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The Children's Hospital Association  
United States

## Pediatric Elective Surgery/Procedure Guidance

To aggressively combat the COVID-19 disease, the nation's children's hospitals recognize that conservation of critical pediatric resources such as specialized ventilators and Personal Protective Equipment (PPE) is essential, as well as limiting exposure of patients and staff to the virus. Attached is proposed guidance to limit non-time sensitive pediatric surgery and procedures, and to assist policymakers in the management of vital health care resources for children during a time of crisis.

The following considerations inform a framework intended to guide health systems in preserving pediatric surgical capacity for procedures to children whose conditions requires emergent or urgent attention to save a life, preserve organ function and avoid further harms from underlying condition or disease.

This framework provides guidance for the management of health care resources during a time of crisis. Interpretation and final decisions must reside at the local health care delivery systems, including pediatric and adult hospitals, state and local health officials and those pediatric surgical and associated specialists who have direct responsibility to their patients. In assessing the risk and benefit of any planned procedure, not only must the clinical situation be evaluated – the relative scarcity of specialized pediatric capacity vs. adult capacity, resources allocated to existing children with severe illness unrelated to COVID-19 and the optimal locations for pediatric and adult non-elective procedures – must also be considered. The considerations are meant to be refined over the duration of the crisis, based on feedback from pediatric clinical experts. At all times, the necessary supply of personal protective equipment (PPE), hospital and pediatric intensive care unit beds, and ventilators to provide care for chronic and complex pediatric patients should be considered. Therefore, while case-by-case evaluations are made, we recommend the following factors be considered:

- Current and projected COVID-19 cases in the facility and region.
- When community spread exists, curtailing of the least urgent pediatric surgeries should be done. The decisions require consultation with the hospital, surgeon, patient and family, and other professionals.
- Supply of PPE in the region, ensuring baseline needs for caring for complex pediatric cases unrelated to COVID-19 are met.
- Staffing availability, recognizing specialized clinical resources for pediatrics such as nursing are already in short supply.
- Bed availability, especially pediatric intensive care unit (PICU) beds and the opportunity to consolidate pediatric patients in designated facilities.

- Ventilator availability, recognizing unique equipment required to treat urgent pediatric needs (non-COVID-19 patients included).
- Health and age of the neonate and pediatric patients, especially given the risks of concurrent COVID-19 infection during recovery.
- Medical urgency of the procedure.

These considerations inform the following pediatric tiers (examples) in order of the declining potential for safely deferring the procedure.

**Least urgent: representative case candidates for postponement**

**Tier 1a (healthy):** EGD, colonoscopy, umbilical hernia repair, circumcision, excision of small lesion, eye muscle surgery

**Tier 1b (unhealthy):** As above

**Semi-urgent: representative case candidates that should be completed unless completely asymptomatic**

**Tier 2a (healthy):** Non-urgent spine and orthopedic procedures, Tonsillectomy and Adenoidectomy, symptomatic Inguinal hernia, symptomatic Cholelithiasis

**Tier 2b (unhealthy):** Symptomatic Otolaryngology Procedures, Cholecystectomy, laryngoscopy and bronchoscopy

**Urgent: representative case candidates that should be completed**

**Tier 3a (healthy):** All oncologic surgery, neurosurgery, neonatal surgery: Gastroschisis, Omphalocele, Colostomy for imperforate anus, Intestinal Atresia, Hirschprung's

**Tier 3b (unhealthy):** Transplant surgery, trauma, cardiac surgery, acute appendicitis, acute cholecystitis, Surgery for Inflammatory Bowel Disease (Obstruction, bleeding, colitis), Congenital Diaphragmatic Hernia, ExtraCorporeal Membrane Oxygenation (ECMO)

This guidance is endorsed by The Children's Hospital Association of the United States in consultation with pediatric surgical leaders and has been submitted to the Centers for Medicare and Medicaid Services (CMS) as part of the White House Coronavirus Task Force initiative.