This pathway serves as a guide and does not replace clinical judgment.

**Inclusion Criteria:**
Fever ≥ 5 days AND at least 2/5 of the following clinical criteria:
1. Bilateral conjunctival injection
2. Mucosal changes (injected or fissured lips, injected pharynx, strawberry tongue)
3. Polymorphous rash
4. Extremity changes (swelling and/or erythema, peeling)
5. Cervical adenopathy (≥ 1.5 cm diameter)

**Exclusion Criteria:**
<2 mo old, exudative conjunctivitis, exudative pharyngitis, bullous or vesicular rash, generalized adenopathy, splenomegaly, signs and symptoms can be easily explained by another condition

**Initial Evaluation:**
CBC w diff, CRP, ESR, liver panel (without coags), chem 7, UA with microscopy (clean catch)

See Incomplete Kawasaki Disease pathway on page 2

- 24 clinical criteria present?
  - No
  - Kawasaki Disease

Admit to Hospital Medicine Service

**Treatment:**
- IVIG 2 g/kg x1 dose (Can start IVG without obtaining ECHO first)
- Medium dose Aspirin 30-50 mg/kg/day div q6hr, until afebrile x48hr

  If any high risk conditions present 1, consider:
  - Methylprednisolone IV 1 mg/kg BID (max 60 mg/day) while febrile
  - When afebrile, change to Prednisone/Prednisolone PO 1 mg/kg BID (max 60 mg/day)
  - When CRP normalizes, begin steroid taper with Prednisone/Prednisolone PO:
    - 1 mg/kg once daily x5 days
    - Then 0.5 mg/kg once daily x5 days
    - Then stop

Work up and Consults:
- Obtain Cardiology consult and ECHO
- Daily CRP
- If high risk conditions present 1, consult ID

Consult:
- Consider ID/Rheum consult
- Daily CRP

Labs:
- Daily CRP

Fever resolves in 36 hrs after 2nd IVIG dose ends?

Discharge home

- No
  - Consult ID/Rheum
  - Fever resolves in 36 hrs after IVIG dose ends?
    - No
      - Consult ID/Rheum
    - Yes
      - Discharge home
  - Yes
    - Discharge home

Discharge Criteria
- Afebrile x36 hours, well hydrated without need for IVFs

Discharge Instructions:
- Aspirin 3-5 mg/kg daily for about 6-8 weeks (as directed by Cardiology)
- Continue steroid taper, if indicated
- Avoid ibuprofen use while on ASA
- Delay live vaccines for 11 months post IVIG administration. Any live vaccines given 2 weeks prior to IVIG administration should be repeated 11 months after IVIG dose
- Follow up outpatient with Cardiology in 2 weeks from onset of symptoms, then 6 weeks after disease onset (if ECHO positive 2, sooner follow up to be determined by Cardiology)
- Follow up with Rheumatology in 1-2 weeks if CRP remains elevated, or if child is sent home on steroids
- Follow up with Infectious Disease if involved in care
- PCP follow up within 2-3 days

1 High Risk Conditions:
- < 6 months age
- Positive echocardiogram
- Kawasaki Shock syndrome
- 2nd episode of Kawasaki Disease (NOT refractory disease)

1 ECHO is positive if any of these 3 conditions are met:
- Z score of Left Anterior Descending (LAD) or Right Coronary Artery (RCA) ≥ 2.5
- Coronary artery aneurysm is observed
- 3 other suggestive features present (in discussion with Cardiology)
**Incomplete Kawasaki**

Fever ≥ 5 days AND only 2-3 of the following clinical criteria:
1. Bilateral conjunctival injection
2. Mucosal changes (injected or fissured lips, injected pharynx, strawberry tongue)
3. Polymorphous rash
4. Extremity changes (swelling and/or erythema, peeling)
5. Cervical adenopathy (≥ 1.5 cm diameter)

**Initial Evaluation:**
- CBC w/diff, CRP, ESR, liver panel (without coags), chem 7, UA with microscopy (clean catch)
- Consider: blood culture, adenovirus, rapid strep

**CRP <3 and/or ESR <40**
- Consider daily CRP, ESR
- Closely monitor fevers
- Reassess for clinical criteria for Kawasaki (see inclusion criteria, on Kawasaki Pathway)

**CRP ≥3 and/or ESR ≥40**
- Admit to Hospital/MD Service
- Consider ID consult

**<3 supplemental lab criteria 1**
- Obtain ECHO and Cardiology consult
- ECHO positive? 2
  - Treat 3 (Refer to Kawasaki Pathway)
  - Obtain ECHO and Cardiology consult

**≥ 3 supplemental lab criteria 1**
- Obtain ECHO and Cardiology consult

**Typical extremity peeling?**
- Yes:
  - ECHO positive? 2
    - Treat 3 (Refer to Kawasaki Pathway)
  - No:
    - Kawasaki unlikely, No treatment needed.

**Initial Evaluation:**
- If positive 2, treat 3 (Refer to Kawasaki Pathway)

**Incomplete Kawasaki**

Fever ≥ 5 days AND only 2-3 of the following clinical criteria:
1. Bilateral conjunctival injection
2. Mucosal changes (injected or fissured lips, injected pharynx, strawberry tongue)
3. Polymorphous rash
4. Extremity changes (swelling and/or erythema, peeling)
5. Cervical adenopathy (≥ 1.5 cm diameter)

**OR**
- Infant with fever × 7 days without source

**CBC w diff, CRP, ESR, liver panel (without coags), chem 7, UA with microscopy (clean catch)**
- Consider: blood culture, adenovirus, rapid strep

**Discharge Criteria**
- Afebrile x36 hours, well hydrated without need for IVFs

**Discharge Instructions:**
- **Aspirin** 3-5 mg/kg daily for about 6-8 weeks (as directed by Cardiology)
- Continue steroid taper, if indicated
- Avoid ibuprofen use while on ASA
- Delay live vaccines for 11 months post IVG administration. Any live vaccines given 2 weeks prior to IVG administration should be repeated 11 months after IVG dose
- Follow up outpatient with Cardiology in 2 weeks from onset of symptoms, then 6 weeks after disease onset (if ECHO positive 1, sooner follow up to be determined by Cardiology)
- Follow up with Rheumatology in 1-2 weeks if CRP remains elevated, or if child is sent home on steroids
- Follow up with Infectious Disease if involved in care
- PNP follow up within 2-3 days

**Supplemental lab criteria:**
- Albumin ≥3
- Anemia for age
- ALT
- WBC ≥15,000
- UA ≤10 WBC
- Platelets ≥450,000 after 7 days of fever
- CRP <3 and/or ESR <40
- Consider daily CRP, ESR
- Closely monitor fevers
- Reassess for clinical criteria for Kawasaki (see inclusion criteria, on Kawasaki Pathway)
- Typical extremity peeling?

**ECHO positive if any of these 3 conditions are met:**
- 2 score of Left Anterior Descending (LAD) or Right Coronary Artery (RCA) ≥2.5
- Coronary artery aneurysm is observed
- 3 other suggestive features present (in discussion with Cardiology)

**Fever resolved?**
- Yes:
  - Consult Rheumatology
  - Consult ID if not already involved
- No:
  - Kawasaki unlikely, No treatment needed.

**High Risk Conditions:**
- < 6 months age
- Positive echocardiogram 3
- Kawasaki shock syndrome
- 2nd episode of Kawasaki Disease (NOT refractory disease)