



Kawasaki Disease Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for the diagnosis and treatment of patients with concern for Kawasaki Disease. This pathway serves as a resource for diagnostic criteria and differential diagnoses for complete or incomplete Kawasaki Disease and guides the management and treatment with appropriate consultation of specialty services.

Background

Kawasaki Disease is an acute inflammation of blood vessels (vasculitis) in children, primarily affecting those younger than five years of age (Jone et al., 2024). Up to 25% of patients with Kawasaki Disease experience acquired coronary artery disease, resulting in coronary dilation or aneurysm, which may lead to ischemic heart disease or sudden death (Newburger et al., 2004). The diagnosis of complete Kawasaki Disease is made clinically, characterized by fever for more than 3 days in combination with symptoms including rash, nonexudative conjunctivitis, erythema of the hands and feet, oral changes, and/or lymphadenopathy (American Academy of Pediatrics, 2024). The diagnosis of Incomplete Kawasaki Disease often involves laboratory and echocardiographic findings. (Jone et al., 2024; American Academy of Pediatrics, 2024). Management of Kawasaki Disease includes cardiac imaging and treatment, most commonly with intravenous immunoglobulin and aspirin. Additional therapies may be indicated for high-risk or refractory disease (Jone et al., 2024).

While the diagnostic criteria and treatment recommendations for complete and suspected incomplete Kawasaki Disease are established in guidelines from the American Heart Association (Jone et al., 2024), this pathway provides additional logistical guidance specific to Children's Mercy to ensure timely involvement of specialty services and management of the patient to optimize diagnosis and treatment.

Target Users

- Physicians (Infectious Diseases, Rheumatology, Cardiology, Emergency Medicine, Hospital Medicine, Urgent Care, Ambulatory, Fellows, Resident Physicians)
- Nurse Practitioners
- Physician Assistants
- Nurses
- Pharmacists

Target Population

Inclusion Criteria

- Patients with concern for Kawasaki Disease

Exclusion Criteria

- Patients with fever for < 3 days

Practice Recommendations

Please refer to the American Heart Association (Jone et al., 2024) Kawasaki Disease guideline for full practice recommendations, evaluation, and treatment recommendations. This guideline was used in conjunction with the expert consensus of the Kawasaki Disease Clinical Pathway Committee to inform the assessment, acute management, and consultation guidance in this pathway.

Recommendations Specific for Children's Mercy

No deviations were made from the American Heart Association guidelines regarding practice recommendations; however, logistical processes specific to Children's Mercy were added.

Measures

- Access of the clinical pathway (website hits)

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.



Value Implications

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, as well as reducing costs and resource utilization for healthcare facilities.

- Decreased risk of missed or incorrect diagnosis
- Decreased risk of inappropriate overtreatment
- Decreased time to treatment administration
- Decreased unwarranted variation in care

Organizational Barriers and Facilitators

Potential Barriers

- Variability in experience among clinicians
- Need for effective communication and coordination among clinicians in multiple specialties
- Challenges with access to healthcare and health literacy faced by some families

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Anticipated high rate of use of the clinical pathway

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

- The Kawasaki Disease Clinical Pathway algorithm includes a link to photos of dermatologic findings of Kawasaki Disease on different skin pigmentations

Order Sets

- The following power plan is currently in place, but could not be updated at this time due to Children's Mercy's EHR transition:
 - Kawasaki's power plan

Associated Policies

- There are no policies associated with this clinical pathway.

Educational Materials

Educational tools were reviewed for health literacy and by the Patient and Family Engagement representatives for usability testing.

- Kawasaki Disease Discharge Instructions
 - Intended for caregivers of patients discharged following diagnosis of Kawasaki Disease
 - Available in English and Spanish

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Kawasaki Disease Clinical Pathway Committee, composed of content experts at Children's Mercy. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Kawasaki Disease Clinical Pathway Committee Members and Representation

- Bianca Cherestal, MD | Heart Center | Committee Co-Chair
- Jennifer Schuster, MD, MSCI | Infectious Diseases | Committee Co-Chair
- Ashton Bellamy, PharmD, BCIDP | Pharmacy | Committee Member
- Siân Best, MD, MPH | Hospital Medicine | Committee Member
- Rasika Bhamre, MBBS | Pediatric Emergency Medicine Fellow | Committee Member
- Julia Harris, MD | Rheumatology | Committee Member

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- Kyle Langford, MD | Pediatric Fellow | Committee Member
- Jenny Leath, MSN, APRN, CPNP-AC | Heart Center | Committee Member
- Lauren Littell, MD | Pediatric Cardiology Advanced Imaging Fellow | Committee Member
- Brandi Missel, APRN | Emergency Department | Committee Member
- Erin Scott, DO | Emergency Department | Committee Member
- John Shook, MD | Med/Peds Resident | Committee Member

Patient/Family Committee Members

- Hayley Finch | Committee Member
- Kallie Kirk | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Megan Gripka, MPH, MLS (ASCP) SM | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Infectious Diseases, Rheumatology, Cardiology, Emergency Medicine, Hospital Medicine, Pharmacy, and Evidence Based Practice.

Conflict of Interest

The contributors to the Kawasaki Disease Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Kawasaki Disease Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

Review Requested

Department/Unit	Date
Cardiology	January 2026
Emergency Medicine	January 2026
Hospital Medicine	January 2026
Infectious Diseases	January 2026
Pharmacy	January 2026
Rheumatology	January 2026
Evidence Based Practice	January 2026

Version History

Date	Comments
February 2026	Version one – Development of diagnosis and treatment algorithms and associated resources, including educational information for caregivers

Date for Next Review

- February 2029

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with CM received announcements via "Progress Notes"
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at CMKC. Pathway committees are involved with every review and update.

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Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

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