### Appropriate Care (No Therapy or Restrictions)

**Measure Description:** Proportion of Kawasaki Disease (KD) patients with documentation to not restrict physical activities.

<table>
<thead>
<tr>
<th><strong>Numerator</strong></th>
<th>Number of patients with documentation to not restrict physical activities during the measurement period or 3 years prior to the outpatient clinic visit.</th>
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<tbody>
<tr>
<td><strong>Denominator</strong></td>
<td>Number of KD patients, 6-18 years, who had an outpatient pediatric clinic visit during the measurement period.</td>
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**Denominator Exclusions**
- Patients who are unable to do any physical activity or sports for other reasons
- Patients with a history of aneurysm (any time in medical history)
- Patients with a KD diagnosis < 6 weeks from outpatient visit date

**Definitions/Notes**
1. **Clinic Visit:** If the patient has had multiple visits during the measurement period, use the most recent visit (i.e. last visit in the measurement period).

**Measurement Period**
Quarterly

**Sources of Data**
Pediatric cardiologists’ outpatient medical record

**Attribution**
This measure should be reported by the pediatric cardiologist evaluating the patient during or after the post-6 week follow-up appointment.

**Care Setting**
Outpatient

### Rationale
KD patients should have no restrictions on physical activities after 6 weeks post KD diagnosis based on the risk stratification categories listed below.

### Clinical Recommendation(s)

**AAP/AHA guidelines**

**Risk Level I—Patients with no coronary artery changes on echocardiography at any stage of the illness**
- No antiplatelet therapy is needed beyond the initial 6 to 8 weeks after the onset of illness.
- No restriction of physical activity is necessary after 6 to 8 weeks.
- Because the degree of future risk for ischemic heart disease in this category of patients is still undetermined, periodic assessment and counseling about known cardiovascular risk factors every 5 years is suggested.
- Coronary angiography is not recommended.

**Risk Level II—Patients with transient coronary artery ectasia or dilatation (disappearing within the initial 6 to 8 weeks after the onset of illness)**
- No antiplatelet therapy is needed beyond the initial 6 to 8 weeks after the onset of illness.
- No restriction of physical activity is necessary after 6 to 8 weeks.
- Risk assessment and counseling is recommended at 3- to 5-year intervals.
- Coronary angiography is not recommended.

### Challenges to Implementation

**Patients lost to follow-up.**

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<th>Authors</th>
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