**AMBULATORY EVALUATION FOR MIS-C**

in the not ill-appearing child

**IF CHILD ILL-APPEARING, HYPOTENSIVE OR TOXIC APPEARING, CALL EMS FOR EMERGENT MEDICAL CARE.**

**TWO OR MORE OF THE FOLLOWING:**
- **SKIN:** Rash
- **GI:** Severe abdominal pain, nausea, vomiting, PO intolerance, diarrhea
- **RESPIRATORY:** Cough, shortness of breath, hypoxia
- **ENT:** Mucous membrane changes, conjunctivitis
- **NEUROLOGY:** Headache, stiff neck, vision changes
- **MUSCULOSKELETAL:** Myalgia, arthralgia
- **HEMATOLOGY:** Lymphadenopathy

*Note: Some individuals may fulfill full or partial criteria for Kawasaki Disease.*

**CHILD PRESENTING WITH FEVER >38.0°C OR REPORT OF SUBJECTIVE FEVER FOR ≥3 DAYS**

**CRP ≥3 mg/dL** or **ESR ≥40**

**MIS-C LESS LIKELY**
- Discharge with strict return precautions (to return for worsening symptoms)
- Consider other possible etiologies for illness and evaluate appropriately
- Recommend follow-up within 24 hours to monitor clinical progress, recommend return for further workup if clinical picture is worsening

**CALL TO DISCUSS CASE WITH ID/Covid-19 PROVIDER ON CALL**

If admission is recommended, call Children’s National Emergency Department at 202-476-5433 to discuss with ED physician.

Children’s National MIS-C Taskforce, 6/19/2020
These guidelines were compiled by a multidisciplinary team at Children’s National Hospital, and reflect expert opinion and experience with this emerging disease process.