

RETURN TO PLAY AFTER COVID-19 INFECTION

in Pediatric Patients

Modified AHA¹ 14-Point Pre-Sport Check

MEDICAL HISTORY²

PERSONAL HISTORY

- Chest pain/discomfort/tightness/pressure related to exertion
- Unexplained syncope/near-syncope³
- 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 murmur⁴
- Femoral pulses to exclude aortic coarctation
- Physical stigmata of Marfan syndrome
- Brachial artery blood pressure (sitting position)⁵

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.

REFERENCES:

Circulation. 2014 Oct 7;130(15):1303-34.
<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

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.

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)?

NO

YES

Any positive on modified AHA¹ 14-point pre-sport check list?

For **A**, **B** and/or **C**

NO

Standard of care

YES

Refer to pediatric cardiology
 Phone: **202-476-2090**

Cardiologist may determine that exercise restrictions are needed for 3-6 months (myocarditis)



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QUESTIONS:

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