Return to Play After COVID-19 Infection at Least 10 days from Diagnosis

* Athletes should be at least 24 hours removed from concerning symptoms

Pediatric Athlete ≥ 12 y/o who reportedly remained asymptomatic

Attempt evaluation by primary care provider and consider ECG screening

Normal eval without concerns and normal ECG (if obtained)

Gradual Return to Competition

Pediatric Athlete ≥ 12 y/o with mild symptoms (no chest pain, no palpitations, no dyspnea, and <48 hr fever*)

Evaluation by primary care provider with ECG screening

Gradual Return to Competition

Pediatric Athlete with moderate symptoms (chest pain, palpitations, dyspnea, or >48 hr fever*)

Discuss with Cardiology regarding possible consult

Gradual Return to Competition based upon cardiology

Pediatric Athlete with severe symptoms (prolonged bed rest or fever* > 1 week) or hospitalization

Evaluation by pediatric cardiology
Testing may include ECG, echocardiogram, Holter monitor, &/or exercise test

Gradual Return to Competition based upon cardiology

Abnormal Cardiac Testing or labs during hospitalization

Myocarditis restrictions for 3-6 month and continued cardiology evaluation

Cardiac symptoms include palpitations, chest pain, dyspnea

Pediatric Athlete ≥ 12 y/o who is Presumptive Positive should be categorized/evaluated based upon level of symptoms

Revised 1/18/2021

* Fever is ≥ 100.4 F
Return to Play After COVID-19 Infection at Least 10 days from Diagnosis

No Concerning Cardiac Symptoms for at Least 24 hours and Refrained from Sports

- Asymptomatic Pediatric Athlete ≥ 12 y/o who tested positive in last 3 months
  - Attempt evaluation by primary care provider and consider ECG screening
  - Gradual Return to Competition

- Untested Pediatric Athlete ≥ 12 y/o who is Presumptive Positive
  - Gradual Return to Competition

- Symptomatic Pediatric Athlete ≥ 12 y/o who tested positive in last 3 months
  - Evaluation by primary care provider with ECG screening
  - Evaluation by Pediatric Cardiology

Revised 1/13/2021
Athletic trainer or team physician should be monitoring graduated activity and assessing for symptoms.

Symptoms of chest pain, palpitations, early fatigue or pre-syncope.

Consider evaluation by primary care provider, ECG screening and possible cardiology consult.

Refrained from activity for 10 days and off all medical treatment.