AMBULATORY EVALUATION FOR MIS-C
in the non-ill-appearing child

IF CHILD TOXIC-APPEARING OR HYPOTENSIVE, CALL EMS FOR EMERGENT MEDICAL CARE

Child presenting with fever >38.0°C or report of subjective fever for ≥3 DAYS

AND

TWO OR MORE OF THE FOLLOWING:

- SKIN: Rash
- 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: Lymphadenopathy
- CARDIAC: chest pain, dyspnea, syncope, dizziness, fatigue

AND

No compelling alternative diagnosis

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

CRP >=3mg/dL or ESR>=40mm/h

OBTAIN OUTPATIENT SCREENING WORKUP TO EVALUATE FOR POSSIBLE MIS-C: CBC, ESR, CRP

NO

CALL TO DISCUSS WITH ID/COVID-19 PROVIDER ON CALL BY CALLING 202-476-5000 AND ASK TO HAVE THE PERSON HOLDING THE COVID-19 PAGER CALLED

If admission is recommended, call the Children’s National Emergency Department at 202-476-5433 to discuss with an ED intake specialist

YES

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