defined by Centers for Disease Control (CDC)

MIS-C

(multisystem inflammatory syndrome in children)

when to consider evaluation for MIS-C — office setting

An individual aged <21 years +

fever* +

lab evidence of inflammation** +

clinically severe illness requiring hospitalization with involvement of 2 or more organ systems***

AND

DISCLAIMER: This guide is to help aid and evaluate for potential MIS-C in outpatient guidelines. Providers are encouraged to use judgment beyond these guidelines and refer to the ED if they feel necessary.

Positive for current or recent SARS-CoV-2 infection

- PCR NP swab
- Blood test SARS-CoV-2 IgG

OR

COVID-19 exposure within the 4 weeks prior to the onset of symptoms

AND

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No alternative plausible diagnoses

- * Fever 38.0°C or higher for 24 hours, or report of subjective fever for greater than 24 hours.
- ** 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), elevated neutrophils, reduced lymphocytes and low albumin.

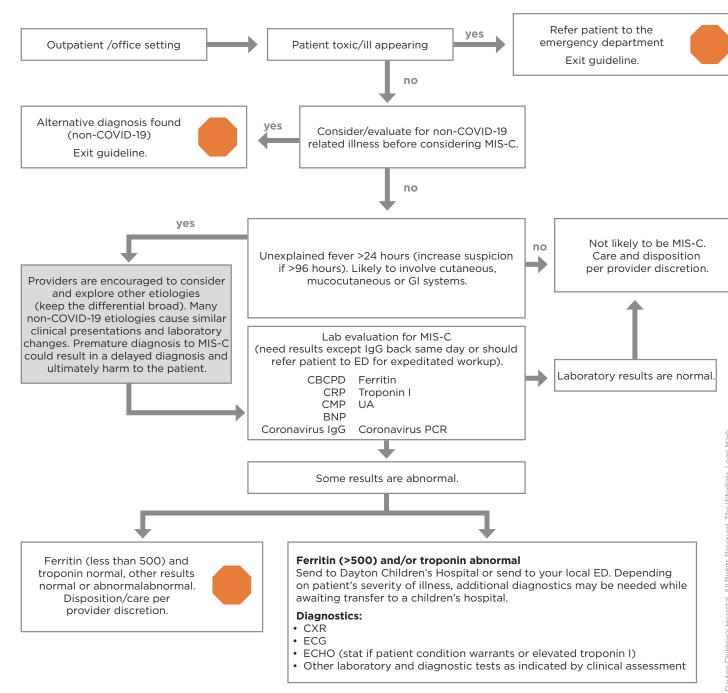
Additional comment:

 Patients meeting criteria for Kawasaki disease should be reported if they also meet CDC definition for MIS-C.

- *** Multisystem involvement examples:
- Cardiovascular: shock, increased troponin, elevated BNP, abnormal echocardiogram, arrythmia
- Respiratory: pneumonia, pulmonary embolism, ARDS
- Renal: AKI, renal failure
- Neurologic: aseptic meningitis, stroke, seizure
- GI: increased LFTS, diarrhea, GI bleed, ileus, vomiting, abdominal pain
- Dermatologic: rash, mucositis, erythroderma



MIS-C — office setting



^{**} If unsure or have questions regarding potential MIS-C in an outpatient setting, please contact Dayton Children's pediatric rheumatology via the communications center at 937-641-4385.

