

Screening for Multisystem Inflammatory Syndrome in Children

^Examples of system involvement:

GI: Abdominal pain, vomiting, diarrhea

Cardiopulmonary: chest pain, dyspnea, respiratory distress

Neuro: headache, lethargy, irritability, altered mental status, syncope

Derm: polymorphic, maculopapular rash, petechial, NOT vesicular; erythema or edema of hands and feet, COVID toes (vasculitis)

Mucosal changes: conjunctivitis without exudate, erythema/cracking of lips or oral mucosa, strawberry tongue

Cervical lymphadenopathy ≥ 1.5 cm, can be unilateral or bilateral

Other diagnosis to consider (not all inclusive):

Bacterial sepsis

Meningitis

UTI

Pneumonia

Toxic shock syndrome

Appendicitis

Other viral illnesses (adenovirus, CMV, EBV)

Tick-borne illnesses

Kawasaki disease

New-onset leukemia/lymphoma

Fever ≥ 38 C for (1-3 days) **without other clear source** AND 2 or more systems involved^

Please direct any questions to the hospitalists at Children's Priority Line 855-850-KIDS (5437)

Initial clinical assessment:

-Ill appearing

-Hypotension

-Clinical evidence of myocardial dysfunction

-Hypoxemia

-Altered mental status

-Tachycardia (>2 SD above normal) not improving with appropriate intervention*

No

Yes

MIS-C evaluation:

-Proceed if fever ≥ 3 days.

-Testing as indicated for other sources of fever

-Obtain COVID PCR, CBC, CMP, CRP, troponin I

All normal labs and remains well appearing without other reason for admission

Discharge home with follow-up in 1-2 days

Any troponin elevation

Call Children's Priority line 855-850-KIDS (5437), request hospitalist for admission (placement to be decided by heart failure cardiologist and hospitalist on call)

Becomes ill appearing OR
CRP ≥ 3 mg/dL (30mg/L) OR
ESR ≥ 40 OR
Lymphopenia <1000 OR
thrombocytopenia OR
 Evidence of end organ damage

Call Children's Priority line, 855-850-KIDS (5437) request hospitalist for admission

MIS-C with shock:

-Call Children's Priority line 855-850-KIDS (5437), request CICU for admission

-Obtain stat CBC, CMP, CRP, ESR, troponin I, PT/PTT/INR, and blood culture

-ECG

-Initiate ceftriaxone (100mg/kg max 4000mg) and vancomycin (15mg/kg max 1000mg) within 30 minutes

* Re-Evaluate for cardiogenic shock with each fluid bolus-if not improved with 20ml/kg bolus call ICU)

Children's Priority Line: 855-850-KIDS (5437)

Disclaimer: Pathways and/or protocols are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways and/or protocols should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances.