

Emergency Department Evaluation for **Suspected Multisystem Inflammatory Syndrome in Children (MIS-C)****Case Definition:**

An individual aged < 21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (> 2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**

No alternative plausible diagnoses; **AND**

Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

**Symptoms**

Rash	polymorphic, maculopapular, petechiae; not vesicular
GI	vomiting, diarrhea, abdominal pain
MSK	erythema and swelling hands and feet
Oral Mucosa	cracked lips, strawberry tongue, oral erythema
Conjunctivitis	bilateral bulbar injections without exudate
Lymphadenopathy	unilateral cervical > 1.5cm
Neurologic	headache, irritability, AMS

**[1] Initial workup:**

CBC, BMP, LFTs, PT/INR, PTT, CRP, ESR, Procalcitonin, VBG with electrolytes and lactate  
Chest X-ray AP and Lateral  
Urinalysis and urine culture

**[2] Secondary Labs:**

Troponin, BNP, Fibrinogen, Ferritin, LDH, EKG  
Consider blood culture

**Abnormal Laboratory Values:**

CRP  $\geq$  3 mg/dL and/or ESR  $\geq$  40 mm/hr, AND at least 1 of the following:  
Lymphopenia < 1k,  
Thrombocytopenia < 150k, Na < 135  
Abnormal creatinine for age

**\*Disposition:** Ideally patients under consideration or diagnosed with MIS-C should be transferred to WCH. A COVID test can be obtained but should not delay care/transfer. Consultant: PICU, Cardiology, ID as needed - discuss starting Steroids, Aspirin, etc.

**References:**

CDC <https://www.cdc.gov/mis-c/>

CHOP Clinical Pathway <https://www.chop.edu/clinical-pathway/multisystem-inflammatory-syndrome-mis-c-clinical-pathway>

Algorithm approved on August 24, 2020

