Multisystem Inflammatory Syndrome in Children (MIS-C): Ambulatory Triage Algorithm

**Nurse Triage**

**Assess Fever OR Symptoms?**
- Fever (>38.0 C=100.4 F or hx subjective fever) ≥ 48 hrs
  - OR
  - ≥ 1 Associated Symptom (Sx):
    - GI symptoms (abdominal pain/diarrhea)
    - New onset rash
    - Bilateral conjunctivitis
    - Mucosal changes
    - Loss of taste or smell
    - Peripheral edema
    - Altered mental status

**Assess Fever Duration, # Sx, & Severity?**
- 1) No Fever AND ≥2 Sx
  - OR
  - 2) Fever ≥ 48 hrs AND ≥ 1 Sx
  - OR
  - 3) Fever ≥4 days
    - OR
  - 4) Severe Symptoms

**Fever < 48 hrs with no Sx**
- Routine Triage:
  - Consider COVID-PCR

**Mild Illness**
- Home Care Instructions:
  - Symptomatic treatment
  - Self-monitor, call as needed
  - Educate on MIS-C signs and sx
  - Consider COVID-PCR

**Telemedicine Assessment:**
- Daily follow-up until sx resolve
- Consider COVID-PCR

**Moderate-Severe Illness**
- ED Evaluation and Evaluation for Admission:
  - Call before sending to ED to sign out & inform if PUI
  - Difficulty breathing
  - Severe abdominal pain
  - Altered mental status/Dizzy/Lethargic

**Severe Symptoms**
- Fever ≥ 3 days
  - AND
  - ≥2 organ system involvement (e.g. rash and diarrhea)

**MIS-C Concern**
- Call before sending to ED to sign out & inform if PUI

**Triage to MD/NP**
- No Fever
  - AND ≥ 2 Sx
- Fever
  - ≥ 48 hrs
  - AND ≥ 1 Sx
  - OR
  - ≥ 4 days

**Updated 6/1/20**

This tool is a guide for evaluation and subject to change as more evidence becomes available. It does not replace clinical judgement or decision making.
CDC Case Definition

(https://emergency.cdc.gov/han/2020/han00432.asp)

- An individual aged <21 years presenting with fever\(^1\), laboratory evidence of inflammation\(^2\), and evidence of clinically severe illness requiring hospitalization, with multisystem (2 or more) organ involvement (cardiac, renal, respiratory, hematologic, GI, dermatologic, neurologic) AND
- No alternative plausible diagnosis AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

\(^1\) fever \(\geq 38.0\) C for \(\geq 24\) hours, or report of subjective fever lasting \(\geq 24\) hours
\(^2\) including but not limited to one or more of the following: elevated CRP, ESR, fibrinogen, procalcitonin, d-dimer, ferritin, LDH, IL-6, neutrophilia, lymphopenia, hypoalbuminemia

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Systemic</th>
<th>Cardiac/Circulation</th>
<th>Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>fever</td>
<td>tachycardia</td>
<td>cough</td>
</tr>
<tr>
<td></td>
<td>myalgias</td>
<td>conduction delay/block</td>
<td>sore throat</td>
</tr>
<tr>
<td></td>
<td>lethargy</td>
<td>hypotension</td>
<td>respiratory distress</td>
</tr>
<tr>
<td></td>
<td>loss of smell or taste</td>
<td>hypo/hyperperfusion</td>
<td>chest pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
<th>Gastrointestinal</th>
<th>Mucocutaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>headache</td>
<td>abdominal pain (can mimic surgical abdomen)</td>
<td>lymphadenopathy</td>
</tr>
<tr>
<td>altered mental status</td>
<td>nausea/vomiting</td>
<td>evanescent rash (reticular, morbilliform, purpuric; blisters/erosions)</td>
</tr>
<tr>
<td>meningismus</td>
<td>diarrhea</td>
<td>lip swelling/cracking/erythema; strawberry tongue</td>
</tr>
<tr>
<td>focal deficits</td>
<td>loss of appetite</td>
<td>conjunctivitis</td>
</tr>
<tr>
<td>seizure</td>
<td></td>
<td>swollen hands/feet</td>
</tr>
</tbody>
</table>

From: JHCC Inpatient MIS-C Guidelines