

Acutely unwell child with suspected PIMS-TS

(A) Kawasaki disease-like

Complete and incomplete
Classified using the American Heart Association criteria

(B) Non-specific

Children with shock and/or fever + abdominal pain, gastrointestinal, respiratory, or neurological symptoms that do not meet the criteria for KD

**SHOCKED
OR
≥ 1 ORGAN FAILURE**

**RING SORT
02380775502
FOLLOW SEPSIS
GUIDELINES**

Cardiac

Abnormal ECG

Coronary artery aneurysms
OR
LV dysfunction on echocardiogram

Physiological

Hypotension/Tachycardia
[See age normal ranges]

≥ 40ml/kg fluid bolus

SpO₂ ≤ 92% in air

Prolonged CRT (> 3s)

Features of Severe disease

**ASSESS NEED FOR
IMMUNOMODULATION
WITH MDT**

Coronary artery changes

Toxic shock syndrome
criteria met

Evidence of progressive
or severe disease

Fever ≥ 5 days

Laboratory

CRP > 150mg/L

↑↑ Troponin (or rising)

↓ Lymphopenia

↑ Lactate (or rising)

↑ Creatinine ↑ LDH (or rising)

↑↑ D-Dimer (or rising)

↑ OR ↓ Fibrinogen

Features of Severe disease

**DISCUSS ALL CHILDREN
WITH PIMS-TS WITH
PAEDIATRIC ID**

SOUTHAMPTON
Paediatric ID Consultant
07824417993

OXFORD
CONTACT via OUH
switchboard
Bleep **4374** (0900-1700)
(Paediatric SpR/Lecturer)
0300 304 7777
(Paediatric ID consultant)

IVIg 2g/kg
single/divided doses
Depending on LV function

If poor response,
OR Kawasaki disease-like phenotype
and < 12mths
OR coronary artery changes
OR if IVIg not available

IV methylprednisolone 10mg/kg
+ intravenous PPI

**MDT
CONSIDER BIOLOGICS**

**RECOVERY TRIAL
(seek consent)**

<https://www.recoverytrial.net/for-site-staff>

Enrollment can be at any stage in the treatment pathway and should NOT delay treatment

**5mg/kg Aspirin in ALL
TEDS if ≥12 years**

If thrombotic event or CAA
D/W Paediatric Haematology

**NOTIFY CASE TO BPSU
SURVEILLANCE STUDY**

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

**Consider enrolment in
DIAMONDS study pre-IVIg
or
ISARIC-CCP
Contact research team**

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