

7 April 2020

PRINCIPLES FOR CLINICIANS CARING FOR PAEDIATRIC GASTROENTEROLOGY PATIENTS DURING THE COVID-19 PANDEMIC

Paediatric Gastroenterologists, like all specialists in the Covid-19 crisis, are having to change the way they work in order provide best care. Fortunately for our patients, it appears that age remains a major risk factor in the morbidity and mortality of this infection. However, we must remain cautious as new information becomes available and also play our part in the wider health-care system.

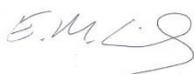
All non-urgent endoscopy has been postponed, and all units should be following [GESA](#) and other advice on providing safe endoscopy to those children and young people who do need it, and for all staff involved.

Public and many private clinics are largely moving to telehealth with video and phone appointments. COVID-19 temporary [MBS item numbers](#) have been made available for telehealth and phone consultations by consultant physicians and paediatricians. It is important that patients continue attending their routine appointments and attend in person to hospital when needed.

Advice for patients with specific conditions, such as IBD and after liver transplantation have been provided by [GESA](#) and [TSANZ](#) and will be regularly updated. In general, we reiterate the importance of patients remaining on their current medications, and only changing or stopping treatment on discussing with their treating team.

Should any paediatric gastroenterologist wish to discuss any specific issues regarding their work practice or patient groups, please don't hesitate to contact me on Edward.giles@monashhealth.org. In addition, GESA recently launched a secure and confidential "e-Forum" space (chatroom) for clinical discussions of de-identified patient cases. This e-Forum is available via the myINTERACT App. A [detailed user guide](#) is available.

We all need to support each other, not least to maintain our own mental health in these times.



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