**Inclusion Criteria:**
- Patients <21 yo presenting with Fever ≥ 38°C AND
- ≥ 2 of the following organ systems involved:
  - Cardiac
  - Renal
  - Pulmonary
  - Hematology
  - GI: pain, V/D, anorexia, loss of taste
  - Derm: Rash, Oral mucosal changes
  - Neuro: Headache/irritability/lethargy/AMS

OR
- One or more of the following:
  - Shock (compensated or hypotensive)
  - Evidence of cardiac dysfunction
  - End organ involvement

OR
- Features of complete or incomplete Kawasaki’s Disease

**Exclusion Criteria:**
- Alternative plausible diagnosis

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**Compensated shock:** persistent tachycardia despite antipyretics, BP may be normal or have wide pulse pressure, intact peripheral perfusion or brisk cap refill

**Hypotensive shock:** tachycardia, hypotension and/or wide pulse pressure, delayed or flash peripheral perfusion

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**ED Evaluation for Possible MIS-C**

**Initial Assessment in ED:**
- History and Physical exam
- Assess for history of COVID-19 exposure within last 4 weeks OR
- Current or previous positive COVID-19 PCR, serology, or antigen test
- Assess for sepsis/shock
- Sepsis Crawler alert

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**Does the pt have either compensated or hypotensive shock?**

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**Suspect MIS-C without Shock/Fever/history of Fever ≥ 38.0°C for ≥ 3 days PLUS meets inclusion criteria OR *Provider Discretion***

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**For low suspicion of MIS-C start with tier 1 labs progress to tier 2 labs if lab results increase suspicion or patient ill appearing/high suspicion of MIS-C**

**Tier 1 Labs:**
- CBC, BMP, LFTs, CRP, ESR, Blood Cx Other testing as clinically indicated for fever workup (UA/Urine Cx)

**Tier 2 Labs:**
- Troponin, NT-proBNP, ECG, D-dimer, Ferritin, Fibrinogen, CPK, PT, PTT, INR, LDH, Lactate, VBG, Triglycerides, UA, COVID-19 PCR

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**Are labs and physical exam reassuring?**

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**Are labs concerning and/or is pt ill appearing?**

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**Does the pt have any evidence of shock or cardiac dysfunction?**

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**Should the pt. be admitted to PICU?**

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**Admit pt. to Medical Unit**

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**Discharge home with:**
- PCP follow up in 24-48 hrs

**OR**
- Return to ED for fever > 5 days and/or new signs/symptoms

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**Provider discretion should be used when initiating MIS-C workup, determining low versus high suspicion and patient disposition.**