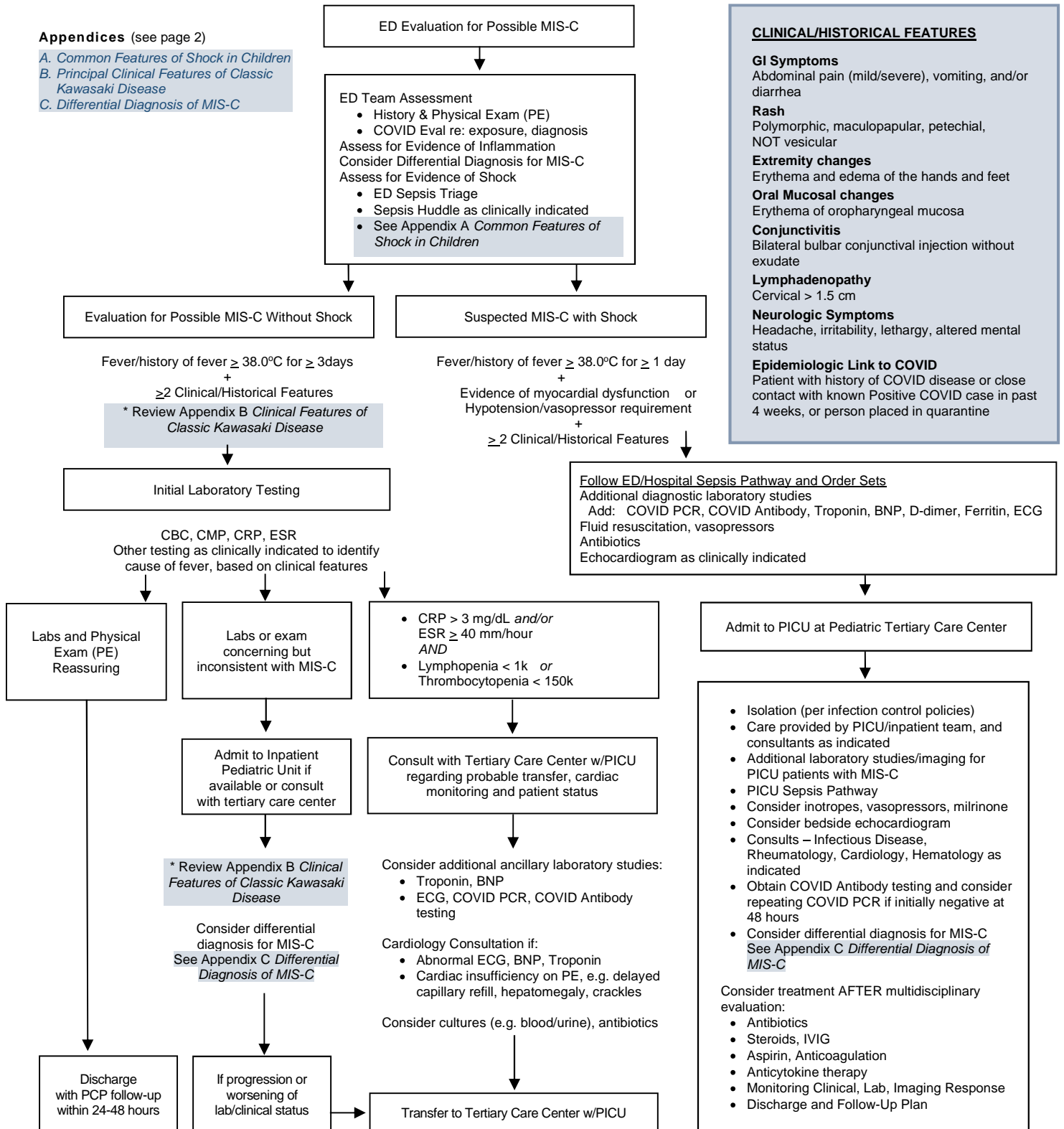


Multisystem Inflammatory Syndrome in Children (MIS-C) Clinical Pathway

Emergency Department, Inpatient Unit, Pediatric Intensive Care Unit (PICU)

Appendices (see page 2)

- A. Common Features of Shock in Children
- B. Principal Clinical Features of Classic Kawasaki Disease
- C. Differential Diagnosis of MIS-C



* NOTE: If considering Kawasaki Disease, see Appendix B *Clinical Features of Classic Kawasaki Disease* and consult with a Kawasaki expert.

• Developed by the Illinois MIS-C Workgroup
 • Adapted from the *Emergency Department, ICU and Inpatient Clinical Pathway for Evaluation of Possible Multisystem Inflammatory Syndrome (MIS-C)*, Children’s Hospital of Philadelphia, July 2020.

Appendix A

Common Features of Shock in Children

Hypotensive (decompensated) shock is characterized by poor perfusion and an abnormally low blood pressure. It can be difficult to recognize children with **compensated shock**, as these children will have normal blood pressures. Other important clinical findings that may suggest either decompensated or compensated shock are:

- Tachycardia out of proportion to fever, or present despite resolution of fever
- Tachypnea
- Altered mental status
- Diminished urine output
- Cool extremities with weak pulses and prolonged capillary refill (> 3 seconds) OR warm extremities with bounding pulses and flash capillary refill (< 1 second)
- Children with cardiogenic shock and/or myocardial dysfunction may have hepatomegaly or crackles; it is important to assess for these signs initially and monitor for them as patients receive fluid resuscitation
- Acidosis (including low serum bicarbonate, base deficit on blood gas testing)
- Elevated lactate

Appendix B

Principal Clinical Features of Classic Kawasaki Disease

May not all be present at the same time

Fever

Presence of fever for ≥ 5 days as well as four of the five following additional features:

- **Oral changes** - Erythema and cracking of lips, strawberry tongue, and/or erythema of oral and pharyngeal mucosa
- **Conjunctivitis** - Bilateral bulbar conjunctival injection without exudate
- **Rash** - Maculopapular, diffuse erythroderma, or erythema multiforme-like
- **Extremity changes** - Erythema and edema of the hands and feet in acute phase and/or periungual desquamation in subacute phase
- **Lymphadenopathy** - Cervical lymphadenopathy (≥ 1.5 cm diameter), usually unilateral

NOTE: Kawasaki Disease (KD) can occur in the absence of full diagnostic criteria (incomplete KD), particularly in infants. Therefore consultation with an expert in KD is recommended if incomplete KD is being considered.

Appendix C

Differential Diagnosis of MIS-C

- Acute COVID-19
- Kawasaki Disease
- Non-SARS-CoV-2 Viral Sepsis
- Toxic Shock Syndrome
- Bacterial Sepsis
- Systemic Onset Juvenile Idiopathic Arthritis
- Macrophage Activation Syndrome (MAS)
- Hemophagocytic Lymphohistiocytosis (HLH)

REMINDER: In addition to reporting through I-NEDSS, hospitals should complete the *MIS-C Case Report form* when they suspect a case and submit to their local health department. The form can be accessed at <https://www.cdc.gov/mis-c/pdfs/hcp/mis-c-form-printable.pdf>

NOTE: This clinical pathway is current at the time of publication and may need to be adapted for each patient based on practitioner judgement and evolving information on Multisystem Inflammatory Syndrome in Children (MIS-C).

