

Identifying Opportunities to Improve the Care of Children with Kawasaki Disease in Concordance with National Guidelines

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SSMHealth

BACKGROUND

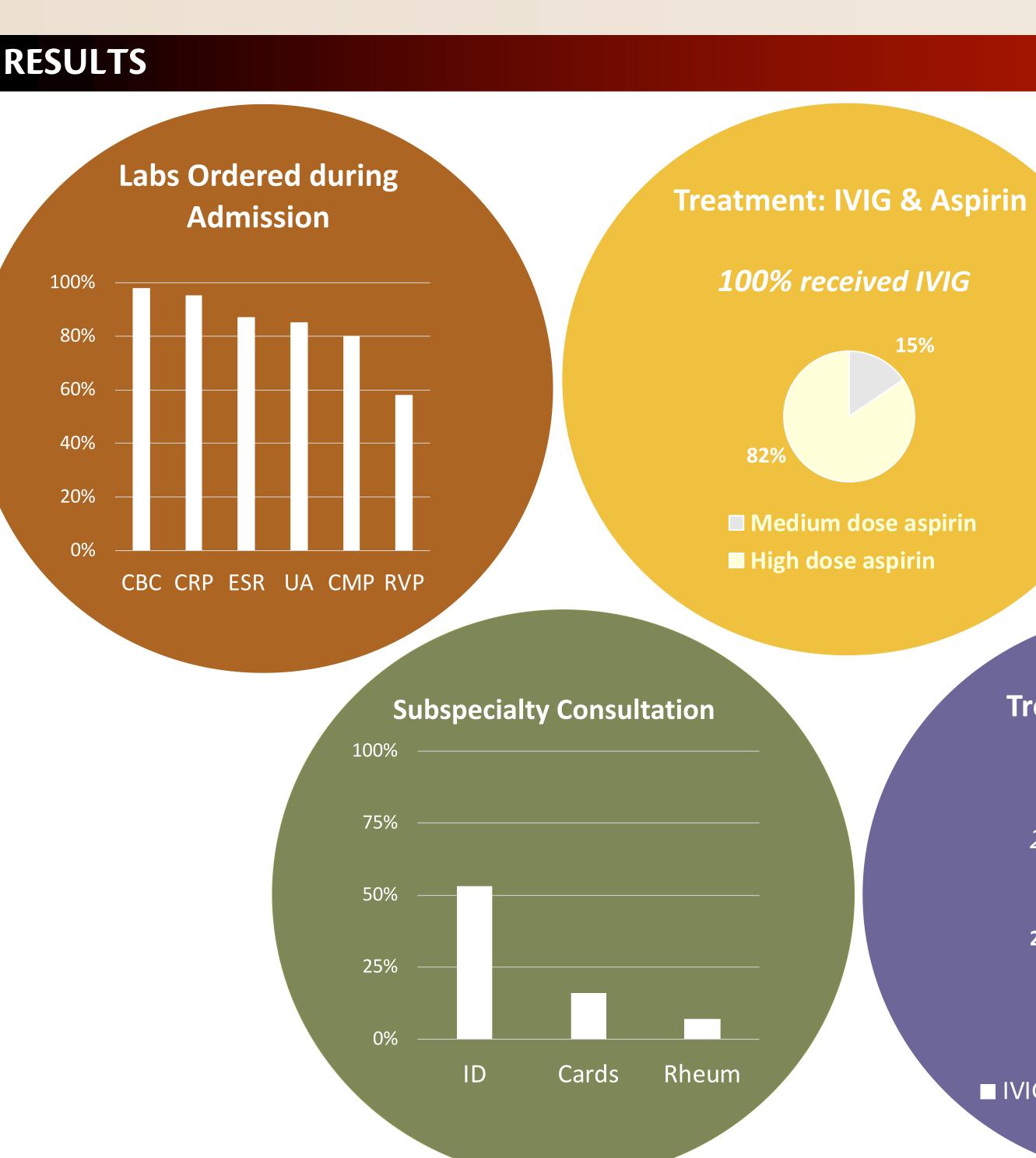
- Kawasaki disease (KD) is the leading cause of acquired heart disease in children in developed countries
- American Heart Association (AHA) released clinical guidelines in 2017 regarding best practices for diagnosing and managing children with KD
- Institutional adherence to these guidelines has not been evaluated

METHODS

- Retrospective chart review of 55 children 0-18 years old with discharge code for KD was conducted at two Midwest hospitals (academic and community) between January 2014 – December 2018
- Electronic health record data were summarized in the context of AHA recommendations, included laboratory, consultation, echocardiogram, and medication and vaccine administration information

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A 5-year retrospective chart review of pediatric patients with Kawasaki disease revealed opportunities for improvement in consultation, treatment of refractory cases, and follow up care.



Opportunities exist to improve care for patients with KD based on recently published clinical guidelines

• These data will be used in a quality improvement project to standardize initial evaluation, inpatient consultation, timing and treatment of IVIG refractory cases, as well as postdischarge KD care

ADDITIONAL INFORMATION

Reference: McCrindle BW, Rowley AH, Newburger JW, et al. Diagnosis, treatment, and longterm management of Kawasaki disease: a scientific statement for health professionals from the American Heart Association. Circulation. 2017;135(17):e927-e999.

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Follow up

Echocardiograms Completed within Guideline Recommendations

42% 1st Echo within 2 weeks

18% 2nd Echo within 6 weeks

15% received at least one **LIVE** vaccine within 11 months after IVIG

Treatment: Refractory

20% were refractory 13%

29%

00%

■ IVIG ■ Steroids ■ Infliximab



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CONCLUSIONS