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
  - Platelet ≥ 450,000 after 7th day of fever
  - WBC ≥ 15,000/mm³
  - Albumin ≥ 3.0 g/dL
  - Unna ≥ 10

**Complete Kawasaki Lab Criteria**
- CRP > 3 mg/dL
- ESR > 40

**Discharge Criteria**
- Afebrile 12 hours and normal ECHO (if abnormal, consult with Cardiology for further discharge recommendations)
- Transient to low-dose acetylsalicylic acid (aspirin) 3-5 mg/kg/day, up to 3 months
- Education on live vaccine and fever monitoring

**If clinical suspicion of other cardiac involvement please consider these labs:**
- BNP
- Troponin

**Disclaimer:** Pathways 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 should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.