The American College of Rheumatology (ACR) has developed new clinical guidance for pediatric patients with rheumatic diseases. Maintaining treatment plays an important role in keeping your child’s disease well-managed during the coronavirus outbreak. While each patient is unique, ACR’s North American Task Force has developed new medication guidelines as a framework. The taskforce members noted that “this guidance is provided as part of a ‘living document’ recognizing rapidly evolving evidence.” The recommendations are not intended to replace the shared decision-making process between doctors and patients. For additional details, click here.

**KEY TAKEAWAYS**

- Patients who are currently stable on NSAIDS, DMARDS or immunosuppressive medications should continue their medication unless their doctors advise otherwise.
- Patients should continue routine childhood vaccinations (unless contraindicated due to DMARD therapy), including the annual influenza vaccine.
- Patients may be started on NSAIDs, glucocorticoids or immunosuppressive medications as indicated.
- High-dose or intravenous glucocorticoids should be delayed for 1-2 weeks for patients with non-life-threatening and/or organ disease.
- High dose or IV glucocorticoids should not be delayed in patients with life- and/or organ-threatening disease.
- Certain medications may be continued or delayed during infection to control underlying disease, depending on doctor’s recommendation.

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- no known SARS-CoV-2 exposure or infection
- close/household exposure
- possible or documented SARS-CoV-2 exposure or infection