope/near-syncope
- Excessive and unexplained dyspnea/fatigue or palpitations, associated with exercise
- Prior recognition of a [pathological] heart murmur
- Elevated systemic blood pressure
- Prior restriction from participation in sports
- Prior testing for the heart, ordered by a physician

FAMILY HISTORY
- Premature death (sudden and unexpected, or otherwise) before 50 years of age attributable to heart disease in ≥1 relative
- Disability from heart disease in close relative <50 years of age
- Hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically significant arrhythmias; specific knowledge of genetic cardiac conditions in family members

PHYSICAL EXAMINATION
- Heart murmur
- Femoral pulses to exclude aortic coarctation
- Physical stigmata of Marfan syndrome
- Brachial artery blood pressure (sitting position)

Pediatric patient with history of COVID-19 infection AND asymptomatic for >14 days

Was the patient:
A admitted to the hospital due to COVID symptoms?
B Found to have an abnormal cardiac testing?
C Diagnosed with multisystem inflammatory syndrome in children (MIS-C)?

Any positive on modified AHA’s 14-point pre-sport check list?

For A, B and/or C

Refer to pediatric cardiology
Phone: 202-476-2090
Cardiologist may determine that exercise restrictions are needed for 3–6 months (myocarditis)

NO

YES

Standard of care

REFERENCES:

1 AHA indicates American Heart Association.
2 Parental verification is recommended for high school and middle school athletes.
3 Judged not to be of neurocardiogenic (vasovagal) origin; of particular concern when occurring during or after physical exertion.
4 Refers to heart murmurs judged likely to be organic and unlikely to be innocent; auscultation should be performed with the patient in both the supine and standing position (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.
5 Preferably taken in both arms.

QUESTIONS:
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