

Change to CCitC for Adults in HNE

As of October 15, the **adult** COVID care in the home service will treat all new patients to the service as outpatients, thus enabling GPs to claim Medicare benefits for patients should they wish to see them whilst they have COVID.

This change will only apply to adults. Paediatric patients will still be classified as inpatients.

A new model of care is currently being updated on [HNE HealthPathways](#) and the PHN will keep you updated on new developments as they arise.



Hunter New England

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Care of COVID-19 Positive Paediatric Patients

Last updated: 4 October 2021

This pathway is about general practice involvement in the management of paediatric patients up to age 17 years with known or presumed COVID-19 in the community. See also [Care of COVID-19 Positive Adult Patients](#).

Clinical editor's note

As per the NSW Health [Adult and Paediatric Hospital in the Home \(HITH\) Guideline](#), general practitioners can only claim Medicare benefits for services provided to a HITH patient if the service is clearly unrelated to the principal diagnosis for the patient's [HITH admission](#). All COVID-positive patients are classified as inpatients from admission (general practitioners will receive notification) until released from isolation.

Note that all local key stakeholders are aware of this difficulty, and working on making it possible for patients to access rebates for care received with their general practitioner.

This pathway will be updated as new supportive models of care are developed and refined for the management of COVID-19 positive patients in the community.

See NSW Health advice for current isolation and testing requirements for [close](#) and [casual](#) contacts.

Red flags

- Particular vigilance is required on day 7 to 12 of illness:
 - Oxygen saturation < 95% on room air (reliable in children aged 12 years and older)
 - Tachypnoea or increased work of breathing, breathlessness, or difficulty breathing
 - Hypotension, including symptomatic postural hypotension, syncope, or dizziness (unrelated to posture change)
 - Chest pain
 - Severe headache
 - Decreased level of consciousness
 - Vomiting, abdominal pain or diarrhoea > 4 times a day
 - Poor oral intake or urine output – less than half normal
 - Persistent tachycardia
- Vigilance is required 2 to 6 weeks post-COVID-19 infection for paediatric inflammatory multisystem syndrome temporally

Username: hnehealth
Password: p1thw1ys

