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.

START: RN/LPN triages patient
Fever >38.0°C x 24hr
And either
New Rash
or
Abdominal Pain

Triage to MD/APRN/PA or Call Center if no clinician available to confirm severity of symptoms

Any Associated Symptoms
- Bilateral Conjunctivitis
- Peripheral edema
- Mild Myalgia
- Loss of taste and smell
- Mucosal Changes

Routine Triage
For Patients with no associated symptoms

Home Care Instructions:
- Symptomatic tx
- Self monitor, advise pt to call as needed
- Educate Regarding MIS-C signs and symptoms
- Daily Follow Up Until Symptoms Resolve

Office assessment
Consider labs, telehealth or a Face to Face with PPE

Characteristic Results of MIS-C include:
Lymphopenia, Elevated Inflammatory Markers

A negative COVID Test does not Rule Out MIS-C

Severe Symptoms
- Difficulty breathing
- Severe abdominal pain
- Altered mental status/light headed/fainting

ED and evaluation for hospital admission
- Call before sending to inform COVID-19 suspect
- If ambulance needed must inform COVID-19 suspect

RECOMMENDED INITIAL TESTING FOR ALL PATIENTS
- SARS-CoV-2 RT-PCR & COVID ELISA serology testing
- Blood Culture
- CBC w/diff, CMP, Lactate, CRP, Prcalcitonin, Ferritin, D-dimer
- EKG (evaluate for ST segment and T wave abnormalities, ectopy and/or arrhythmias, Av or bundle branch block, QTs prolongation)
- Troponin, pro-BNP
- Chest X-ray if concern for chest pain/spread resp/respiratory symptoms

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