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 ≥38.0°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


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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
Multisystem Inflammatory Syndrome in Children (MIS-C) ¹

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

Non-toxic appearing²
- Fever (≥ 38.0°C) for > 24 hours plus any of the following:
  - GI symptoms (severe pain, V/D, enteritis on imaging) (57-97%)
  - Rash (54%)
  - Bilateral non-purulent conjunctivitis (30%)
  - Mucocutaneous inflammation signs (oral, hands, or feet) (20%)
  - Cough (32%-50%)
  - Headache/irritability (32%)

Toxic appearing³
- Fever (≥ 38.0°C) plus any:
  - Hypotension/shock (75%)
  - Cardiac dysfunction (51%)
  - Hypoxia (51%)
  - Altered mental status (14%)

In clinic: Rapid Flu and Rapid Strep if applicable
Can test for Rapid COVID-19 but does not rule in or out MIS-C

- Negative
- Positive: off pathway
- Transport to ED by EMS
  Provide supportive care
  Notify ED

Lab easily accessible?
- No
- Yes

Screening Laboratory Investigation: CBC, CMP, ESR*, CRP*, Troponin*, COVID-19 IgG
*Must have signs of inflammation or cardiac involvement to meet case definition of MIS-C

Negative or Borderline
- No evidence of inflammation or cardiac involvement or alternative plausible dx

Positive for⁴:
- Classic Kawasaki or Incomplete Kawasaki or cardiac involvement

Home Care
- Close follow-up with PCP

Refer to ED
- Personal car or EMS based on clinical judgment