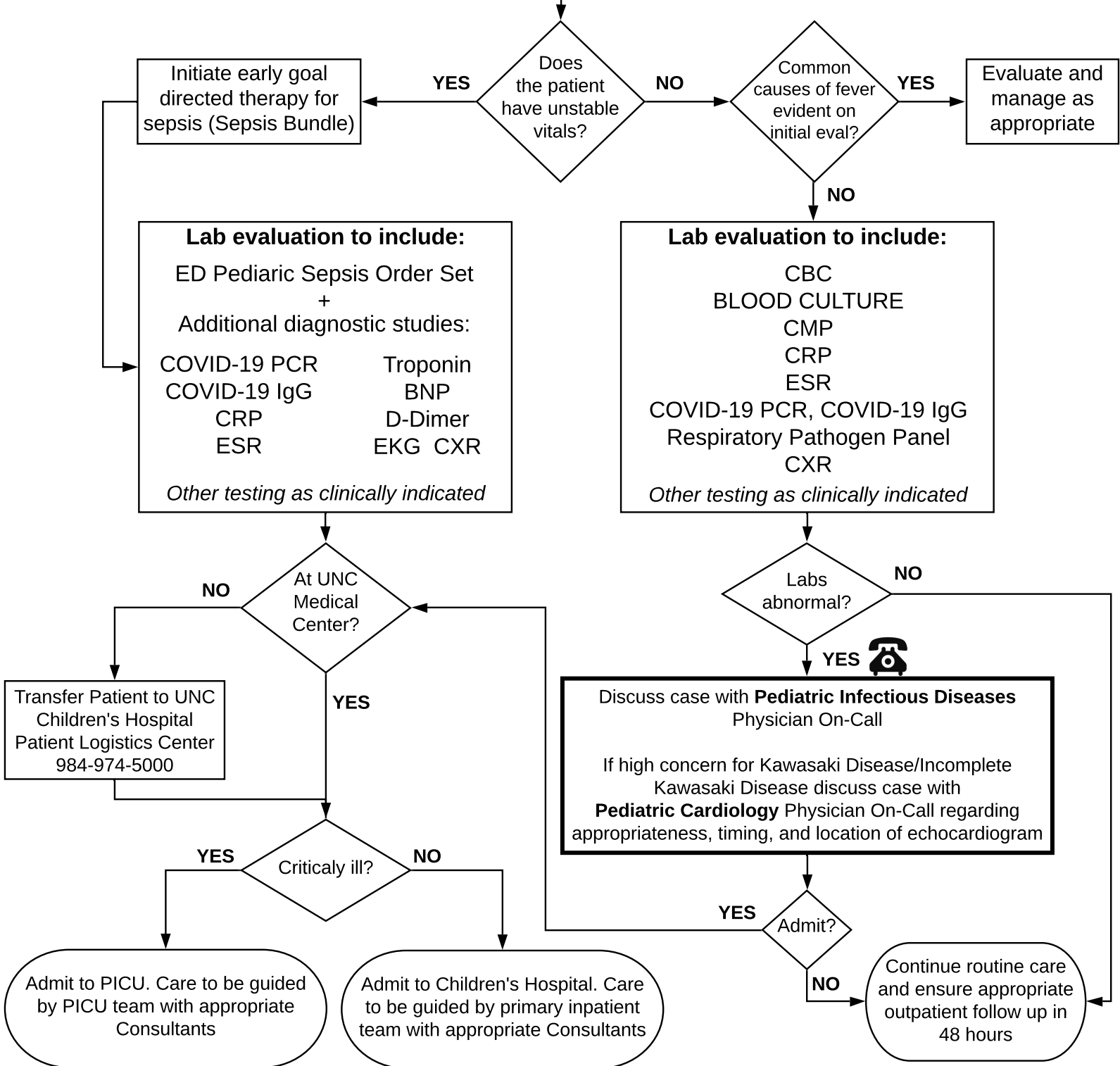


PEDIATRIC ED PATHWAY FOR EVALUATION AND TREATMENT OF PATIENTS WITH CONCERN FOR MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)

Patient presents with **≥3 days of fever AND TWO** or more of the following:
 GI sx, Rash, Conjunctivitis, Oral changes, Cough, Headache/Irritability, Extremity swelling, Lymphadenopathy
OR
 Fever > 4 days and no obvious source

**Please consider alternate diagnoses such as Kawasaki Disease, Incomplete Kawasaki, and Toxic Shock Syndrome. See page 2 for MIS-C Context & Definitions*

**See Kawasaki criteria and lab testing in Appendix A*



**PEDIATRIC ED PATHWAY FOR EVALUATION AND TREATMENT
OF PATIENTS WITH CONCERN FOR MULTISYSTEM
INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)**

CONTEXT

On May 14, 2020 the CDC defined a pediatric multi-system inflammatory syndrome temporally associated with COVID-19 as Multisystem Inflammatory Syndrome in Children (MIS-C). Clinical features of this syndrome are similar to those seen in other diseases including Kawasaki Disease (KD), Toxic Shock Syndrome (TSS), and Macrophage Activation Syndrome (MAS)/Hemophage Lymphohistiocytosis Syndrome (HLH). This pathway was adapted from existing clinical guidance from the Children's Hospital at NYU Langone to maximize diagnostic opportunity and to provide a streamlined approach to initial management.

Management of your patient may require a more individualized approach.

DEFINITIONS OF MIS-C

Definition #1

An individual <21 years of age **MUST** present with at least one day of subjective **OR** objective fever (≥ 100.4 F/ 38 C)

AND

Must have evidence of systemic inflammation as defined by:

EITHER

One of more of the following: Hypotension/shock, Features of severe cardiac illness (myocarditis, pericarditis, valvulitis, significantly elevated troponin/pro BNP, or coronary artery abnormalities), Other severe end-organ involvement

OR

Two or more of the clinical findings on Table 1.

Definition #2

Persistent fever for >4 days and any one of the clinical findings on Table 1

AND

Absence of more likely dx

Positive COVID-19 PCR is NOT required for dx

TABLE 1

Patient Presentation with Clinical Suspicion of MIS-C

Patients may have a preceding illness consistent with COVID-19 or a COVID-19 sick contact

• Systemic Inflammation

- Fever
- Myalgias
- Tachycardia
- Hypotension
- Hypoperfusion or hyperperfusion
- Lymphadenopathy/lymphadenitis

• Cardiopulmonary

- Respiratory distress
- Chest pain

• Neurologic

- Headache
- Altered mental status
- Meningismus
- Focal deficits
- Seizure

• Mucocutaneous

- Rash- reticular, morbilliform, purpuric
- Lip swelling/cracking
- Strawberry tongue
- Extremity swelling/peeling
- Conjunctivitis
- Blisters or erosions

• Gastrointestinal

- Nausea/vomiting
- Diarrhea
- Abdominal pain