outpatient care is time tested, however, automated dispensary systems, or pharmacy robots would reduce patient contact at the pharmacy [7]. Establishment of a telemedicine system; however, requires a robust information technology infrastructure, training of healthcare staff, receptionists, attenders, cleaning staff and security personnel; and introduction of the modifications to integrate hospital workflow. This will entail expenditure and increased cost to the patient. Development of telehealth services have in most parts of the world been hampered by the lack of insurance reimbursement for such services.

Hospitals could also consider the possibility of introducing self-administered nasal swabs for older children and adolescents; this has comparable efficacy to staff-administered swabs [8].

For children with special needs, disruptions in the schedule can be chaotic. They could be accessed through online platforms to develop home-based care programs. Teletherapy also allows the provider to document the care, train parents to maintain a regular schedule, capture sessions on video, chart progress and amend the care plan as needed.

Parents unexposed to this modality of care may be unaware of the usefulness of this form of consultation. They might feel it is impersonal and may not be satisfied with the experience. Patient acceptance can only be achieved with introduction of the often overlooked, but extremely essential operational requirement of patient education and public awareness. With these processes in place and an efficient and coordinated implementation, parents and their children would find contentment with teleconsulations like with other virtual care experiences [9].

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Do Not Neglect the Children: Considerations for COVID-19 Pandemic

The crisis of coronavirus disease (COVID-19) pandemic is the greatest challenge we have faced since World War II [1]. Although children are less commonly infected, and severity of disease in children is usually mild, no one is completely immune to this disease [2]. Most of the reported cases of COVID-19 infection in children show a complete recovery in one to two weeks; however, those with serious underlying medical conditions are at a higher risk [3].

The reason behind the lower prevalence of COVID-19

among children compared to adults is still unclear. Latest studies suggest that less exposure, less vigorous immune response, and incomplete functionality of Angiotensin-Converting Enzyme II (ACE2) in children – as the potential receptor for SARS-CoV-2 – are responsible for the significantly fewer severe cases in children [4]. Generally, children with mild symptoms and no risk factors should be managed at home [5]. Obstructed or absent breathing, central cyanosis, and cold skin are emergency signs that need immediate airway management and oxygen therapy to the target SpO2 ≥ 94% [6]. The children with moderate and severe symptoms, along with the children with mild symptoms but with underlying risk factors, are recommended to seek hospital admission, and emergency treatment should be started according to the disease severity [5,7].

Due to a possible transmission from asymptomatic patients, children should avoid playgrounds and use a face mask in public settings. Current evidence suggests that SARS-CoV-2 is not transmittable by breast milk [8]. However, in the case of suspected or confirmed COVID-19 positive mother, feeding the expressed breast milk by a healthy caregiver is more favorable than direct breastfeeding [9]. The mother should use a mask and maintain strict hand hygiene to prevent transmission during the breast milk expressing by using alcohol-based hand rubs or soap and water. Proper disinfection should also be applied to the equipment by a healthy person.

Lockdown, along with school and playground closures, and more time spent in front of screens like video games and television, can affect children's mental health, and the lack of physical activity could result in overweight. To overcome this issue, children should be encouraged to achieve the 60-minute daily goal of physical activity, recommended by WHO, by sticking to in-door exercises [10]. Also, the quality and quantity of food should be considered seriously by the families, as the children eat unhealthier foods and the underprivileged children are undernourished due to the discontinuation of mid-day meal facility. Therefore, close supervision on physical health, nutrition, and mental health should be performed. Compared with the other groups of society, children are more vulnerable and are in need of great support [11]. It is our duty to provide support to children and families to assist them in overcoming the current situation.

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