**PIMS-TS and Kawasaki Disease: External Referral Pathway**

This pathway is for referral for patients with either:

1. Suspected PIMS-TS/KD who require urgent review with echocardiogram at Evelina (usually seen as a Rapid Access Service appointment in Walrus Cardiology Outpatients – Please note area not equipped to give inpatient care therefore ward transfer may be more appropriate if needing regular medication or any intravenous therapy).
2. Outpatient follow up of treated patients across the South Thames Paediatric Network, with first follow up usually at 2 weeks

***Please discuss all patients with Paediatric Infectious Disease (PID) team***

* Mon-Fri 9-5: PID Fellow 07342 056168
* Sat-Sun: PID Consultant via GSTT Switchboard 0207 188 8888
* Starting steroids or IVIG is only clinically urgent ifthe patient is unstable – in such cases please discuss with STRS on 0207 188 5000

After discussion, **please complete this form** and send to: [gst-tr.echpims.ts@nhs.net](mailto:gst-tr.echpims.ts@nhs.net)

This is required to book a RAS inpatient appointment (complete form at time of referral) or outpatient follow up (complete form at discharge)

1. For inpatients coming to Evelina for echo and assessment, please consider whether an inpatient ward is more appropriate than attending RAS appointment in an outpatient area. If the patient is on IV fluids, regular medication that cannot be given by transfer nurse or delayed or requires nursing observations more frequently than 4-hourly a ward admission may be more suitable than Walrus outpatients. Please alert the PID team if this is the case and inpatient transfer to a ward at Evelina will be arranged as required.

*If you are concerned the patient is critically unwell or cardiovascularly unstable – call* ***STRS* 0207 188 5000**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographics** | | | | | | | | | | | | |
| **Patient´s name** |  | | | | | **Referral date** | | |  | | | |
| **DOB** |  | | | | | **NHS number**  **(required)** | | |  | | | |
| **Home address** |  | | | | | **GSTT number**  **(if available)** | | |  | | | |
| **Referring hospital** |  | | | | | **Patient / family telephone** | | |  | | | |
| **Ward + phone (if still inpatient)** |  | | | | | **Consultant name + email** | | |  | | | |
| **Referring doctor name, email, phone/bleep** |  | | | | | **GP name and post code** | | |  | | | |
| **Presentation & Investigations** | | | | | | | | | | | | |
| **Reason for referral** | | | Urgent review with echocardiogram (RAS)  Inpatient transfer may be required (see above)  Outpatient follow up (usually at 2 weeks) | | | | | | | | | |
| **Clinical history:**  **include COVID Hx, PMHx**  **/comorbidities/**  **nMABS eligibility criteria if relevant** | | |  | | | | | | | | | |
| **Observations** | | | **Weight:** | | **Height:** | | | **BP:** | | | **HR:** | |
| **Physical examination:**  **Include PEWS, Oxygen req, saturations** | | |  | | | | | | | | | |
| **Treatment** | | | | | | | | | | | | |
|  | | | **Date:** | | **Date:** | | | **Date:** | | | **Date:** | |
| **Fluids** | | |  | |  | | |  | | |  | |
| **Antibiotics** | | |  | |  | | |  | | |  | |
| **Steroids** | | |  | |  | | |  | | |  | |
| **IVIG** | | |  | |  | | |  | | |  | |
| **Biologics** | | |  | |  | | |  | | |  | |
| **Other medication** | | |  | | | | | | | | | |
| **Infection Results** | | | | | | | | | | | | |
| **Respiratory Viral Panel** | | |  | | | | | | | | | |
| **COVID PCR** | | |  | | | | | | | | | |
| **SARS CoV2 IgG** | | | **not yet sent**   **sent result awaited**  Date:  **result: positive**   **negative**  Date: | | | | | | | | |
| **Blood culture** | | |  | | | | | | | | | |
| **Other incl urine** | | |  | | | | | | | | | |
| **Laboratory findings** | | | | | | | | | | | | |
|  | | **Date** | | **Date** | | | **Date** | | | **Date** | | |
| **Hb** | |  | |  | | |  | | |  | | |
| **WBC** | |  | |  | | |  | | |  | | |
| **Neutrophils** | |  | |  | | |  | | |  | | |
| **Lymphocytes** | |  | |  | | |  | | |  | | |
| **Platelets** | |  | |  | | |  | | |  | | |
| **CRP** | |  | |  | | |  | | |  | | |
| **D-dimer** | |  | |  | | |  | | |  | | |
| **Ferritin** | |  | |  | | |  | | |  | | |
| **INR** | |  | |  | | |  | | |  | | |
| **APTT** | |  | |  | | |  | | |  | | |
| **Fibrinogen** | |  | |  | | |  | | |  | | |
| **Albumin** | |  | |  | | |  | | |  | | |
| **ALT** | |  | |  | | |  | | |  | | |
| **Alk Phos** | |  | |  | | |  | | |  | | |
| **Triglycerides** | |  | |  | | |  | | |  | | |
| **Sodium** | |  | |  | | |  | | |  | | |
| **Potassium** | |  | |  | | |  | | |  | | |
| **Urea** | |  | |  | | |  | | |  | | |
| **Creatinine** | |  | |  | | |  | | |  | | |
| **Procalcitonin** | |  | |  | | |  | | |  | | |
| **Troponin T** | |  | |  | | |  | | |  | | |
| **ECG Date**:  **Result:** | |  | | | | | | | | | | |
| **CXR Date**:  **Result:** | |  | | | | | | | | | | |
| **ECHO Date:**  **Result:** | |  | | | | | | | | | | |

**PIMS-TS and Kawasaki Disease: External Referral Pathway**

**Call Paediatric infectious diseases**

* Mon-Fri 9-5: call PID Fellow on 07342 056168
* Sat-Sun 9-5: Call Consultant via switchboard
* Where treatment advice is urgently required outside these hours, call STRS – in unlikely event of a physiologically stable patient needing an urgent PID opinion out of hours, please call Consultant via switchboard

Echo performed at acute hospital and **confident of normal findings**:

* Inform PID team at next update

Echo performed at acute hospital with **abnormal or uncertain findings:**

* Call cardiology to discuss
* Cardiology to update PID

Acute hospital **not able to perform echo**:

* Referrer sends form to:
* [gst-tr.echpims.ts@nhs.net](mailto:gst-tr.echpims.ts@nhs.net)
* PID inform cardiology and forward form to
* [gst-tr.urgentevelinapaedcardreferral@nhs.net](mailto:gst-tr.urgentevelinapaedcardreferral@nhs.net)

**Echocardiogram** performed by qualified professional at acute hospital where possible

**Patient remains at / returns to acute hospital**

* Update PID team daily
* At discharge, acute hospital to complete PIMS-TS/KD [referral form](https://www.evelinalondon.nhs.uk/our-services/hospital/paediatric-multisystem-inflammatory-syndrome/referrals.aspx) and email to Evelina (form on internet, email address on form)
* Acute provide information leaflets from Evelina website

**Cardiology arrange RAS**

* Appointment arranged by cardiology
* If inpatient, Walrus CNS calls acute hospital on morning of appointment to determine safety of Walrus versus day case admission and informs cardiology and PID

Echocardiogram with cardiology opinion and PID review at RAS visit or as temporary inpatient

**PIMS-TS/KD CNS**

* Enters patient on database
* Requests 2 week follow up
* [Ensures family have information leaflets and contact details](https://www.evelinalondon.nhs.uk/our-services/hospital/paediatric-multisystem-inflammatory-syndrome/patients.aspx)