Figure 1. Algorithm for investigations and management in PIMS/MIS-C

Fever and inflammation
- Fever ≥3 days and unwell OR unexplained fever ≥5 days

Investigations (See Table 3):
- Screening
- If hyperinflammation -> additional bloodwork
- Consider cardiac

Management:
Consider admission:
- If hospitalized, consider observation only or treatment (IVIG, steroids, ASA)
- If discharged, close follow-up with reassessment as needed

Kawasaki Disease-like

Investigations (See Table 3):
- Screening
- Additional
- KD
- Cardiac
- MAS/CSS markers

Management:
Admit
Consultations
Treatment:
- IVIG
- Consider upfront steroids if high-risk ** or severe KD
- ASA

Shock or shock-like state

Investigations (See Table 3):
- Screening
- Additional
- KD
- Cardiac
- MAS/CSS markers

Management:
Admit
Consultations
Treatment:
- IVIG
- Steroids
- ASA
- +/- anticoagulants

Second-line treatment:
- Steroids (if not already given)
- Biologic***

*As per institutional policy for KD
**High risk criteria for Kawasaki Disease: Kawasaki disease shock syndrome, macrophage activation syndrome, fever ≥ 10 days, age ≤ 1, and coronary artery abnormalities on baseline echocardiogram
***Anakinra, tocilizumab or infliximab may be considered in consultation with pediatric rheumatology
ASA acetylsalicylic acid, CSS cytokine storm syndrome, KD Kawasaki disease, IVIG intravenous immunoglobulin, MAS macrophage activation syndrome

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