

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

Does the patient have ALL of the following

- 1) Unremitting Fever ($\geq 38.0^{\circ}\text{C}$) for ≥ 3 days²
- 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)

MIS-C Unlikely
Evaluate as indicated

Toxic appearing³

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

Other source of fever identified?

No

Yes

Assess for other common sources of fever (e.g. UTI, Pneumonia, Flu, Strep, etc.)

No

Yes

MIS-C Unlikely
Evaluate as indicated

Can STAT lab results be easily obtained?

Yes

No

MIS-C Screening Labs^{4,8,9}

- 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 $< 1000/\mu\text{L}$
 - Neutrophilia
 - Platelet $< 150,000/\mu\text{L}$
 - Na < 135 mmol/L
 - Hypoalbuminemia

Yes

No

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

Dx criteria for MIS-C not met

- Additional evaluation and treatment as indicated
- ED transfer or admission may be warranted:
 - If signs of Kawasaki or atypical KD
 - If signs of renal and/or hepatic involvement
 - If fever > 8 days with limited access to healthcare
 - If clinically severe illness