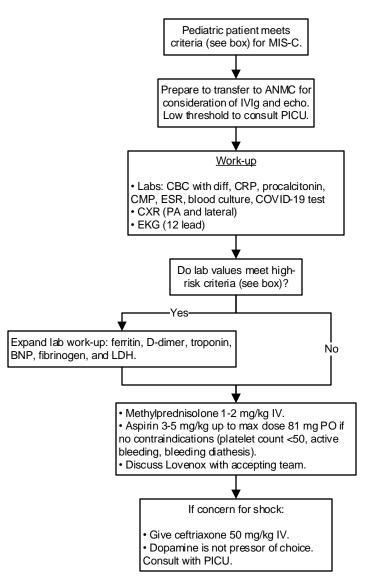


Clinical Guideline Care of a Pediatric Patient with Suspected Multisystem Inflammatory Syndrome (MIS-C)



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

Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C) According to the CDC

An individual <21 years presenting with:

- 1. Measured or subjective fever ≥ 100.4°F for ≥ 24 hours.
- 2. Laboratory evidence of inflammation with one or more of the following: elevated CRP, procalcitonin, ESR, fibrinogen, D-dimer, ferritin, LDH, IL-6, or neutrophils; low lymphocytes or albumin level.
- 3. Evidence of clinically severe illness requiring hospitalization with at least two organ systems involved:
 - Rash: polymorphic, maculopapular, petechial, NOT vesicular
 GI symptoms: diarrhea, abdominal pain, vomiting

 - Extremity Changes: erythema and edema of hands and feet • Oral Mucosal Changes: erythema and cracking of lips, strawberry tongue, erythema of oral and pharyngeal mucosa
 - Conjunctivitis: bilateral bulbar conjunctival injection without
 - <u>Lymphadenopathy</u>: cervical > 1.5 cm unilateral
 - · Neurologic: headache, irritability, lethargy, AMS
- No alternative plausible diagnoses.
- 5. Evidence of current or recent (within the last four weeks) COVID-19 infection.

May consider diagnosis even with negative COVID-19 testing if clinical suspicion is high.

High-Risk Lab Criteria

• CRP ≥ 3 and/or ESR ≥ 40

AND

Lymphopenia < 1000, thrombocytopenia < 150,000, or sodium < 135

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 6/6/22.

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