PEDIATRIC OFFICE TRIAGE to evaluate for Multisystem Inflammatory Syndrome in Children (MIS-C)

START: RN/LPN triages patient Triage to MD / APRN / PA or Call Center if no clinician Fever >38.0°c x 24hr available to confirm severity of symptoms And either **New Rash** or Severe Symptoms **Abdominal Pain** Difficulty breathing Severe abdominal pain NO Altered mental status/light headed/ YES fainting **Any Associated Symptoms** Confirmed Fever w/ **Bilateral Conjunctivitis** Confirmed Fever +/-• Abdominal Pain No Confirmed Fever No Confirmed Fever Peripheral edema Minor Or . AND AND Mild Myalgia Abdominal Pain New Rash • Multiple Associated YES One Associated Loss of taste and smell Or AND . Symptoms Symptom New Rash Any associated • Mucosal Changes symptoms ED and evaluation for hospital NO admission If MIS-C Call before sending to inform Home Care Instructions: **COVID-19** suspect Concern Symptomatic tx ۰ **Routine Triage** • If ambulance needed must Self monitor, advise pt ٠ For Patients with no inform COVID-19 suspect to call as needed Office assessment associated Consider labs, telehealth or a Educate Regarding 🗲 mild 🚃 ٠ symptoms MIS-C signs and Face to Face with PPE symptoms Daily Follow Up Until RECOMMENDED INITIAL TESTING FOR ALL PATIENTS ٠ Symptoms Resolve SARS-CoV-2 RT-PCR & COVID ELISA serology testing Blood Culture CBC w/ diff, CMP, Lactate, CRP, Procalcitonin, Ferritin, D-dimer Characteristic Results of MIS-C include: EKG (evaluate for ST segment and T wave abnormalities, ectopy and/or arrhythmias, AV or bundle branch block, QTc prolongation) Lymphopenia, Elevated Inflammatory Markers Troponin, pro-BNP Chest X-ray if concern for chest pain/dyspnea/respiratory symptoms A negative COVID Test does not Rule Out MIS-C

This tool is a guide for the evaluation of children suspected of MIS-C, associated with COVID-19 infection. It does not replace clinical judgement or decision making.