

Appropriate Care (No Therapy or Restrictions)	
Measure Description: Proportion of Kawasaki Disease (KD) patients with documentation to not restrict physical activities.	
Numerator	Number of patients with documentation to not restrict physical activities during the measurement period or 3 years prior to the outpatient clinic visit ¹ .
Denominator	Number of KD patients, 6-18 years, who had an outpatient pediatric clinic visit ¹ during the measurement period.
Denominator Exclusions	<ul style="list-style-type: none"> 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
Denominator Exceptions	None
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)	
<p><u>AAP/AHA guidelines</u></p> <p><i>Risk Level I—Patients with no coronary artery changes on echocardiography at any stage of the illness</i></p> <ul style="list-style-type: none"> 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. <p><i>Risk Level II—Patients with transient coronary artery ectasia or dilatation (disappearing within the initial 6 to 8 weeks after the onset of illness)</i></p> <ul style="list-style-type: none"> 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. 	

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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

Challenges to Implementation

Patients lost to follow-up.

Authors

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