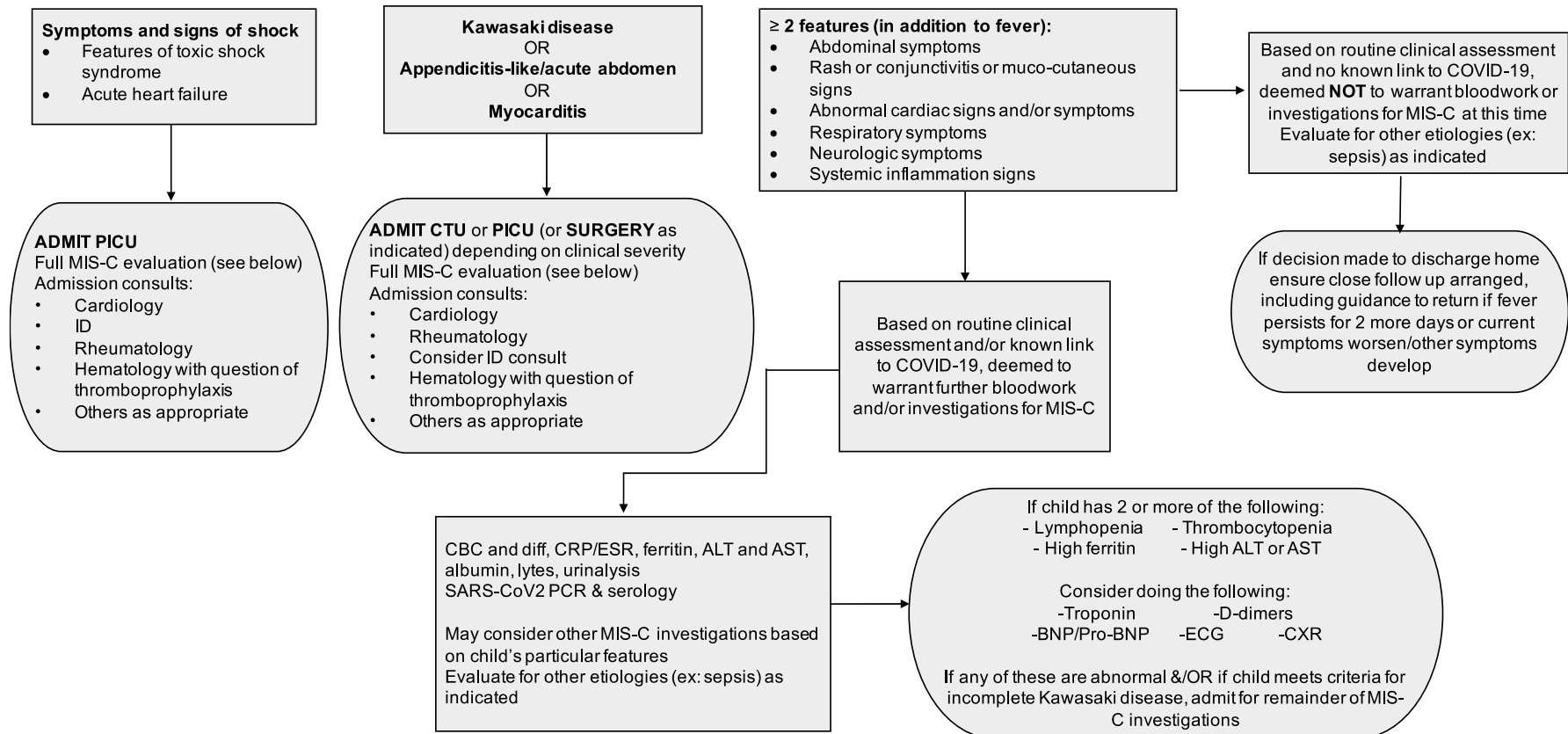


To be performed in addition to routine (including infectious) workup. This document provides guidance for the identification of and investigations for MIS-C only. It DOES NOT include the work-up and management of other entities on the differential diagnosis, including sepsis, which still need to be considered and managed according to clinical judgment.

Child with fever \geq 3 days:

- Ask about remote viral symptoms in child or exposure to others with COVID-19
- Keep a **low threshold** to evaluate for MIS-C in patients who in the previous 2 months had a known COVID-19 infection or exposure (**even if** fever/acute symptoms present for $<$ 3 days and/or below criteria are not satisfied).
- Sepsis **always** needs to be considered and evaluated for as indicated **in addition** to the MIS-C workup outlined below



+ FULL MIS-C evaluation:

- CBC with differential
- ESR, CRP
- Electrolytes, BUN, creatinine
- LFTs, LDH, Albumin
- Ferritin, d-dimer, PT/PTT
- Troponin, BNP
- Urinalysis
- SARS-CoV2 testing:
 - SARS CoV2 PCR: respiratory (nasopharyngeal swab/saline gargle/sputum/BAL)
 - SARS CoV2 serology: obtain pre-IVIG whenever possible; contact medical microbiology on call for approval: if serology approved complete a SARS-CoV2 serology request form (available on [ePOPS](#)) and send by secure email to misc@cw.bc.ca. Serology not available publicly in BC but will be performed for this indication.
- Type and Screen (for those receiving IVIG)
- EKG
- CXR
- Echocardiogram
- Consider all usual bacterial or viral illnesses and alternative diagnoses and test as appropriate (ex: cultures).

****IMPORTANT: MIS-C is a reportable condition in BC.** Suspected cases seen at BCCH must have a serology case requisition form emailed to misc@cw.bc.ca, after receiving approval for serology from the medical microbiologist on call. If this form is not completed, then it will be the responsibility of the MRP to ensure the case gets reported to the medical health officer.

Patient Presentation with Clinical Suspicion of MIS-C*	
Systemic Inflammation <ul style="list-style-type: none"> • Myalgias • Tachycardia • Hypotension • Hypoperfusion or hyperperfusion • Lymphadenopathy/lymphadenitis 	Cardiopulmonary <ul style="list-style-type: none"> • Respiratory distress • Chest Pain
Mucocutaneous <ul style="list-style-type: none"> • Rash: reticular, morbiliform, purpuric • Lip swelling/cracking • Strawberry tongue • Extremity swelling/peeling • Conjunctivitis • Blisters or Erosions 	Neurologic <ul style="list-style-type: none"> • Headache • Altered mental status • Meningismus • Focal deficits • Seizure
Gastrointestinal <ul style="list-style-type: none"> • Nausea/vomiting • Diarrhea • Abdominal Pain 	

*Adapted from: NY Presbyterian / Columbia University guidance document, Brian Jonat MD MPH and Eva Cheung MD

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
26-May-2020	C-05-01-60667 Multisystem Inflammatory Syndrome In Children Provisional Evaluation Guideline	Developed by BCCH MIS-C Working Group; Approved by Professional Practice Director
10-Nov-2020	"	Approved by Pharmacy, Therapeutics & Nutrition Committee
04-Jan-2021		

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