

# Return to Play Related to COVID-19 Infection in Pediatric Patients

This document contains interim suggested guidance based on current information available to inform assessment and risk stratification, including need for EKG, for release to participation in physical education, sports and playground activities for pediatric patients.

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

Asymptomatic or mild symptoms (<3 days of symptoms and/or fever)

No further evaluation  
Cleared for participation

Moderate symptoms (prolonged fevers and or symptomatic infection, no hospitalization, no abnormal cardiac testing or known underlying cardiac disease)

Age <12 years

Cleared for participation

Age ≥12 years

EKG prior to participation in competitive sports or other physical activity

Normal EKG

Cleared for participation

Abnormal EKG

Evaluation by pediatric cardiology and testing as dictated by abnormal EKG

Concern for myocarditis

Severe symptoms (hospitalized, abnormal cardiac testing, multisystem inflammatory syndrome in children (MIS-C))

Concern for myocarditis

Follow myocarditis return to play guidelines under direction of pediatric cardiology

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

## \*Return to Play after COVID-19 Exposure

Patients with true contact exposure to COVID-19 are restricted from participation for 14 days (same duration as quarantine)

\*AAP Updated Guidance on Returning to Sports Activities

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

Algorithm modified from: <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

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