

COVID-19 Pediatric Core Outcome Measures



APTA Academies and Sections Consensus Statement

APTA's academies and sections formed the COVID-19 Pediatric Core Outcome Measures Task Force to identify a core set of outcome measures for pediatric patients diagnosed with COVID-19. This document provides general recommendations for use of these COVID-19 pediatric core outcome measures in clinical practice. (For adult patients with COVID-19, see the COVID-19 Core Outcome Measures consensus statement.)

COVID-19 Pediatric Core Outcome Measures Set

To ensure consistency and better understand trends in functional recovery, use these core outcome measures according to the algorithm beginning on page 3. The structure and flow may be adapted for each practice setting.

1. Children and Adolescent Scale of Participation (CASP)
2. Standing Long Jump Test (SLJ)
3. Timed Floor to Stand Test (TFTS)
4. One-Minute Sit to Stand Tests (1M-STs)

Purpose of a Core Outcome Measures Set

- To use consistent objective measurement strategies across the continuum of care to aid in the development of effective plans of care for ambulatory children aged 5-18. An additional set of recommendations is given for younger children, children with significant disabilities, and children who use a wheelchair for mobility.
- To allow aggregation of data regarding the impacts of COVID-19 and interventions related to the treatment of COVID-19 on the movement system of children.

Clinical Considerations

General Recommendations

- Use the core outcome measures with children with varying developmental abilities who have or are recovering from COVID-19. Note that not all outcome measures must be performed on the same visit.
- Attempt all appropriate core measures if the child can consistently follow commands, are at least five years of age, and are ambulatory. See additional considerations according to ability and age.
- Review the cardiopulmonary and mental health considerations within the algorithm before beginning and while administering the tests as noted on the algorithm.
- The algorithm presents the tests in order of expected difficulty, but use your clinical judgment to determine the optimal order of completion for each child.
- Communicate and collaborate with parents and providers when there are any concerns regarding vital signs, response to activities, or new or adversely progressive signs or symptoms.

Before Performing the Core Outcome Measures

- Perform an individualized screening and parent interview (see “Start” on the algorithm).
- Consider severity of illness, developmental level, past medical history, and current situation when determining the child’s ability to participate in the evaluation.
- Screen for the child’s cognitive ability to complete the core outcome measures. Consider these five simple commands: “Close and open your eyes.” “Look at me.” “Stick out your tongue.” “Nod your head.” “Raise your eyebrows.”
- Monitor for the presence of delirium, and if present complete the Richmond Agitation-Sedation Scale before performing the Pediatric Confusion Assessment Method for delirium.
- Engage in interprofessional collaboration as setting allows.

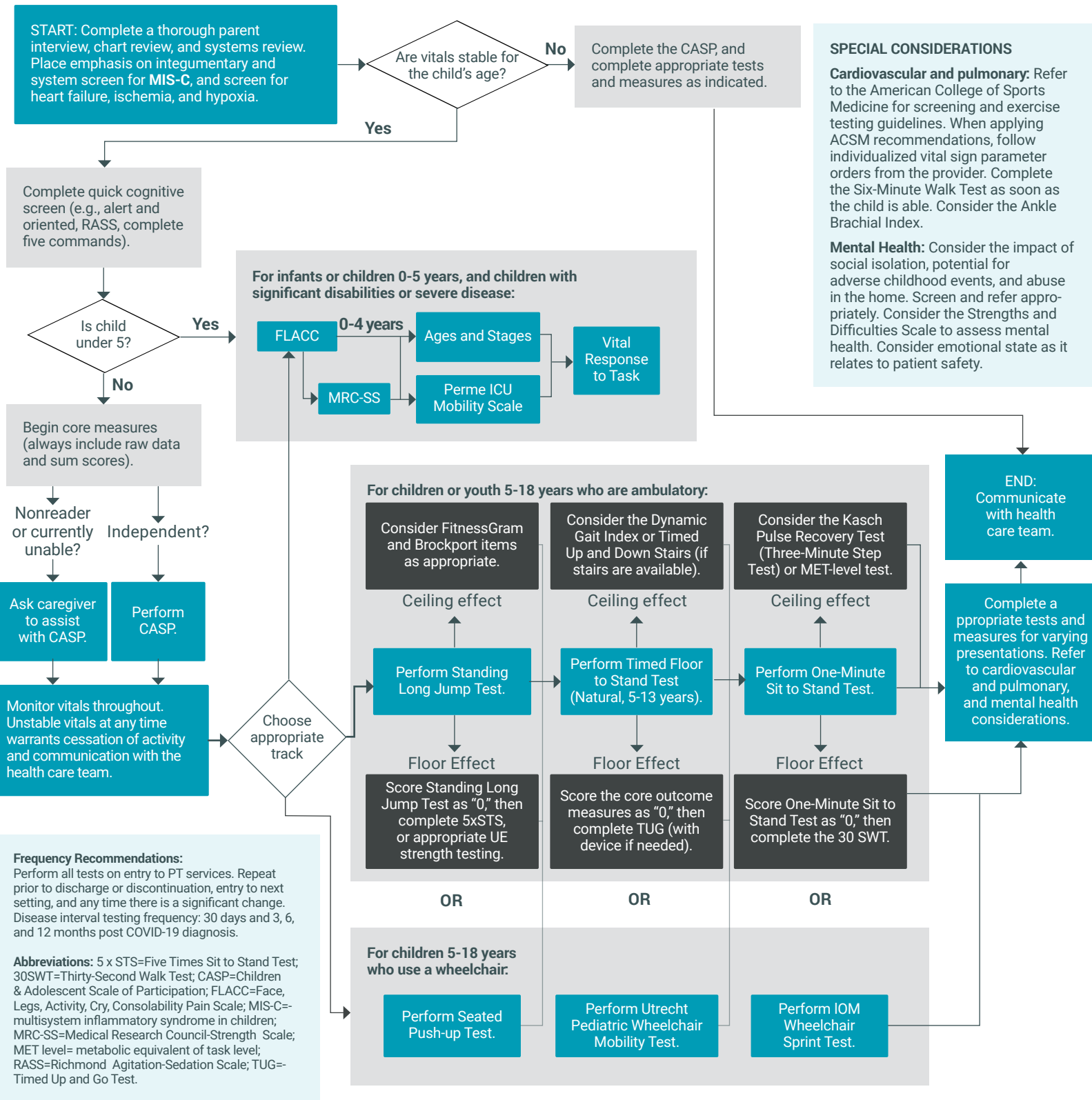
Special Considerations While Performing the Core Outcome Measures

- For children with developmental abilities that prevent participation in the core outcome measures or who are too young to perform the task, see alternative suggestions within the algorithm.
- If child is nonambulatory, complete the wheelchair outcome measures noted in the algorithm.
- For children who score at the ceiling or floor of a measure, see the recommendations within the algorithm. Return to the core set for all subsequent measures; for example, when the child’s status has improved beyond the floor effect or regressed to below the ceiling effect of the outcome measure.

After Performing the Core Outcome Measures

- Complete additional tests or measures warranted by the child’s clinical presentation.

COVID-19 Pediatric Core Outcome Measures: Clinical Application Algorithm



COVID-19 Pediatric Core Outcome Measure Task Force

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