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Exclusion criteria:

- Fever < 3 days

Complete KD diagnostic criteria*:

- ≥ 4 days of fever (day of onset = day 1)

AND

- At least 4 principal clinical features (at any point during illness, do not need to occur simultaneously):
 - Polymorphous rash
 - Bilateral bulbar conjunctival injection without exudate
 - Oral changes:
 - Erythema and cracking of lips, strawberry tongue, and/or erythema of oral and pharyngeal mucosa
 - Palmar and plantar erythema:
 - Usually accompanied by swelling; resolves with subsequent periungual desquamation in the subacute phase
 - Cervical adenopathy:
 - Usually unilateral; cluster of nodes ≥ 1.5 cm in diameter

AND

- Illness not explained by known alternative disease process

Refer to [VisualDx](#) for examples of exam findings, including rash on varying pigmentation

***Note:** Children less than 1 year and children > 5 years of age may not exhibit classic symptoms

Suspected incomplete KD diagnostic criteria:

- Prolonged unexplained fever (≥ 5 days)

AND at least 2 principal clinical features above **OR**

- Infants with unexplained fevers ≥ 7 days (day of onset = day 1)

AND

- Compatible lab or echocardiographic findings:

- CRP ≥ 3 mg/dL or ESR ≥ 40 mm/h

AND 3 or more of the following:

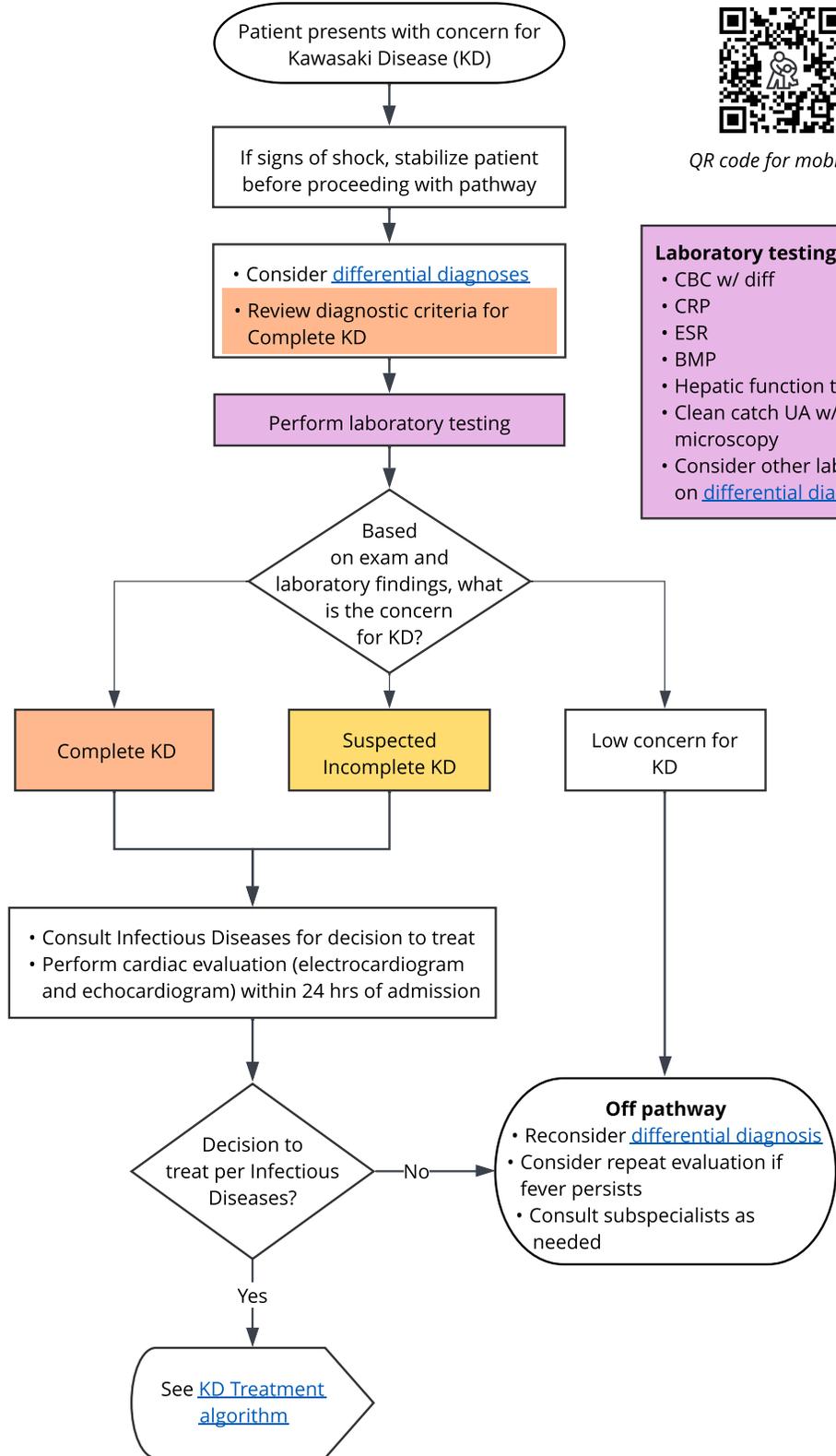
- [Anemia for age](#)
- Platelets ≥ 450,000/μL after 7th day of fever
- Albumin ≤ 3 g/dL
- Elevated ALT
- Elevated WBCs ≥ 15,000/mm³
- Urine WBCs ≥ 10/hpf

OR

- Z-score of LAD CA or RCA ≥ 2.5

OR

- ≥ 3 other suggestive echocardiographic features, including decreased left ventricular function, mitral regurgitation, pericardial effusion, or Z-scores in LAD or RCA 2 - 2.5


Laboratory testing:

- CBC w/ diff
- CRP
- ESR
- BMP
- Hepatic function test
- Clean catch UA w/ microscopy
- Consider other labs based on [differential diagnoses](#)

Abbreviations:

CA = coronary artery
 LAD = left anterior descending
 RCA = right coronary artery

[KD Diagnosis algorithm](#)



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Treatment for patients diagnosed with Kawasaki Disease (KD)

- Admit to Gen Peds unless comorbidities require subspecialty care or clinical status necessitates ICU
- Consult Cardiology

High risk criteria:

- ≤ 6 months of age
- LAD or RCA Z-score ≥ 2.5 on baseline echocardiogram

Does patient meet high risk criteria?

Yes

No

- Administer [moderate-dose aspirin](#)
- Administer [IVIG and intensification therapy](#) per Infectious Diseases
 - Infectious Diseases will determine need for Rheumatology involvement
 - Ensure timely communication with nurse to request from pharmacy
- Administer [antiplatelet therapy](#) and/or [anticoagulation therapy](#), if large or giant aneurysm per Cardiology

- Administer [moderate-dose aspirin](#)
- Administer [initial IVIG therapy](#)
- Ensure timely communication with nurse to request from pharmacy

Lab monitoring and repeat echocardiogram per primary and consulting teams

- For evolving coronary artery management, refer to [American Heart Association KD guideline](#) (Jone et al., 2024)

Monitor for fever:

- Fever ≥ 38 °C less than 36 hrs after completion of IVIG does not necessitate a change in the treatment plan
- Duration of monitoring may vary based on the clinical course; discuss with consulting teams

**Refractory KD
Off Pathway**
Discuss with Infectious Diseases and Cardiology (include Rheumatology as needed)

Does patient have fever of ≥ 38 °C more than 36 hours after completion of IVIG?

No

Discharge patient
Timing of discharge may vary based on the clinical course, but should be agreed upon by primary and consulting teams

Discharge instructions*:

- Transition to low-dose aspirin at time of discharge and continue until 6-week follow-up
- Delay live vaccinations for 11 months post IVIG
- Recommend seasonal influenza vaccine to patient and household members**
- Follow up with Infectious Diseases and Cardiology (with echocardiogram) at 2 weeks
 - Or sooner for high risk- confirm with Cardiology or Infectious Diseases at discharge
- Provide [discharge instructions for caregivers](#) with return precautions for fever or return of KD symptoms
- All patients are activity-restricted until cleared by Cardiology

***Note:** instructions for high risk patients may vary

****Influenza infection while taking aspirin increases the risk for Reye's syndrome**

Abbreviations:
LAD = left anterior descending
RCA = right coronary artery
IVIG = intravenous immunoglobulin