

Letters

COMMENT & RESPONSE

A Decision-Making Algorithm for Children With Suspected Coronavirus Disease 2019

To the Editor We read with interest the article by Rasmussen and Thompson providing guidance for clinicians during the coronavirus disease 2019 (COVID-19) pandemic.¹ The authors highlighted the need for clinicians to expand telehealth visits and advocate for nutritional and mental health support for families during this global crisis, particularly for children with existing vulnerabilities, to prevent the consequences of prolonged lockdown home stays and physical distancing practices. Prior to the pandemic, only 1 in 5 children were sufficiently active.² With schools, parks, and recreation venues closed, and limited access to streets or courtyards in some countries such as the United States, one unprecedented consequence of this crisis for children is further exacerbation of reduced physical activity levels. While participating in recommended amounts of physical activity is perhaps inconvenient for healthy children whose usual sport teams are canceled and access to play is limited, the consequences of stay-at-home practices and physical distancing on activity for children with cancer are particularly concerning.

Physical abilities and activities are limited among children with cancer because of their disease and its treatment. At this time, their immunocompromised status necessitates limited contact not only with friends and extended families but also with specialists.¹ Pediatric oncology care prior to the pandemic provided important interventions for children to restore function or remediate functional loss and promote physical activity. Given that this population is at excessive risk for long-term cardiometabolic compromise,³ we suggest that during this time some of these services can be provided via telehealth or other remote strategies. Data indicate that web-based and mobile-based applications are feasible among children with cancer,⁴ and trials are under way to investigate their efficacy. These studies are designed to address unique needs of children with cancer, accommodating cancer-related impairments, and adapting typical activities to make it possible for these children to participate. Technologies range

from in-person telehealth where specialists interact with children and monitor vital signs to app and activity tracker-driven competitions on social media that offer rewards to stimulate physical activity.⁵ We suggest that the activity needs of children with cancer not be abandoned during the pandemic and encourage practitioners to think of innovative, creative, and stimulating ways to remotely engage these children to help maintain or restore physical function and engage in activity. While a delivery paradigm shift, it is important to continue to mitigate the risk of long-term chronic health conditions in this vulnerable population.

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