This algorithm is designed to guide the initial evaluation of patients presenting with suspected Multi-system Inflammatory Syndrome in Children (MIS-C). The Initial MIS-C Workup labs are appropriate across the emergency department and inpatient settings. The recommendations here should serve as a supplement to the workup for other illnesses, as indicated, and they assume that ED referral, admission/discharge criteria, and follow-up decisions will also be guided by the patient’s clinical condition and alternative diagnoses.

**MIS-C Workup Criteria:**
- Fever ≥ 38.5°C (101.3°F) for 3 days
- plus 2 or more of the following:
  - Nausea/vomiting, diarrhea, abdominal pain
  - Rash
  - Conjunctivitis
  - Oral mucosal changes
  - Cough, shortness of breath, chest pain
  - Headache, irritability
  - Extremity swelling
  - Lymphadenopathy

**Consider ordering Initial MIS-C Workup Labs in any febrile patient who requires labwork for other reasons.**

Disposition in the presence of an alternate etiology is beyond the scope of this algorithm and may benefit from collaborative discussion.

**Initial MIS-C Workup Labs**

**ORDER STAT**
- CBC/PD
- Comprehensive Panel
- CRP
- High Sensitivity Troponin
- Ferritin
  - Plus concurrent workup of alternative diagnoses

**Lab Thresholds of Concern**
- Albumin <2 g/dL
- CRP >10 mg/dL
- Absolute Lymphocyte Count <0.5 K/μL
- High Sensitivity Troponin >30 pg/mL
- Ferritin >350 ng/mL

**If Admitting the Patient**

Please refer to the MIS-C Overview document for information regarding additional work up, consults and other standardized care for these patients.

Patients should remain in special pathogen precautions as a COVID Person Under Investigation until they have 2 negative COVID-19 swabs, at least 24 hours apart. They do not require negative pressure rooms unless they are likely to undergo aerosol-generating procedures.