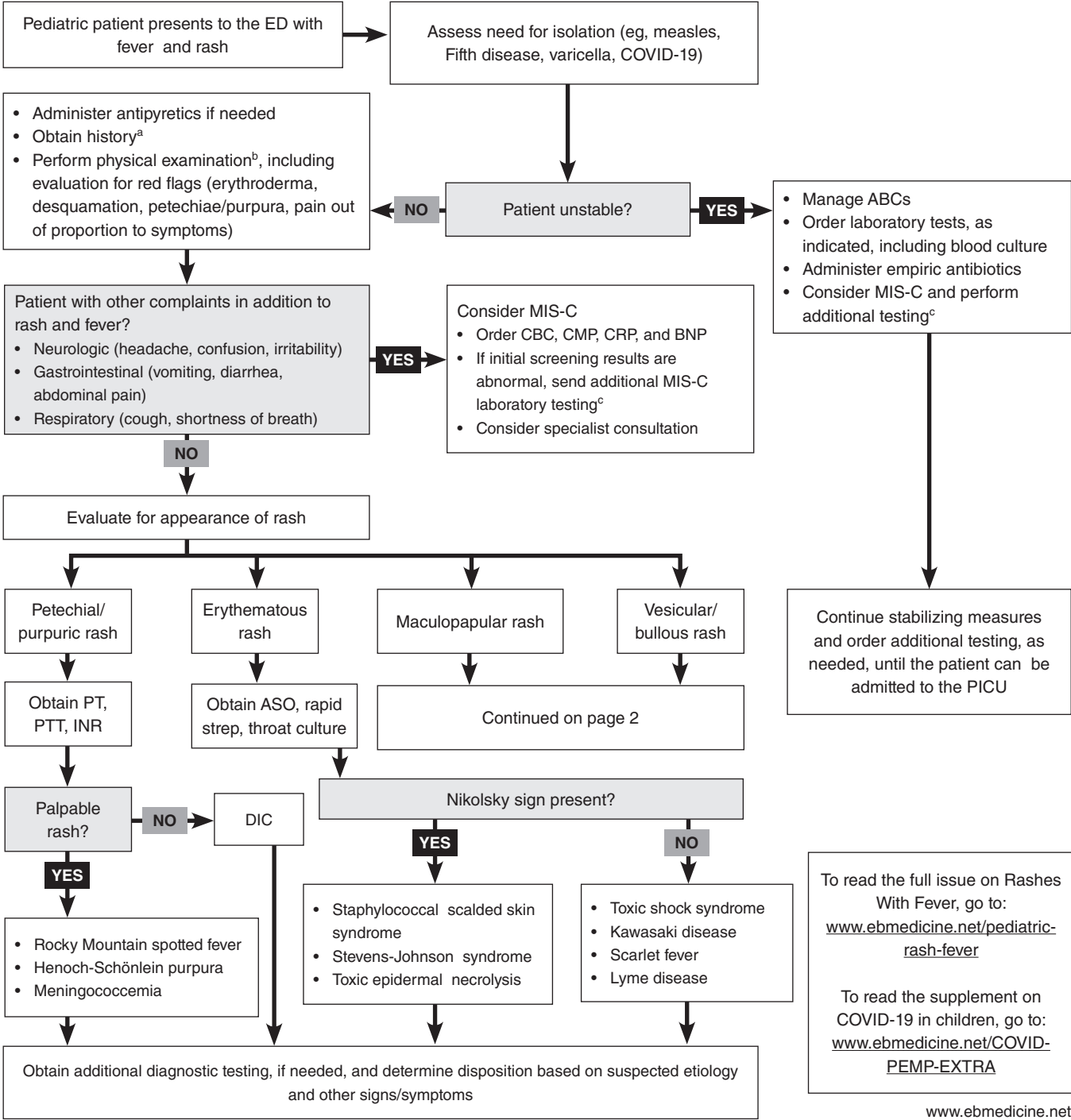


Clinical Pathway for Emergency Department Management of Rash and Fever in the Pediatric Patient



To read the full issue on Rashes With Fever, go to:
www.ebmedicine.net/pediatric-rash-fever

To read the supplement on COVID-19 in children, go to:
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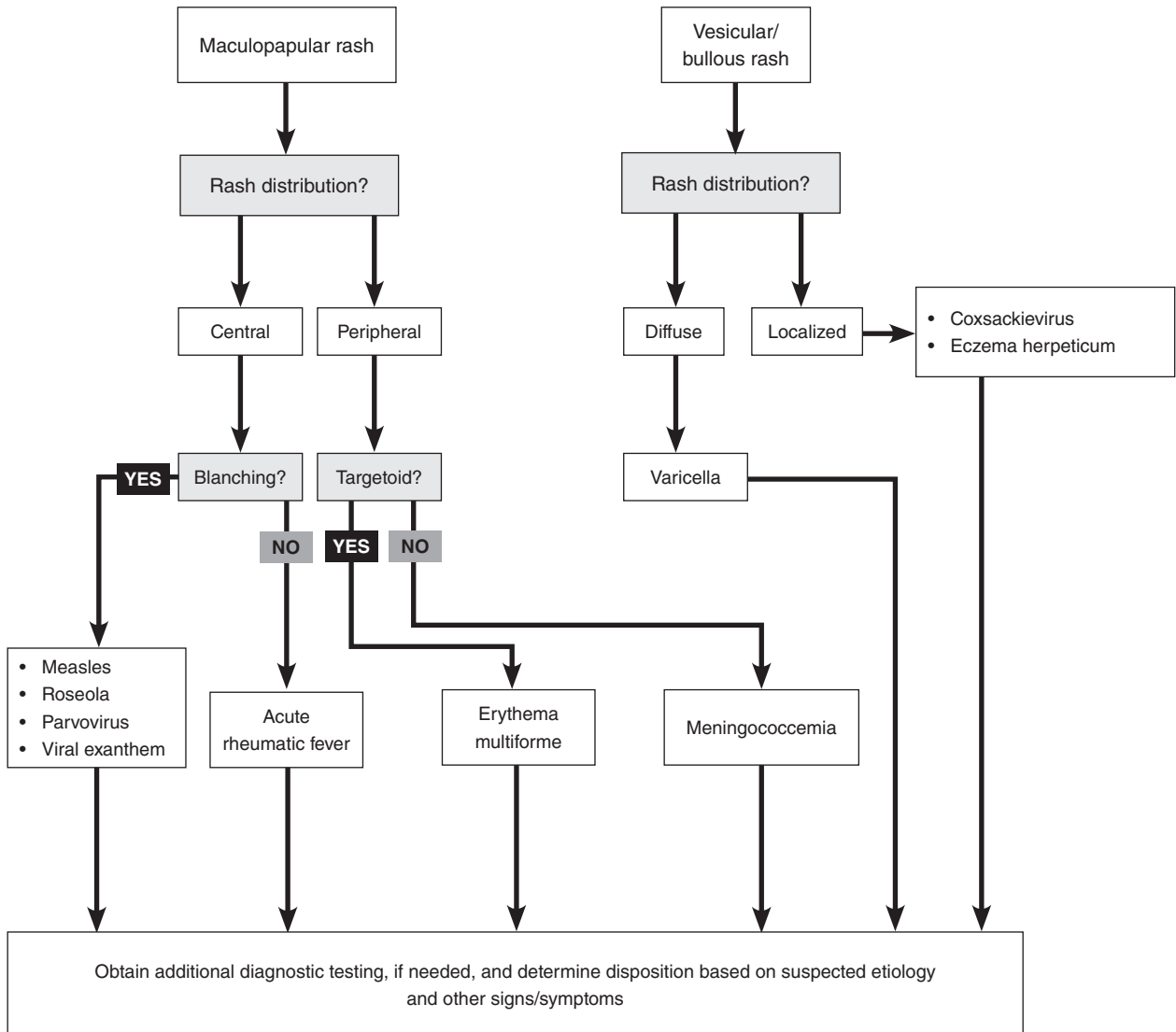
^aImportant historical questions include asking about timing of the rash, medications, concurrent symptoms, vaccination status, recent travel history, and any immunodeficiency.

^bThe physical examination should focus on the characteristics of the rash as well as concerning findings such as erythroderma, nonblanching lesions, desquamation, and severe pain.

^cLaboratory testing for MIS-C should include CBC, CMP, CRP, ferritin, LDH, BNP, troponin, PT, PTT, fibrinogen, D-dimer, and SARS-CoV-2 antibody testing. Consider chest x-ray and ECG when there is a suspicion of cardiac or respiratory involvement.

Abbreviations: ABC, airway, breathing, and circulation; ASO, antistreptolysin O; BNP, B-type natriuretic peptide; CBC, complete blood cell count; CMP, comprehensive metabolic panel; COVID-19, coronavirus disease 2019; CRP, C-reactive protein; CXR, chest x-ray; DIC, disseminated intravascular coagulation; ECG, electrocardiogram; LDH, lactate dehydrogenase; ED, emergency department; ESR, erythrocyte sedimentation rate; INR, international normalized ratio; MIS-C, multisystem inflammatory syndrome in children; PICU, pediatric intensive care unit; PT, prothrombin time; PTT, partial thromboplastin time; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

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