# Acutely unwell child with suspected PIMS-TS

# (A) Kawasaki disease-like

Complete and incomplete

Classified using the American Heart Association criteria

# SHOCKED OR > 1 ORGAN FAILURE

**GIVE Antibiotics and FOLLOW SEPSIS** 

**GUIDELINES** 

**RING SORT** 02380775502

### (B) Non-specific

Children with shock and/or fever + abdominal pain, gastrointestinal, respiratory, or neurological symptoms

that do not meet the criteria for KD

## **Cardiac**

**Abnormal ECG** 

**ECHO: LV dysfunction OR** Coronary artery abnormalities

#### **Physiological**

Features of Severe disease

Hypotension/Tachycardia

[See age normal ranges]

> 20ml/kg fluid bolus

 $SpO_2 \le 92\%$  in air

Prolonged CRT (> 3s)

## ASSESS NEED FOR **IMMUNOMODULATION WITH SORT**

Evidence of progressive or severe disease: need for inotrope, significant LV dysfunction

Toxic shock syndrome criteria met

> **Coronary artery** abnormalities

Fever > 5 days

#### Laboratory

CRP > 150mg/L

↑↑ Troponin (or rising)

↓ Lymphopenia

Features of Severe disease

↑ Lactate (or rising)

↑ Creatinine ↑LDH (or rising)

↑↑ D-Dimer (or rising)

↑ OR ↓ Fibrinogen

First Rx: IV methylprednisolone 10mg/kg + 5mg/kg Aspirin + intravenous PPI

**SORT WILL ENSURE THAT ALL** CHILDREN WITH PIMS-TS ARE **DISCUSSED WITH PAEDIATRIC ID** 

#### **CONTACTS**

**SOUTHAMPTON Paediatric ID Consultant** 07824417993

#### **OXFORD**

**CONTACT via OUH switchboard** Bleep 4374 (0900-1700) (Peadiatric SpR/Lecturer) 0300 304 7777

(Paediatric ID consultant

**SORT January** 2022 v.sort.nhs.uk

# SECOND LINE: 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

> **MDT CONSIDER BIOLOGICS**

**SURVEILLANCE STUDY** 

#### **OTHER DETAILS**

**RECOVERY TRIAL** (seek consent) Enrolment is only for second line therapies

Consider enrolment in **DIAMONDS study pre-IVIG OR** ISARIC-CCP Contact research team

NOTIFY CASE TO BPSU