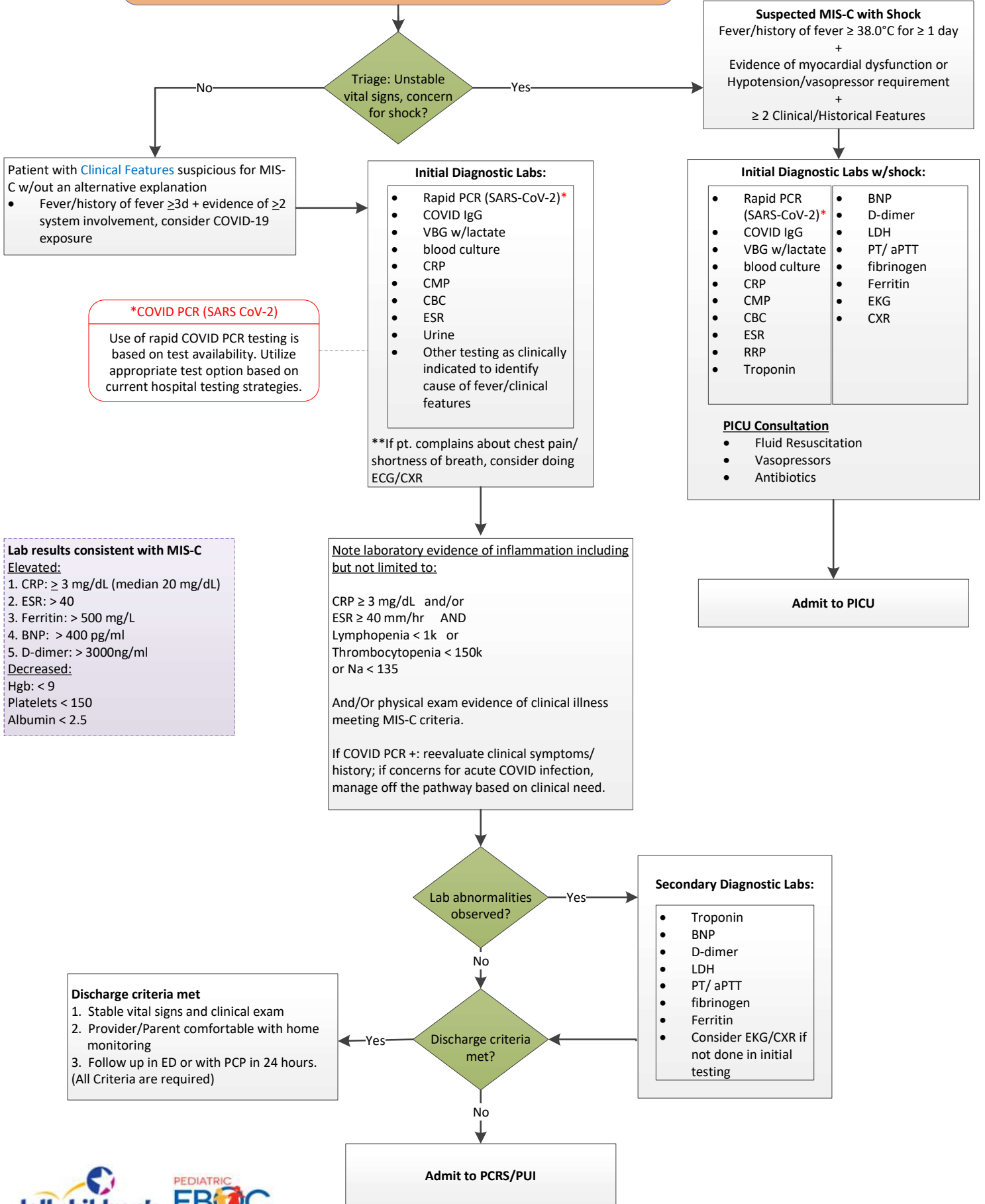


# Multisystem Inflammatory Syndrome (MIS-C) ED

## Evidence-Based Outcomes Center

### ED Evaluation for Possible Multisystem Inflammatory Syndrome in Children (MIS-C)



## MIS-C Clinical Features:

- **Fever > 38.0 \*\* AND**
- **No other plausible explanation for presentation AND**
- **Evidence of > 2 systems of involvement:**
  - **GI:** abdominal pain, nausea/vomiting, diarrhea
  - **Neuro:** headache, vision changes, altered mental status
  - **Cardiac:** unexplained tachycardia, signs of acute heart failure, cardiogenic shock
  - **Renal:** Oliguria
  - **Mucocutaneous:** mimic typical or atypical KD
    - Skin: polymorphic, petechial, maculopapular exanthem, erythroderma
    - Mucosa: red/cracked lips, strawberry tongue
    - Eye: bulbar, non-purulent conjunctivitis
    - Extremity: palmar/plantar erythema, edema
    - Lymph: Cervical adenopathy > 1.5cm
    - Other: severe sore throat, arthralgias

\* Respiratory complaints less common, should prompt investigation of other causes or cardiac/pulmonary embolism as a source

\* Consider more detailed evaluation if prior history of COVID or close contact with known positive COVID case in past 4 weeks

\*\* CDC Criteria is > 38.0 for > 24 hours, but fevers typically persist > 3 days



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Approved by the Multisystem Inflammatory Syndrome (MIS-C) Workgroup Team

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Next Review Date: As needed

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