

**Supplement 2: Table summarising UK and available international guidelines for PIMS-TS published prior to July 29<sup>th</sup> 2020**

Source (Hospital or network)	Date published (2020)	Type	Process	Antiviral	IVIG	Glucocorticoids	Biologics	Antiplatelet	Anticoagulation
Nottingham	4 May	Internal	MDT		If KD	MP 30mg/kg 3 days if KD or severe or IVIG resistant (all PICU patients)	Anakinra if IL-1 raised or MAS features Tocilizumab if IL-6 raised	If coronary involvement	If coronary involvement
Evelina London	11 May	Internal, available online	MDT		2g/kg	MP 3-10mg/kg OD 3 days	Consider	High dose Aspirin	LMWH prophylaxis
Manchester	12 May	Internal	MDT		2g/kg	All shocked patients MP 10 – 30mg/kg OD (max 1g) for three days	Discuss with rheumatology if no improvement with IVIG or MP	High dose if KD	
North Thames Paediatric Network (St Mary's)	19 May	Internal, available online	MDT from multiple centres	Consider if PCR positive	Yes	yes	No mention	Low dose aspirin	LMWH
Leeds	22 May	Internal	MDT		2g/kg Repeat dose if poor response 48 hours	Consider MP 10-30mg/kg	MDT to consider	Aspirin 5mg/kg (max 75mg) but 12.5mg/kg QDS if KD	GCS if non- mobile. Consider LMWH if not on high dose aspirin
St George's	26 May	Internal, available online	MDT	Consider	Consider	Consider	No mention	Consider (no dose)	Consider heparin
Great Ormond Street	28 May	Internal	MDT		Consider 1 or 2g/kg	Consider MP (10-30mg/Kg OD, max 1g)	Discuss Anakinra, Infliximab, Tocilizumab	High dose aspirin 30mg/kg/day then 3-5mg/Kg/day	LMWH
Oxford	May	Internal	MDT		2g/kg if KD	Consider 10mg/kg MP if TSS, give if refractory to IVIG	Consider if refractory to treatment	Aspirin (no dose)	Advised (not specified)
Birmingham/ KIDS intensive care transfer service	May	Internal, available online	MDT		2g/kg	10mg/kg IV MP up to 30mg/kg max 1g	Consider Infliximab or Anakinra	Aspirin 12.5mg/kg QDS until afebrile then 2-5mg/kg	
UK PIMS-TS National Consensus Management Group	23 July	Pre-peer review <sup>1</sup> , available online	Delphi	Consider Remdesivir if PCR positive	2g/kg Consider 2 <sup>nd</sup> dose if not fully responded	Enrol RECOVERY trial if high risk or unwell 24 hours post IVIG	Enrol RECOVERY trial, consider if no response	Low dose aspirin or high dose if KD	GCS if >12 years
King's College	July	Internal	MDT		2g/kg	All patients with shock- variable dosing	Consider	All Dose by MDT	LMWH
Leicester Children's	July	Internal, available online	MDT	Consider if PCR positive and in Recovery trial	KD complete or incomplete criteria	Resistant or refractory disease	No mention	Aspirin (no dose)	Heparin if critical illness. Consider: mild/moderate cases or KD
Cardiff, Wales	July	Internal	MDT		2g/kg	MP at 48 hours if culture negative	At 96h Infliximab, Anakinra, Tocilizumab via RECOVERY trial	Aspirin (no dose)	
Cambridge	July	Internal	MDT		2g/kg	MP 10mg/kg to 30mg/kg (max 1g)	Discuss Anakinra, Infliximab, Tocilizumab	12.5mg/kg QDS Aspirin	LMWH

### Available international guidance

University of Buffalo, New York	23 May	Publication as editorial <sup>2</sup> , not peer reviewed.	MDT and CDC advice		All patients 2g/kg	ALL PICU patients High dose MP Consider if KD	Consider	Aspirin if KD	LMWH
Children Hospital of Philadelphia	8 July	Internal online	Not reported	Not indicated even if PCR +	2g/kg	Oral prednisolone 2mg/kg/day or IV MP 1mg/kg /dose BD		Aspirin 3-5mg/kg OD if coronary ectasia	LMWH
American College of Rheumatology	23 July	Peer reviewed publication <sup>3</sup>	Delphi		Consider 1-2g/kg but slow if poor cardiac function	MP 1-2g/kg with non-mild illness (shock). Consider higher doses with LTC.	Advise Anakinra if refractory	3-5mg/kg if f KD or thrombocytosis	LMWH if coronary aneurysm (z score>10) or moderate LV dysfunction

Blank boxes indicate that guideline does not mention therapy

#### Abbreviations

MDT multidisciplinary team consensus; CDC Centers for Disease Control and prevention, USA; PCR polymerase chain reaction for SARS-2-CoV; RECOVERY trial Randomised Evaluation of COVID-19 thERapY (<https://doi.org/10.1186/ISRCTN50189673>); KD Kawasaki disease features; OD once daily; MP methylprednisolone; TSS toxic shock syndrome features; LTC life threatening complications; KD kawasaki disease phenotype; TSS toxic shock syndrome; LMWH Low molecular weight heparin prophylaxis; GCS Graduated compression Stocking; LV left ventricle

#### References

- 1: Harwood R, Allin B, Jones CE, et al. For and on behalf of the PIMS-TS National Consensus Management Study Group. A national consensus management pathway for Paediatric Inflammatory Multisystem Syndrome - Temporally associated with SARS-CoV-2 (PIMS-TS): The results of a national Delphi process. Pre print BMJ. <https://doi.org/10.1101/2020.07.17.20156075>
- 2: Hennon T, Penque M, Hicar M et al. COVID-19 associated Multisystem Inflammatory Syndrome in Children (MIS-C) guidelines; a Western New York approach Prog Pediatr Cardiol. 2020 May 23 : 101232.doi: 10.1016/j.ppedcard.2020.101232.
- 3: Henderson LA, Canna SW, Friedman KG, et al. American College of Rheumatology Clinical Guidance for Pediatric Patients with Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with SARS-CoV-2 and Hyperinflammation in COVID-19. Version 1 [published online ahead of print, 2020 Jul 23]. Arthritis Rheumatol. 2020;10.1002/art.41454. doi:10.1002/art.41454