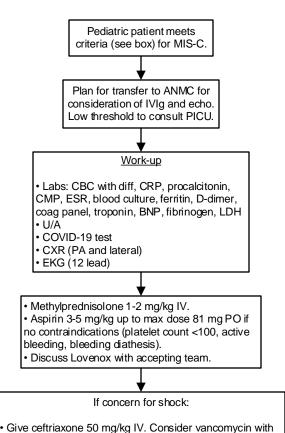


Clinical Guideline Multisystem Inflammatory Syndrome in Children (MIS-C)



Dopamine is not pressor of choice. Consult with PICU.

<u>Case Definition for Multisystem Inflammatory Syndrome in Children</u>
<u>(MIS-C) According to the CDC & CSTE</u>

An individual <21 years presenting with:

- Measured or subjective fever ≥ 100.4°F.
- Laboratory evidence of inflammation with CRP ≥3.0 mg/dL.
- 3. Evidence of clinically severe illness requiring hospitalization with new onset manifestations in at least two of the following categories:
 - Cardiac: elevated troponin (or specific echo findings)
- Mucocutaneous: rash, inflammation of the oral mucosa (eg, mucosal erythema or swelling, drying or fissuring of the lips, strawberry tongue), conjunctivitis or conjunctival injection, or extremity findings (eg, erythema or edema of the hands or feet)
 - Shock
- Gastrointestinal: abdominal pain, vomiting, or diarrhea
 Hematologic: platelet count <150 000 cells/μL or absolute lymphocyte count (ALC) <1000 cells/μL
- 4. Absence of a more likely alternative diagnosis.
- 5. Evidence of or high suspicion for current or recent (within the last four weeks) COVID-19 infection.

Differential Diagnosis

- · Kawasaki disease and other vasculitides
- Severe acute COVID-19
- Sepsis
- Toxic shock syndrome
- Appendicitis
- Viral infection like EBC, CMV, adenovirus, and enterovirus (although) unlikely to cause severe multisystem disease if immunocompetent)
- Rare syndromes including HLH/MAS and SLE

NOTE: MIS-C is a reportable disease. Please ask the accepting facility who should make the report. The form can be found here.

accepting team.

Note: Our understanding of MIS-C is evolving. At the time of publication, the standard of care for MIS-C treatment includes IVIg, so YKHC pediatricians recommend transfer to a higher level of care for all patients who meet criteria for MIS-C. However, if diagnosis is uncertain, admission with observation at YKHC may be appropriate. Have a low threshold to consult infectious disease and pediatric cardiology if considering this.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by Clinical Guideline Committee 9/16/24

If comments about this guideline, please contact Leslie_Herrmann@ykhc.org