



LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX

Division of Paediatric Emergency Medicine KAWASAKI DISEASE ORDER SET

For children aged 0-17 years old who meet the criteria below.
Children with co-morbidities that may affect the treatment course should be discussed further with Rheumatology.

WEIGHT (KG)	ALLERGIES	<input type="checkbox"/> NKDA
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DIAGNOSTIC FEATURES OF KAWASAKI DISEASE
<p>Fever at least 5 days in duration <u>plus</u> the presence of at least 4 of the following 5 principal features on history or physical exam:</p> <p><input type="checkbox"/> Polymorphous skin rash</p> <p><input type="checkbox"/> Bilateral nonexudative conjunctival injection</p> <p><input type="checkbox"/> Oral-mucosal changes including erythematous, cracked lips, strawberry tongue, and/or injection of the oral and pharyngeal mucosa</p> <p><input type="checkbox"/> Extremity changes including erythema of the palms and/or soles, swelling of the hands and/or feet, and/or periungual peeling of the fingers and/or toes in the subacute phase</p> <p><input type="checkbox"/> Cervical lymphadenopathy (greater than 1.5 cm diameter), usually unilateral</p>
<p>SUSPECTED KAWASAKI: Fever AND <u>2 or more</u> of above diagnostic features not accounted for by another diagnosis</p>

Order provider Printed name, Signature & Date / Time (24 hrs)	INITIAL INVESTIGATIVE WORKUP	Noted by RN Initials & Time
	<input type="checkbox"/> Bloodwork: CBC, diff, smear, ESR, CRP, Na, K, Cl, Ca, BUN, Cr, ALT, AST, LDH, albumin, total protein, group and screen, DAT	
	<input type="checkbox"/> Blood culture	
	<input type="checkbox"/> Initiate IV / saline lock	
	<input type="checkbox"/> Urine dip (for sterile pyuria) <input type="checkbox"/> Urine C&S <input type="checkbox"/> Bag <input type="checkbox"/> MSU <input type="checkbox"/> Cath	
	<input type="checkbox"/> Acetaminophen _____ mg PO/PR q4h prn 15 mg/kg/dose, max PO 75 mg/kg/day *** Try to avoid NSAIDs	
Order provider Printed name, Signature & Date / Time (24 hrs)	POST DIAGNOSIS WORKUP	Noted by RN Initials & Time
	<input type="checkbox"/> ECG	
	<input type="checkbox"/> CXR – PA and lateral	