Multisystem Inflammatory Syndrome in Children (MIS-C) 1,5,8
Primary Care Clinical Practice Guideline
This guideline was updated 2/28/2022 and may not reflect the latest information available. Please use clinical judgment and current best available evidence to provide patient care.

CDC MIS-C Case Definition:
- Fever
- Evidence of inflammation
- Clinically significant illness
- ≥ 2 organ system involvement
- No alternative dx
- Exposure or recent/current COVID-19

MIS-C Screening Labs4,8,9
- CBC / CRP / ESR / CMP
- Troponin
- COVID IgG
- COVID PCR

Do the results show ALL of the following?
1. CRP > 3 mg/dL or ESR ≥ 40 mm/hr
2. COVID IgG positive
3. At least one suggestive lab feature:
   - Troponin > 0.034 ng/mL
   - ALC < 1000/uL
   - Neutrophilia
   - Platelet < 150,000/uL
   - Na < 135 mmol/L
   - Hypoalbuminemia

Transport to ED by EMS
- Provide supportive care
- Notify ED

MIS-C Unlikely
Evaluate as indicated

Does the patient have ALL of the following
1) Unremitting Fever (≥ 38.0°C) for ≥ 3 days 2)
2) Epidemiologic link to SARS COV2 exposure in past 4-6 weeks
3) At least two suggestive clinical features:
   - Rash (polymorphic, maculopapular, or petechial, but not vesicular)
   - GI symptoms (diarrhea, abdominal pain, or vomiting)
   - Bilateral non-purulent conjunctivitis
   - Mucous membrane changes (red cracked lips, strawberry tongue, or erythema)
   - Edema of hands or feet
   - Lymphadenopathy
   - Neurologic symptoms (AMS, encephalopathy, focal deficits, meningismus, or papilledema)

Toxic appearing3
- Hypotension/shock (32-76%)
- Cardiac dysfunction (51-90%)
- Hypoxia (28-52%)
- Altered mental status (6-14%)

Other source of fever identified?
Can STAT lab results be easily obtained?

MIS-C Unlikely
Evaluate as indicated

Other source of fever identified?
No
Yes

No
Yes

Can STAT lab results be easily obtained?
Yes
No

Yes
No