

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

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



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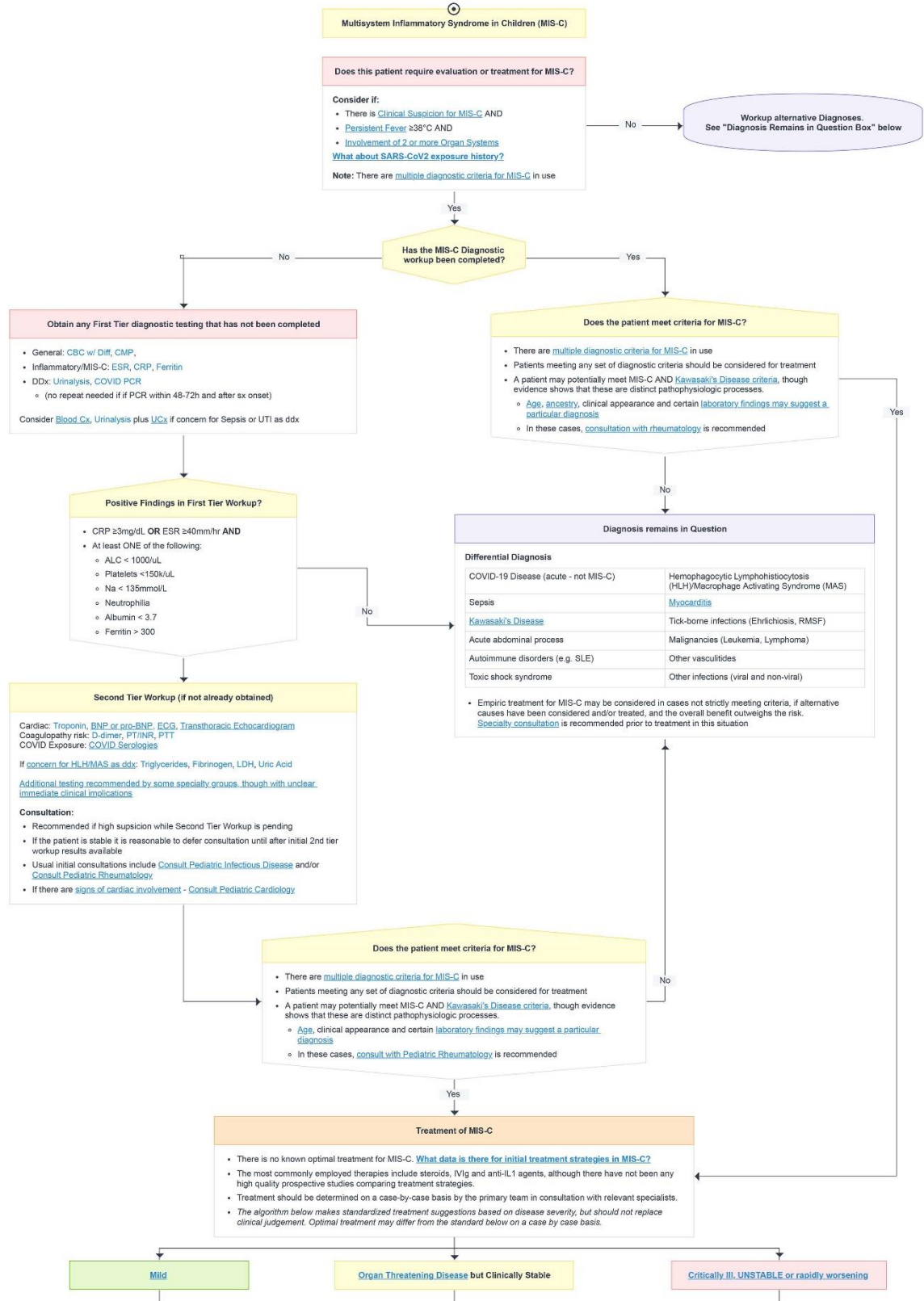
UPDATE

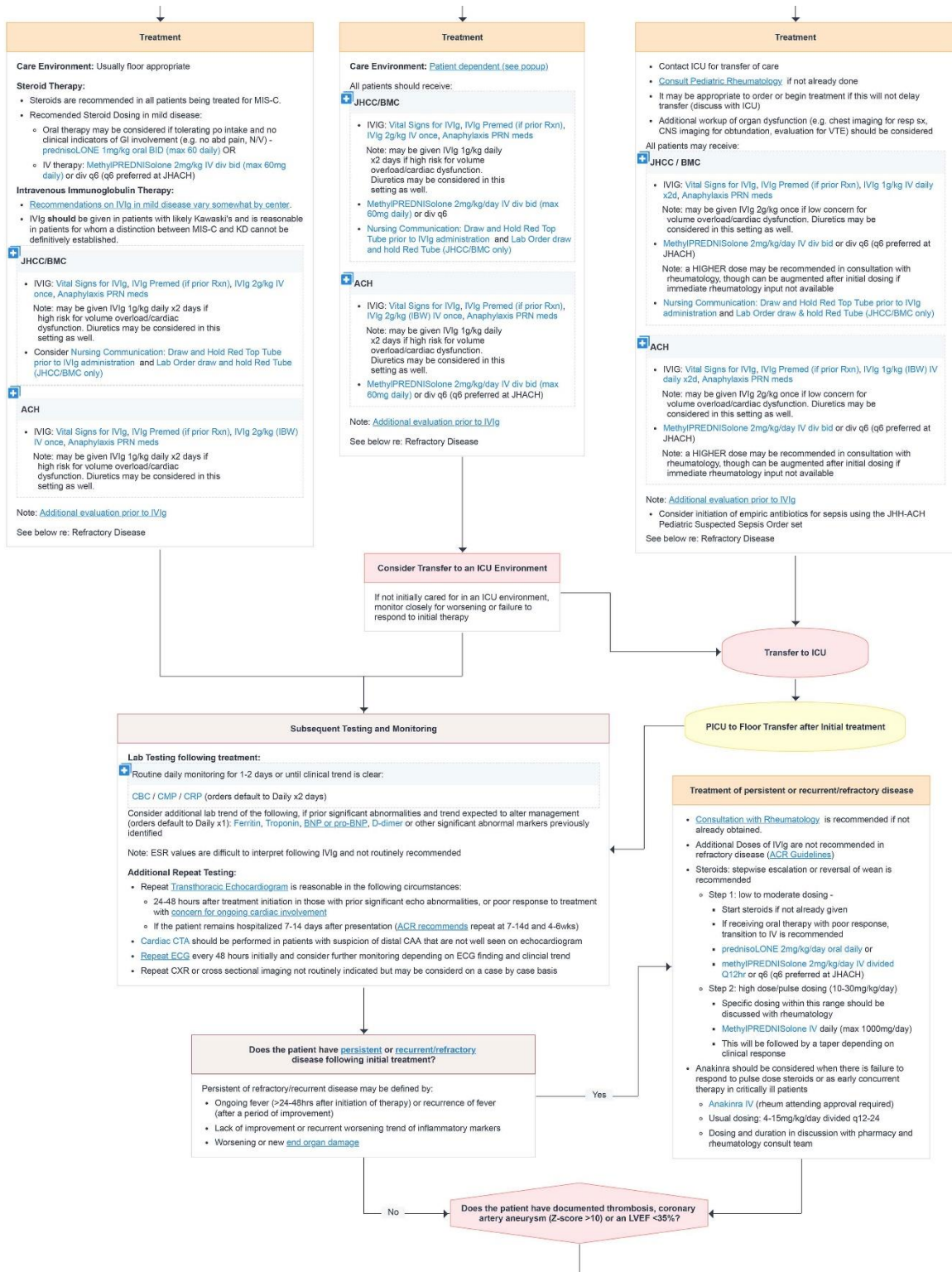
This clinical pathway has undergone several updates and revisions due to the evolving nature of the diagnosis. For clinical management, JHACH employees should please refer to the AgileMD Guideline as noted below.

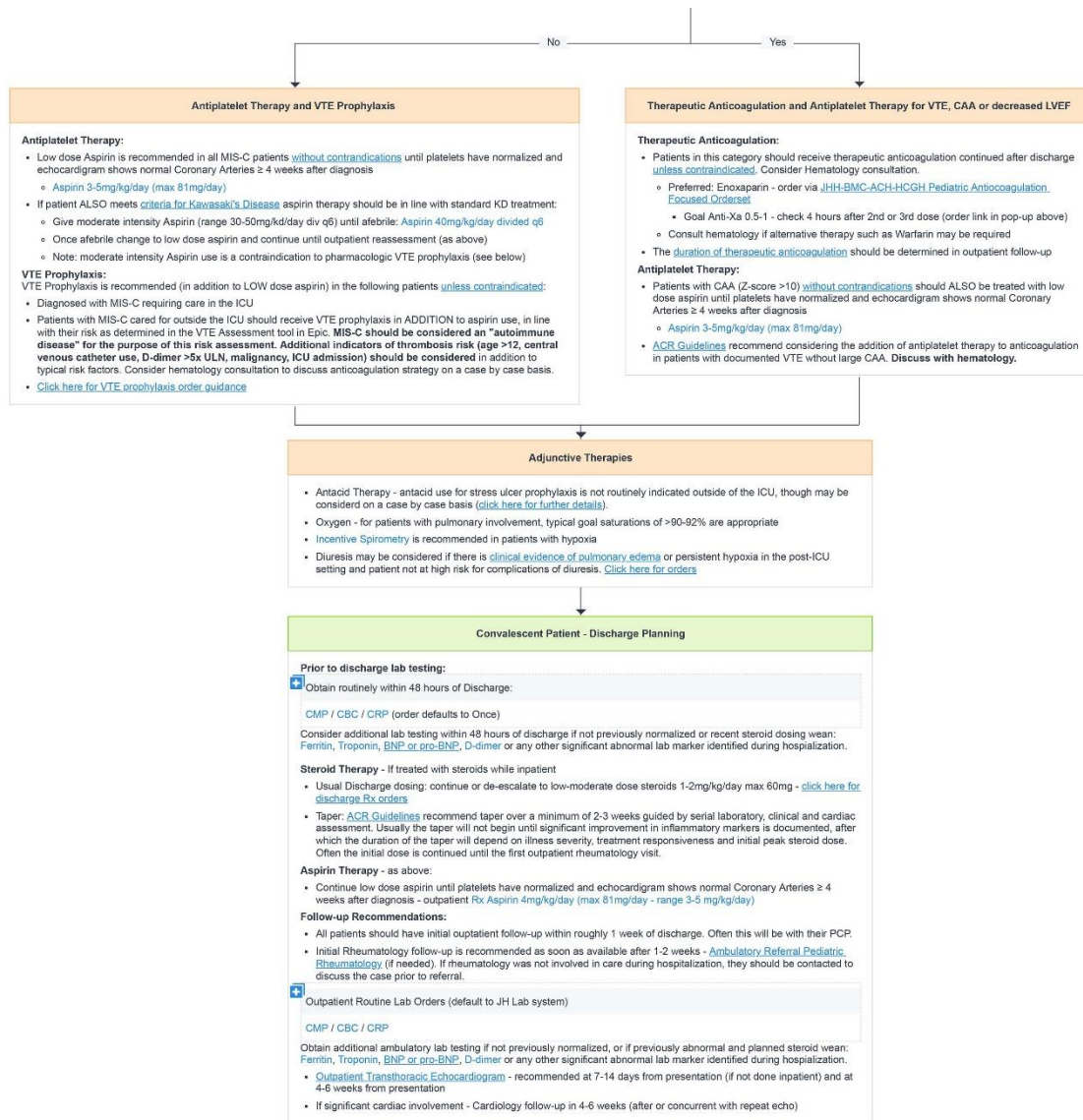
This clinical pathway is intended to aid in the evaluation and management of children with confirmed or suspected Multisystem Inflammatory Syndrome in Children (MIS-C), It is not for the management of primary (active) COVID-19 infection. It is intended as a general guide and should be applied and interpreted with caution.

Updated: February 2022
Owners: Juan Dumois, MD

This pathway is intended as a guide for physicians, physician assistants, nurse practitioners and other healthcare providers. It should be adapted to the care of specific patient based on the patient's individualized circumstances and the practitioner's professional judgment.







Contributors and Reviewers
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References
<ul style="list-style-type: none"> ACR MIS-C Guidelines v3.10.2021 Son et al - NEJM 7-2021 - IVIg vs. IVIg + steroids in initial treatment McArdle et al - NEJM 7-2021 - IVIg vs. steroids vs. dual therapy in initial treatment

Documentation Reminders

Patient Status

- Patients admitted with suspected MIS-C should be placed in inpatient status.

Documentation Suggestions

- It is important to document any relationship between COVID-19 and Atypical Kawasaki
- It is important to consistently document all conditions under investigation, and treatments that are being provided for those possible diagnoses, even if ultimately ruled out (please document in discharge summary as well)
- Any clinically significant cardiac involvement must be specified and pulled over from the echocardiogram report: tamponade (is there ventricular compression?), myocarditis vs. perimyocarditis (is it infectious?), failure, coronary artery abnormalities, etc.
- It is important to document any associated shock, and the type
- Any liver involvement must be specified: please document acuity, if related to infection (viral, not viral) or general inflammation, etc.
- Any renal involvement must be specified: AKI vs. failure, etc.

Outcome Measures

- Length of Stay
- Days admission
- Mortality

Clinical Pathway Team
Multisystem Inflammatory Syndrome in Children (MIS-C) Clinical Pathway
Johns Hopkins All Children's Hospital

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Disclaimer

Clinical Pathways are intended to assist physicians, physician assistants, nurse practitioners and other health care providers in clinical decision-making by describing a range of generally acceptable approaches for the diagnosis, management, or prevention of specific diseases or conditions. The ultimate judgment regarding care of a particular patient must be made by the physician in light of the individual circumstances presented by the patient.

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