**KAWASAKI DISEASE PATHWAY**

**Kawasaki Disease Clinical Features**
- Mucositis – strawberry tongue
- Nonpurulent conjunctivitis
- Erythematous rash
- Extremity changes (swelling/peeling)
- Cervical lymphadenopathy ≥ 1.5 cm

**Incomplete Kawasaki Lab Criteria**
- Anemia for age
- Platelet ≥ 450,000 after 7th day of fever
- WBC ≥ 15,000/mm3
- Albumin ≤ 3.0 g/dL
- Elevated ALT
- Urine ≥ 10 WBC/hpf

**Excluding Features to Manage off Pathway**
- Fever beyond 36 hours of IVIG completion
- Abnormal ECHO

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**Patient with > 4 days of fever**

**Complete**

**Suspect Complete Kawasaki Disease**
Presence of 5 days of fever, plus 4 clinical features OR 4 days of fever, plus 5 clinical features

- Consult Infectious Disease
- Obtain baseline ECG
- Consult Cardiology
- Obtain ECHO
- Discuss minimal sedation

**Suspect Incomplete Kawasaki Disease**
5-10 days of fever with 2-3 clinical features. Patient < 6 months with ≥ 7 days of fever, regardless of additional features

- C-reactive protein test (CRP) ≥ 3 mg/dL and/or erythrocyte sedimentation rate (ESR) > 40 mm/hr

**Incomplete**

- Obtain additional laboratory testing: CBC, CMP, UA
- Consult Infectious Disease
- Obtain baseline ECG
- Consult Cardiology
- Obtain ECHO
- Discuss minimal sedation

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**Initiate Treatment**
- High dose IVIG 2 g/kg
- Medium dose Aspirin 30-50 mg/kg/d every 6 hours or High dose Aspirin 80-100 mg/kg/d every 6 hours
- Monitor for 36 hours after IVIG completion

**3 or more abnormal lab findings or positive ECHO**
- Consider other diagnosis
- Manage off pathway
- Consider repeat C-reactive protein test (CRP) plus Sed rate (ESR) if remains febrile

**Discharge Criteria**
- Afebrile 12 hours
- Transitioned to low-dose acetylsalicylic acid (aspirin) 3-5 mg/kg/day
- Cardiology follow-ups with ECHO in 2 and 6 weeks
- Patient offered inactivated flu vaccine
- Education on live vaccine and fever monitoring
- No excluding features (manage off pathway)

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**Disclaimer:** Pathways and/or protocols are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways and/or protocols should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances.

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ChildrensOmaha.org/Pathways-Protocols