



Children’s Wisconsin MIS-C Clinical Practice Guidelines as of 1/14/22

MIS-C (Multisystem Inflammatory Syndrome in Children) is a new and evolving clinical presentation. This Clinical Practice Guideline is provided for guidance and will be updated as needed to reflect best practice. Please use your clinical judgment and current best available evidence to provide patient care

CDC Case definition

- An individual aged <21 years presenting with fever*, laboratory evidence of inflammation**, and evidence of clinically severe illness requiring hospitalization, with multisystem (≥ 2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms.

*Fever $\geq 38.0^{\circ}\text{C}$ for ≥ 24 hours, or report of subjective fever lasting ≥ 24 hours

**including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C). (2020, May 29). Retrieved June 23, 2020, from <https://www.cdc.gov/mis-c/hcp/>

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I.	Clinical Appearance	
a.	Fever (greater than 38.0°C) >24 hours AND	
i.	GI Symptoms	
ii.	Rash	
iii.	Bilateral Non-Purulent Conjunctivitis	
iv.	Muco-Cutaneous Inflammation	
v.	Cough	
vi.	Headache/ Irritability	

II. Isolation and Infectious Disease Guidelines

- a. Place patient into negative pressure room with HIP precautions until 90 minute COVID test has resulted
- b. If COVID 90 minute PCR is negative, there is no need for Heightened Isolation Precautions
- c. If COVID IgG is pending, follow routine isolation practices based on symptoms
 - i. There is no need for Heightened Isolation Precautions based on COVID IgG testing alone.
- d. Consult ID when potential case is identified

III. Primary Care, Urgent Care, Ambulatory Guidelines

- a. Toxic Appearing: EMS transport to EDTC, notify EDTC
 - i. Toxic appearance includes fever plus
 1. Hypotension/shock
 2. Cardiac dysfunction
 3. Hypoxia
 4. Altered mental status
- b. Non-toxic appearing
 - i. Order MIS-C Screening labs
 1. CBC
 2. CMP (evaluate for low Na)
 3. COVID PCR and Respiratory viral panel
 4. ESR
 5. CRP
 6. Troponin
 - ii. Positive for classic or incomplete Kawasaki OR cardiac involvement
 1. Refer to EDTC
 - iii. No evidence of inflammation or cardiac involvement AND/OR alternative plausible diagnosis
 1. Home care with close PCP follow up

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Primary Care and Urgent Care: updated 12/6/21

