

PIMS - TS

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**Celebrating 150 years
of caring for children**

Clinical Management

Intravenous Immunoglobulin (IVIg)

- As KD was part of the differential diagnosis
- Dose: 2g/kg STAT

(as per Kimberlin DW, Brady MT, Jackson MA, Long SS. Kawasaki Disease. Red Book 2018: American Academy of Pediatrics; 2018. p. 490-7.)

Corticosteroids: IV methylprednisolone

Aspirin: PO/NG 50mg/kg/day then 5mg/kg/day

Antibiotics: IV Ceftriaxone & Clindamycin

Other immunomodulatory treatment

- Anakinra/Infliximab/Tocilizumab

Vitamin D

Challenges: Many unknowns

Optimum treatment & dosing – nil evidence

Clinical Governance

- Unlicensed/off label use
- Guideline development

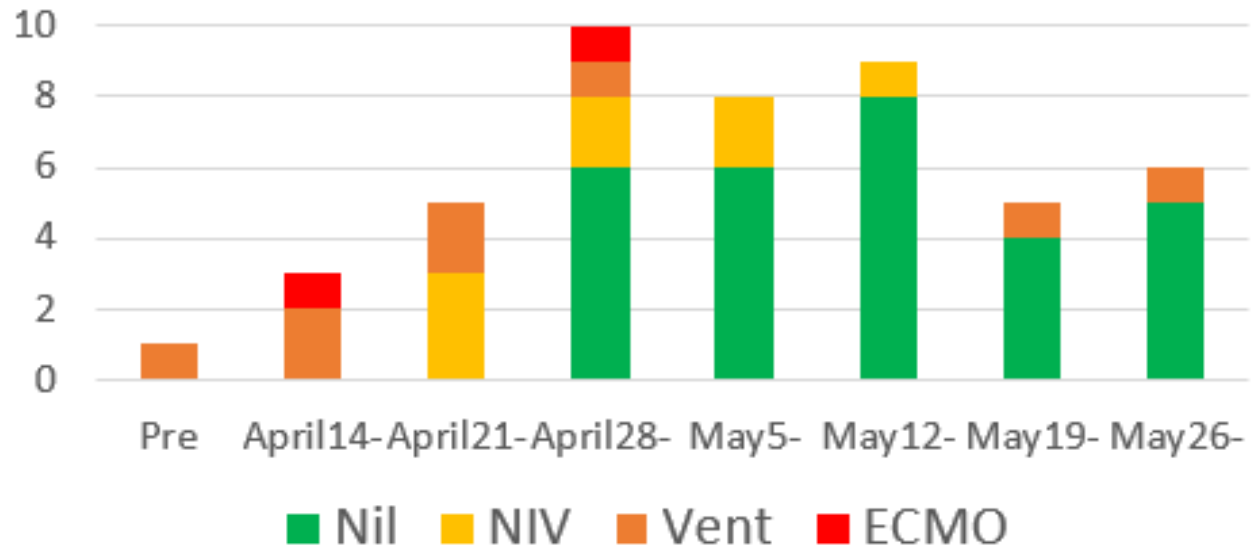
Management of paediatric inflammatory multi-system syndrome temporally associated with SARS-CoV-2 infection (PIMS-TS).

Dosing: Obesity & smaller children

- Dose as per ideal body weight for IVIg in-view of national shortage
- Actual body weight used as prescribing weight for all other drugs
- Lack of dosing advice in smaller children for anakinra, infliximab and tocilizumab

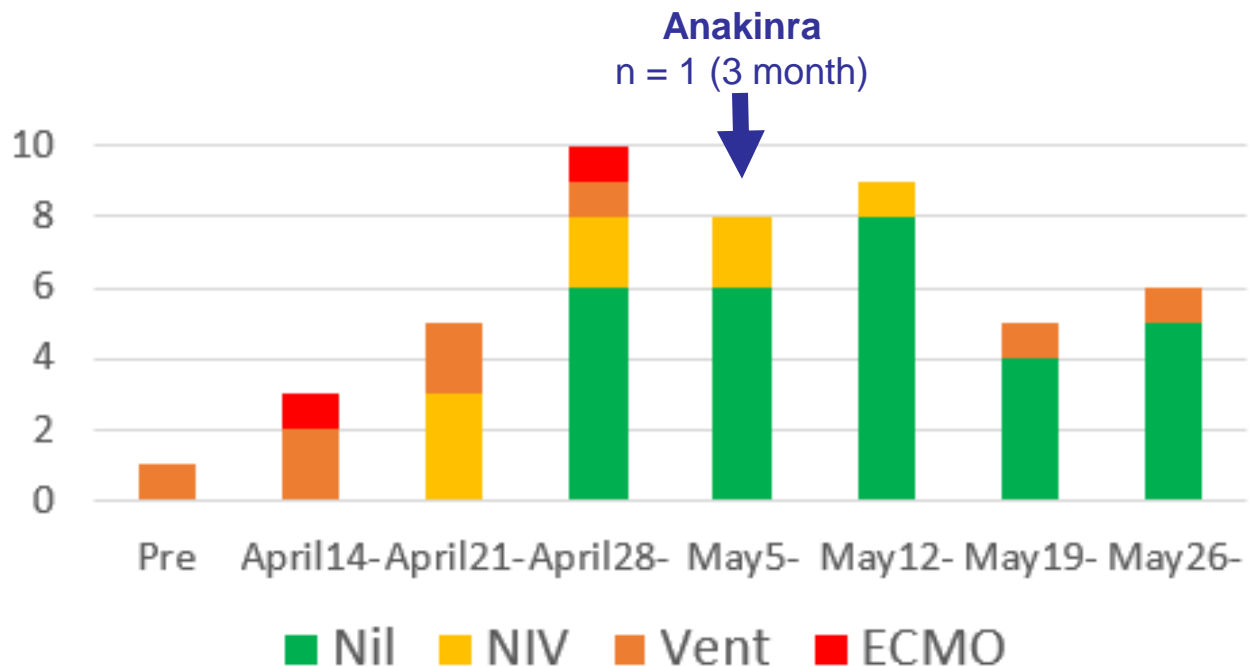
Treatment Summary

Aspirin	None	50mg/kg/day	5mg/kg daily (max 75mg)
Steroids	Hydrocortisone (shock dose)	MP 30mg/kg/day (max 1g)	3-10mg/kg/day (max 500mg)
Immunoglobulin	2g/kg repeat at 48 hours if concerns		2g/kg
VTE prophylaxis	Nil		LMWH

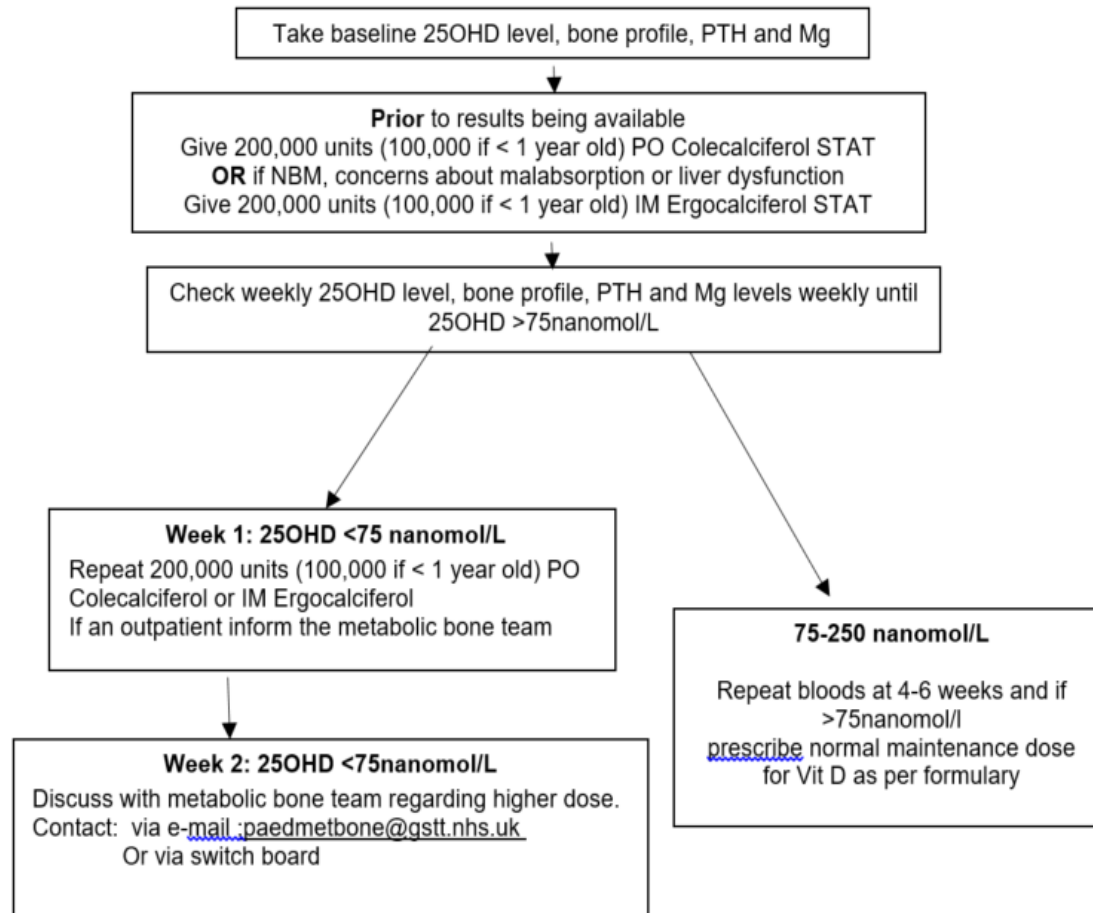


Other treatment options

Infliximab	6mg/kg	Not given
Tocilizumab	Not given	8-12mg/kg (2 doses)



Vitamin D deficiency



THANK YOU.

