

# AMBULATORY EVALUATION FOR MIS-C

in the non-ill-appearing child



Child presenting with fever  $>38.0^{\circ}\text{C}$  or report of subjective fever lasting  $\geq 3$  DAYS

AND

## 2 OR MORE OF THE FOLLOWING:

- SKIN:** Rash, desquamation/peeling
- GI:** Severe abdominal pain, nausea, vomiting, PO intolerance, diarrhea
- RESPIRATORY:** Cough, shortness of breath, hypoxia
- ENT:** Mucous membrane changes, conjunctivitis
- NEUROLOGY:** Headache, stiff neck, vision changes
- MUSCULOSKELETAL:** Myalgia, arthralgia
- HEMATOLOGY:** Pallor, lymphadenopathy
- CARDIAC:** chest pain, dyspnea, syncope, dizziness, fatigue



Note: Some individuals may fulfill full or partial criteria for Kawasaki Disease



AND

No compelling alternative diagnosis

## OBTAIN WORKUP TO EVALUATE FOR POSSIBLE MIS-C:

### TIER 1 TO BE DONE AT REFERRING CENTER:

CBC, CRP, ESR, CMP, D-Dimer, Ferritin, Troponin, BNP  
If possible: SARS CoV2 PCR

**CRP  $\geq 3\text{mg/dL}$  or ESR  $\geq 40\text{mm/h}$  or other Tier 1 lab abnormalities**

NO

### MIS-C LESS LIKELY

- Consider other possible etiologies for illness and evaluate appropriately
- Recommend follow-up within 24 hours to monitor clinical progress
- Discharge with strict return precautions; recommend return for further workup if symptoms persist or worsen

YES

- Discuss case with Children's National Emergency Department via access line 202-476-5433 to discuss with an ED intake specialist.
- Tier 2 labs to be done in consult with Children's National, or on arrival to Children's National: LDH, Fibrinogen, Triglycerides, PT/PTT/INR, Urinalysis, Urine random protein to creatinine ratio, CXR, EKG, SARS CoV2 Antibody IgG