Paediatric inflammatory multisystem syndrome (PIMS)

What is PIMS?

PIMS is an illness thought to be caused by an earlier COVID-19 infection a few weeks before, which has provoked the immune system and triggered the inflammation.

Before and during hospital

Typical symptoms of PIMS	Possible treatments
• High temperature (fever) • Stomach pain • Diarrhoea • Being sick (vomiting) • Bloodshot eyes • Dry, red lips • Red rash • Peeling skin on fingertips and toes • Swollen neck lymph glands	• Intravenous steroids (given through a thin tube into a vein, or by mouth) can reduce the inflammation in the body. Oral prednisolone should be taken with food. • Intravenous immunoglobulin (IVIG) is a blood product that is sometimes given to reduce inflammation. • Aspirin reduces the risk of blood clots. This can usually be stopped 6 weeks after leaving hospital if your child's heart scan at one of their follow-up appointments is OK. This medicine should be taken with food.

After leaving hospital

Common physical issues which get better over time	Call GP or go to your nearest emergency department (A&E) if out of hours
• Muscle weakness and tiredness • Difficulty concentrating • Mood swings • Mild hair loss • Trouble sleeping • Rashes or skin peeling • Mild tummy pain • Loose poo	• a high temperature (fever) • stomach pain • diarrhoea or vomiting • red, bloodshot eyes • dry, red lips • strawberry-red tongue • widespread red rash and swelling of fingers and toes • back pain

Follow-up appointments

Your child's follow-up appointments will include telephone and face-to-face appointments with the cardiology (heart) and infectious diseases teams. At these appointments your child will have blood tests, an echocardiogram (ECHO), and an electrocardiogram (ECG) to look at their heart. Sometimes, they need more imaging to look at their heart in more detail. This might include a CT or MRI scan.

Should they have their vaccinations?

For most children it is important to have vaccinations when offered. But it is best to wait 3 months before getting any live vaccines, like MMR and COVID vaccines. We will give you and your GP specific guidance if other vaccines are due in the next 3 months. If you are not sure, please ask us.

They should have the inactivated (non-live) flu vaccine (injection in their arm) instead of the live vaccine spray up their nose this year.

If they are eligible for a COVID-19 vaccine, this should be delayed until 3 months after PIMS admission.

Can they get PIMS again?

We do not know of any children having PIMS again after getting their COVID-19 vaccine or catching COVID-19. It would be very unlikely.

Can they go back to school?

Yes, they can. Many children are tired after being in hospital. In these cases it is a good idea to slowly build up their return to school. They should be careful not to do too much, to avoid a 'boom and bust' energy pattern.

It's normal to have good days and bad days. We expect most children will have returned to school full time by their 6-week follow-up appointment. If you need any documentation with an explanation for their school, please let us know.

Do they need to shield?

There is no need to isolate or shield after having PIMS. They are not infectious to others.

How to help your child

- Make sure your child takes all medicines as prescribed.
- Make sure your child comes to all their follow-up appointments.
- Follow the vaccination advice above (some vaccines should be delayed).
- If your child develops chickenpox while taking aspirin, please contact us or your GP.

Contact us

If you have any questions or concerns about PIMS please contact our infectious diseases nurse, **email** evelinakdpims@gstt.nhs.uk, **mobile** 07598 552683 or 07468 700165, **phone** 020 7188 4679 (secretary), Monday to Friday, 9am to 5pm. Out of hours, please contact NHS111.

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

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