**Ambulatory Evaluation for MIS-C**

**in the non-ill-appearing child**

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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*

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**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 >=3mg/dL or ESR>=40mm/h or other Tier 1 lab abnormalities

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**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

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**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

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Child presenting with fever >38.0°C or report of subjective fever lasting ≥3 days AND No compelling alternative diagnosis

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Children’s National MIS-C Taskforce, 6/19/2020

These guidelines were compiled by a multidisciplinary team at Children’s National Hospital, and reflect expert opinion and experience with this emerging disease process.