## MIS-C — ED setting

## when to consider evaluation for MIS-C

An individual aged <21 years +

fever\* +

lab evidence of inflammation\*\* +

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

#### AND

- Fever of 24 hours or more is not sufficient to diagnose MIS-C.
  To meet the CDC case definition, all components must be present.
- Alternative etiologies should be explored to rule out any other plausible diagnosis.

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**

No alternative plausible diagnoses

- \* Fever 38.0°C or higher for 24 hours or more, or report of subjective fever lasting 24 hours or more.
- \*\* One or more of the following: an elevated Creactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), elevated neutrophils, reduced lymphocytes and low albumin.

#### Additional comments:

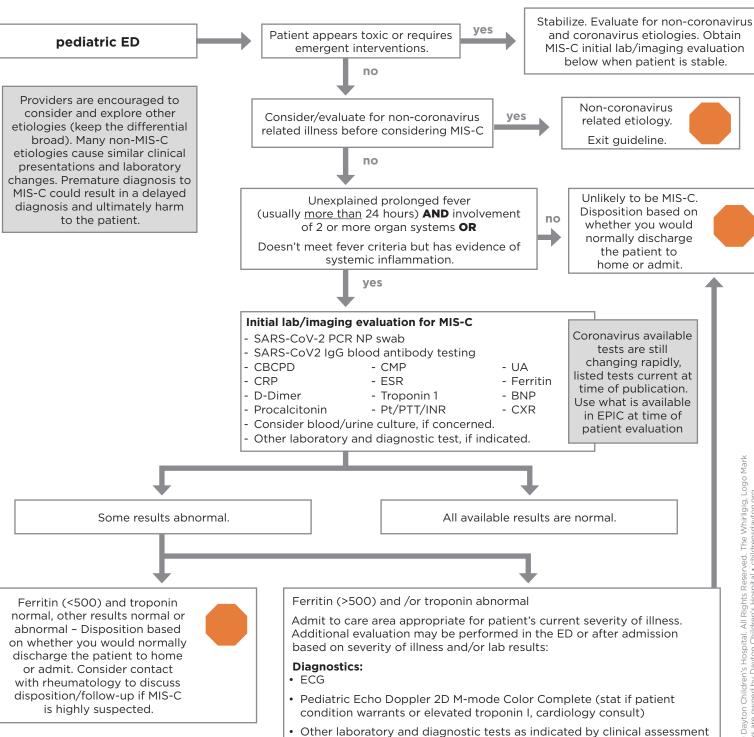
- Patients meeting criteria for Kawasaki disease should be reported if they also meet CDC definition for MIS-C.
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection.

- \*\*\* 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



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