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IN THIS ISSUE: REPORT MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) ASSOCIATED WITH COVID-19

How to Report a Case of Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with COVID-19 in Washoe County?

On May 14, the Centers for Disease Control and Prevention (CDC) issued an issue of Health Advisory about Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 through CDC's Health Alert Network. The Washoe County Health District also forwarded that health advisory to all recipients of WCHD's Epi-News via email listserv or fax on May 17 <u>here.</u> CDC's HAN Health advisory on this topic can be found (<u>https://emergency.cdc.gov/han/2020/han0043</u> 2.asp).

In that Health Advisory, CDC highly recommended that healthcare providers who cared or were caring for patients younger than 21 years of age meeting MIS-C criteria should report suspected cases to their local, state, or territorial health department. The Washoe County Health District (WCHD) requested healthcare providers in Washoe County to report cases with MIS-C in hospitalized patients aged <21 years to the Epidemiology Program at **775-328-2447** or fax the report to **775-328-3764.**

Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with fever ⁱ, laboratory evidence of inflammation ⁱⁱ, and evidence of clinically severe illness requiring hospitalization, with multisystem (<u>></u>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

^I Fever ≥38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours ⁱⁱ Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

Additional comments

- Some individuals may have full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection

On May 21, WCHD received a case report form developed by CDC. See the following three pages for this form. Although investigating such a case is the primary responsibility of WCHD, WCHD really appreciates some assistance from clinicians because of the extensive amount of information on this form is associated with clinical findings and patient care which requires the treating clinician's judgement, not purely based on medical record review performed by WCHD epidemiologists. The fillable format of this form can be provided upon request by sending an email to

EpiCenter@washoecounty.us.

Please share this form with your frontline clinicians so they know what information they should watch for during the care of patients with COVID-19. Effective May 21, 2020, reporting suspected MIS-C is MANDATORY in Washoe County and Nevada.

Multisystem Inflammatory Syndrome Associated with COVID-19 Case Report Form



MIS ID	(REQUIRED):	Health Depart	nent ID:	NCOV ID (if available):					
NNDSS ID	(local_record_id/case id):	Tools for CRF data submission to suppl	ement NNDSS case noti	fication/data: ODCIPHER ORedCap					
Abstrac	ctor name:	Date of abst	raction:/	/					
SEC	TION 1 - INCLUSION CRITER	IA							
1.1	□ Age <21, AND								
1.2	\Box Fever >38.0°C for ≥24 hours, or	report of subjective fever lasting	≥24 hours, AND						
1.3	Laboratory markers of inflammation (including, but not limited to one or more; an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin, AND								
1.4	 □ Evidence of clinically severe illness requiring hospitalization, with multisystem (≥2) organ involvement (check all applicable below): AND 1.4.1 □ Cardiac (e.g. shock, elevated troponin, BNP, abnormal echocardiogram, arrhythmia) 1.4.2 □ Renal (e.g. acute kidney injury or renal failure) 1.4.3 □ Respiratory (e.g. pneumonia, ARDS, pulmonary embolism) 1.4.4 □ Hematologic (e.g. elevated D-dimers, thrombophilia, or thrombocytopenia) 1.4.5 □ Gastrointestinal (e.g. elevated bilirubin, elevated liver enzymes, or diarrhea) 1.4.6 □ Dermatologic, (e.g. rash, mucocutaneous lesions) 1.4.7 □ Neurological, (e.g. CVA, aseptic meningitis, encephalopathy) 								
1.5	1.5 🗌 No alternative plausible diagnosis; AND								
1.6	1.6 □ Positive for current or recent SARS-COV-2 infection by (check all applicable below): OR								
	1.6.1 □ RT-PCR 1.6.2 □ Serology 1.6.3 □ Antigen test								
1.7	COVID-19 exposure within the 4 1.7.1 If yes, date of first exp	4 weeks prior to the onset of sym osure within the 4 weeks prior :	•	Y):/ □ Unknown					
SEC	TION 2 - PATIENT DEMOGRA	APHICS							
2.1	State of Residence:								
2.2									
2.3	Date of birth (MM/DD/YYYY)://								
2.4	Sex: O Male O Femal	e							
2.5	Ethnicity: O Hispanic or Latir	o O Not Hispanic or Latino	⊖Refused o	or Unknown					
2.6	 2.6.1 White 2.6.2 Black or African American 2.6.3 American Indian 2.6.4 Alaska Native or Aboriginal Canadian 2.6.5 Native Hawaiian 2.6.6 Other Pacific Islander 2.6.7 Asian 2.6.8 Other 2.6.9 Refused or Don't know 								
2.7	Height: inches								
2.8	-								
2.9									
	Comorbidities:2.10.1Immunosuppressive disorder/malignancy2.10.2Obesity2.10.3Type 1 diabetes2.10.4Type 2 diabetes	 Yes Yes No Yes No Yes No Yes No Yes No 	2.11 2.12	Hospital admission date (<i>MM/DD/YYYY</i>):/ 2.11.1 Number of days in the hospital: If admitted to the ICU, admission date					
	 2. 10.5 Seizures 2. 10.6 Congenital heart disea 2. 10.7 Sickle cell disease 	⊖ Yes ⊖ No		(<i>MM/DD/YYYY</i>):// 2.12.1 Number of days in the ICU:					
	2. 10.8 Chronic lung disease2. 10.9 Other congenital malf2. 10.10 Other (<i>specify</i>):	⊖ Yes ⊖ No ormations ⊖ Yes ⊖ No	2.13	Patient outcome: Died Discharged Still admitted 2.13.2 Hospital discharge or death date (MM/DD/YYYY): /					

3.1	Did the patie	ent have preceding COVID-like	illness?	⊖Yes ⊖No					
	3.1.1 Da	te of symptom onset (MM/DD/	YYYY):	/ /					
~ ~									
3.2	Date of symptom onset of MIS (MM/DD/YYYY)://								
3.3.	Fever \geq 38.0	°C: O Yes O No							
	3.3.1 Date of fever onset (<i>MM/DD/YYYY</i>):/								
	3.3.2 Hid	ghest Temperature: °C							
	3.3.3 Nu	mber of days febrile:							
Signs	and sympto	oms <u>during present illnes</u> s	<u>5</u>						
3.4.1	Cardiac			3.4.5	Gastrointe	stinal			
	3.4.1.1	Shock	⊖ Yes	⊖ No		3.4.5.1	Abdominal pain	⊖ Yes	() No
	3.4.1.2	Elevated troponin	⊖ Yes	⊖ No		3.4.5.2	Vomiting	⊖ Yes	\bigcirc No
	3.4.1.3	Elevated BNP or NT-proBNP	\bigcirc Yes	○ No		3.4.5.3	Diarrhea	\bigcirc Yes	O No
3.4.2	Renal					3.4.5.4	Elevated bilirubin	\bigcirc Yes	⊖ No
01112	3.4.2.1	Acute kidney injury	⊖ Yes	⊖ No		3.4.5.5	Elevated liver enzymes	\bigcirc Yes	O No
	3.4.2.2	Renal failure	⊖ Yes	⊖ No	3.4.6	Dermatolo	gic		
			0.00	<u> </u>	-	3.4.6.1	Rash	⊖ Yes	⊖ No
3.4.3	Respirator	•				3.4.6.2	Mucocutaneous lesions	⊖ Yes	⊖ No
	3.4.3.1 3.4.3.2	Cough Shortness of breath	○ Yes	○ No ○ No	3.4.7	Neurologia	Nal		-
	3.4.3.2 3.4.3.3	Chest pain/tightness	⊖ Yes ⊖ Yes		3.4.7	Neurologio 3.4.7.1	Headache	⊖ Yes	() No
	3.4.3.3 3.4.3.4	Pneumonia	⊖ Yes ⊖ Yes			3.4.7.1	Altered mental state	⊖ Yes ⊖ Yes	
	3.4.3.5	ARDS	⊖ Yes	\bigcirc No		3.4.7.3	Syncope/near syncope	⊖ Yes	
	3.4.3.6	Pulmonary embolism	⊖ Yes	\bigcirc No		3.4.7.5	Meningitis	O Yes	
			0 100			3.4.7.6	Encephalopathy	⊖ Yes	O No
3.4.4	Hematolog	•	$\cap Y$	<u> </u>	• • •			2 100	0.00
	3.4.4.1	Elevated D-dimers	O Yes	O No	3.4.8	Other	Nie stere ste	0.14	~ • ·
	3.4.4.2	Thrombophilia	O Yes			3.4.8.1	Neck pain	⊖ Yes	
	3.4.4.3	Thrombocytopenia	⊖ Yes	⊖ No		3.4.8.2	Myalgia	○ Yes	
						3.4.8.3 3.4.8.4	Conjunctival injection Periorbital edema	⊖ Yes ⊖ Yes	⊖ No ⊖ No
						3.4.8.4 3.4.8.5	Cervical lymphadenopathy	\bigcirc res	
						0.4.0.0	>1.5 cm diameter	⊖ Yes	O No
SECT	ION 4 – CO								
		VIPLICATIONS							
			o 14	0.11				~ ``	
4.1	Arrhythmia		⊖ Yes	⊖ No	4.4	Pericarditis		⊖ Yes	~
	Arrhythmia If yes:	3		-	4.5	Liver failure		⊖ Yes	⊖ No
	Arrhythmia If yes: 4.1.1 V	a entricular arrhythmia:	⊖ Yes	⊖ No	4.5 4.6	Liver failure Deep vein t		⊖ Yes ⊖ Yes	⊖ No ⊖ No
	Arrhythmia If yes: 4.1.1 V 4.1.2 S	a entricular arrhythmia: upraventricular arrhythmia:	○ Yes○ Yes	○ No○ No	4.5 4.6 4.7	Liver failure Deep vein t ARDS	hrombosis or PE	○ Yes○ Yes○ Yes	○ No ○ No ○ No
	Arrhythmia If yes: 4.1.1 V 4.1.2 S	a entricular arrhythmia:	⊖ Yes	⊖ No	4.5 4.6 4.7 4.8	Liver failure Deep vein t ARDS Pneumonia	hrombosis or PE	○ Yes○ Yes○ Yes○ Yes○ Yes	○ No ○ No ○ No ○ No
	Arrhythmia If yes: 4.1.1 V 4.1.2 S	a entricular arrhythmia: upraventricular arrhythmia:	○ Yes○ Yes	○ No○ No	4.5 4.6 4.7 4.8 4.9	Liver failure Deep vein t ARDS Pneumonia CVA or stro	hrombosis or PE ke	 ○ Yes ○ Yes ○ Yes ○ Yes ○ Yes ○ Yes 	○ No ○ No ○ No ○ No ○ No
	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O	a entricular arrhythmia: upraventricular arrhythmia:	○ Yes○ Yes	○ No○ No	4.5 4.6 4.7 4.8 4.9 4.10	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti	hrombosis or PE	 Yes Yes Yes Yes Yes Yes Yes Yes 	 ○ No ○ No ○ No ○ No ○ No ○ No
4.1	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : 	○ Yes○ Yes○ Yes	○ No○ No○ No	4.5 4.6 4.7 4.8 4.9 4.10 4.11	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock	hrombosis or PE ke s or aseptic meningitis	 Yes 	 ○ No
4.1 4.2 4.3	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O – Congestive Myocarditis	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): heart failure	○ Yes○ Yes○ Yes○ Yes	 ○ No ○ No ○ No ○ No 	4.5 4.6 4.7 4.8 4.9 4.10	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti	hrombosis or PE ke s or aseptic meningitis	 Yes Yes Yes Yes Yes Yes Yes Yes 	 ○ No
4.1 4.2 4.3 SECT	Arrhythmia If yes: 4.1.1 W 4.1.2 S 4.1.3 O – Congestive Myocarditis	entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure	 Yes Yes Yes Yes Yes 	 No No No No No No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio	hrombosis or PE ke s or aseptic meningitis	 Yes 	 ○ No
4.1 4.2 4.3 SECT 5.1	Arrhythmia If yes: 4.1.1 W 4.1.2 S 4.1.3 O Congestive Myocarditis	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure s ATMENTS asal cannula	 Yes Yes Yes Yes Yes 	 No No No No No No No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensic	hrombosis or PE ke s or aseptic meningitis n	 Yes 	 No
4.1 4.2 4.3 SECT 5.1 5.2	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O Congestive Myocarditis TION 5 – TRE Low flow n High flow r	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure s ATMENTS asal cannula hasal cannula	 Yes Yes Yes Yes Yes Yes Yes 	 No No No No No No No No No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensic	hrombosis or PE ke s or aseptic meningitis	 Yes 	 No
4.1 4.2 4.3 SECT 5.1 5.2 5.3	Arrhythmia If yes: 4.1.1 W 4.1.2 S 4.1.3 O Congestive Myocarditis TON 5 – TRE Low flow n High flow r Non-invasi	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure s ATMENTS asal cannula	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio	hrombosis or PE ke s or aseptic meningitis n	 Yes 	 No
4.1 4.2 4.3 SECT 5.1 5.2 5.3 5.4	Arrhythmia If yes: 4.1.1 V 4.1.2 S 4.1.3 O Congestive Myocarditis ION 5 – TRE Low flow n High flow r Non-invasi Intubation	entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): heart failure ATMENTS asal cannula hasal cannula ve ventilation	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensic Antiplatelet (e.g. aspirir (specify):	hrombosis or PE ke s or aseptic meningitis n s , clopidogrel)	 Yes 	 No
4.1 4.2 4.3 SECT 5.1 5.2 5.3 5.4 5.5	Arrhythmia If yes: 4.1.1 V 4.1.2 S 4.1.3 O Congestive Myocarditis ION 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure s ATMENTS asal cannula hasal cannula	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensic Antiplatelet (e.g. aspirir (<i>specify</i>): Anticoagula	hrombosis or PE ke s or aseptic meningitis n s n, clopidogrel) ation (e.g. heparin,	 Yes 	 No
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5 5.6	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O Congestive Myocarditis ION 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): heart failure s ATMENTS asal cannula hasal cannula ve ventilation	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensic Antiplatelet (e.g. aspirir (<i>specify</i>): Anticoagula enoxaparin	hrombosis or PE ke s or aseptic meningitis n s n, clopidogrel) ation (e.g. heparin,	 Yes 	
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5	Arrhythmia If yes: 4.1.1 V 4.1.2 S 4.1.3 O Congestive Myocarditis ION 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO Vasoactive	entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): heart failure ATMENTS asal cannula hasal cannula ve ventilation	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensic Antiplatelet (e.g. aspirir (<i>specify</i>): Anticoagula	hrombosis or PE ke s or aseptic meningitis n s n, clopidogrel) ation (e.g. heparin,	 Yes 	
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5 5.6	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O Congestive Myocarditis TON 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO Vasoactive (e.g. epinep norepinepf	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): theart failure s ATMENTS asal cannula nasal cannula ve ventilation I ventilation medications	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio Antiplatelet (e.g. aspirir (<i>specify</i>): Anticoagula enoxaparin (<i>specify</i>):	hrombosis or PE ke s or aseptic meningitis n s n, clopidogrel) ation (e.g. heparin,	 Yes 	
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5 5.6	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O Congestive Myocarditis ION 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO Vasoactive (e.g. epinej	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure s ATMENTS asal cannula hasal cannula ve ventilation I ventilation I ventilation medications ohrine, milrinone,	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10 5.11	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio Antiplatelet (e.g. aspirir (<i>specify</i>): Anticoagula enoxaparin (<i>specify</i>): Dialysis	hrombosis or PE ke s or aseptic meningitis n s n, clopidogrel) ation (e.g. heparin,	 Yes 	 No
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5 5.6 5.7	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O Congestive Myocarditis TON 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO Vasoactive (e.g. epinep norepineph (specify):	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia <i>(specify)</i> : heart failure s ATMENTS asal cannula hasal cannula ve ventilation I ventilation I ventilation medications ohrine, milrinone,	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10 5.11 5.11 5.12 5.13	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio Antiplatelet (e.g. aspirir (specify): Anticoagula enoxaparin (specify): Dialysis First IVIG	hrombosis or PE ke s or aseptic meningitis n s , clopidogrel) ation (e.g. heparin, , warfarin)	 Yes 	 No
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5 5.6 5.7	Arrhythmia If yes: 4.1.1 V/ 4.1.2 S 4.1.3 O Congestive Myocarditis ICON 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO Vasoactive (e.g. epinep (specify):	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): theart failure s ATMENTS asal cannula asal cannula ve ventilation I ventilation I ventilation medications phrine, milrinone, irine, or vasopressin)	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10 5.11	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio Antiplatelet (e.g. aspirir (<i>specify</i>): Anticoagula enoxaparin (<i>specify</i>): Dialysis	hrombosis or PE ke s or aseptic meningitis n s , clopidogrel) ation (e.g. heparin, , warfarin)	 Yes 	No
4.1 4.2 4.3 5.1 5.2 5.3 5.4 5.5 5.6 5.7	Arrhythmia If yes: 4.1.1 V4 4.1.2 S 4.1.3 O Congestive Myocarditis ION 5 – TRE Low flow n High flow r Non-invasi Intubation Mechanica ECMO Vasoactive (e.g. epinep norepineph (specify):	a entricular arrhythmia: upraventricular arrhythmia: ther arrhythmia (specify): theart failure s ATMENTS asal cannula asal cannula ve ventilation I ventilation I ventilation medications phrine, milrinone, irine, or vasopressin)	 Yes 	 No 	4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 5.10 5.11 5.11 5.12 5.13	Liver failure Deep vein t ARDS Pneumonia CVA or stro Encephaliti Shock Hypotensio Antiplatelet (e.g. aspirir (specify): Anticoagula enoxaparin (specify): Dialysis First IVIG	hrombosis or PE ke s or aseptic meningitis n s , clopidogrel) ation (e.g. heparin, , warfarin)	 Yes 	 No

SECTIC	DN 6 - STI	JDIES						
6.1	Blood Te	st Results						
	6.1.1	Fibrinogen	Highest value:	_ units:	\bigcirc Low	\bigcirc Normal	⊖High	
	6.1.2	CRP	Highest value:	_ units:	\bigcirc Low	\bigcirc Normal	⊖High	
	6.1.3	Ferritin	Highest value:	_ units:	\bigcirc Low	\bigcirc Normal	⊖High	
	6.1.4	Troponin	Highest value:	_ units:	\bigcirc Low	\bigcirc Normal	\bigcirc High	
	6.1.5	BNP	Highest value:		\bigcirc Low	\bigcirc Normal	⊖High	
	6.1.6	NT-proBNP	Highest value:	_ units:	\bigcirc Low	\bigcirc Normal	⊖High	
	6.1.7	D-dimer	Highest value:		\bigcirc Low	\bigcirc Normal	⊖ High	
	6.1.8	IL-6	Highest value:		\bigcirc Low	\bigcirc Normal	⊖ High	
	6.1.9		Highest value:			its:	_	
	6.1.10	Platelets	Highest value :			its:		
	6.1.11	Neutrophils	Highest value:			its:		
	6.1.12	Lymphocytes	Highest value:			its:		
	6.1.13	Bands	Highest value:	_ Lowest value :	un	its:	_	
6.2	CSF Stu							
	6.2.1	White blood count	Highest value :			units:		
	6.2.2	Protein	Highest value :			units:		
	6.2.3	Glucose	Highest value :	Lowest value :		units:		
6.3	Urinalysi							
	6.3.1	Urine White blood count	Highest value :	Lowest value :		units:		
6.4	Echooor	diagram (chock if soon	on ANY echocardiogram)					
0.4	6.4.1	Not done	on ANT echocardiogram)					
	6.4.2	□ Normal results						
	6.4.3	Coronary artery a	•					
	6.4.4	6.4.3.1 Ma ☐ Coronary artery d	ax coronary artery Z-score					
	6.4.4 6.4.5		ion (decreased function), s	specify type:				
			t ventricular dysfunction					
		0	ht ventricular dysfunction					
	6.4.6	Pericardial effusion	on					
	 6.4.7 □ Pleural effusion 6.4.8 □ Mitral regurgitation, specify type: ○ mild ○ moderate ○ severe 							
	6.4.9 □ Other (specify):							
6.5			nary artery aneurysm or		<u>v</u> . /	/		
					·/·/			
0.0	6.6 Abdominal imaging □ Ultrasound □ CT ○ Not done 6.6.1 □ Normal							
	6.6.2							
	6.6.3	Free fluid						
	6.6.4							
6.7	Chest im	aging 🗌 🗌	Chest x-ray □CT	⊖Not done				
	6.7.1 6.7.2	Pneumonia						
	6.7.3	Atelectasis						
	6.7.4							
	6.7.5	□ Other (specify): _						
SARS-0	COV-2 tes	ting						
6.8	RT-PCR		○ Negative ○ Not don ormed, date (<i>MM/DD/YYY</i>					
6.9	Antigen		○ Negative ○ Not don ormed, date (<i>MM/DD/YYY</i>					
6.10	lgG	O Positive	○ Negative ○ Not don ormed, date (<i>MM/DD/YYY</i>	e				
6.11	lgM		○ Negative ○ Not don ormed, date (<i>MM/DD/YYY</i>					
6.12	lgA		○ Negative ○ Not don ormed, date (<i>MM/DD/YYY</i>					