Metric #: 013
Effective: 2.8.2016

Aspirin therapy in Acute and Subacute Phases	
Measure Description: Proportion of Kawasaki Disease (KD) patients with a recommendation for aspirin during the first 6 weeks after onset of disease.	
Numerator	Number of patients who were prescribed (upon discharge) daily low dose aspirin (<10 mg/kg/day) for 6 weeks or more.
Denominator	Number of patients, ≤ 18 years old, who had an inpatient discharge within the measurement period for acute KD.
Denominator Exclusions	• Patients with G6PD deficiency (who should receive an alternative therapy) • Patients on other anti-platelet therapy • Other contraindications to aspirin therapy (allergy, recent chickenpox vaccination)
Denominator Exclusions	None
Definitions/Notes	None
Measurement Period	Quarterly
Sources of Data	Pediatric cardiologists' outpatient medical records
Attribution	This measure should be reported by all pediatric cardiologists
Care Setting	Inpatient

Rationale

All patients discharged with the diagnosis of Kawasaki disease should be placed on antiplatelet therapy irrespective of receiving intravenous immunoglobulin (IVIG). Risk of aneurysm development persists during this period, and thrombosis risk exists in patients with aneurysms. Furthermore, accelerated thrombocytosis provides a hypercoagulable state after the first week.

Clinical Recommendation(s)

ACC/AHA Guidelines Evidence level C recommendations

"When high-dose aspirin is discontinued, clinicians begin low-dose aspirin (3 to 5 mg/kg per day) and maintain it until the patient shows no evidence of coronary changes by 6 to 8 weeks after the onset of illness." Guidelines also recommend continued antiplatelet therapy for patients with coronary involvement.

Newburger JW, Takahashi M, Gerber MA, Gewitz MH, Tani LY, Burns JC, Shulman ST, Bolger AF, Ferrieri P, Baltimore RS, Wilson WR, Baddour LM, Levison ME, Pallasch TJ, Falace DA, Taubert KA. Diagnosis, treatment, and long-term management of Kawasaki disease: a statement for health professionals from the Committee on Rheumatic Fever, Endocarditis and Kawasaki Disease, Council on Cardiovascular Disease in the Young, American Heart Association. Circulation. 2004 Oct 26;110(17):2747-71.

Other references:

Durongpisitkul K, Gururaj VJ, Park JM, Martin CF. The prevention of coronary artery aneurysm in Kawasaki disease: A meta-analysis on the efficacy of aspirin and immunoglobulin treatment. Pediatrics. 1995; 96: 1057–1061.

Challenges to Implementation
The accuracy of the reporting method will depend on each physician's verification process.

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