Metric #: 015
Effective: 01.06.2016

Appropriate Consideration and Documentation of Fever

Measure Description: Proportion of Kawasaki Disease (KD) patients with documentation of the presence or absence of fever after discharge.

Numerator	Number of patients who have documentation[1] of the presence or absence of fever at any time between their discharge and outpatient clinic visit.
Denominator	Number of KD patients, ≤ 18 years old, who had their first outpatient pediatric cardiology clinic visit during the measurement period and after their initial inpatient hospital discharge[2].
Denominator Exclusions	Patients whose first outpatient visit is more than two months after discharge from hospital.
Denominator Exceptions	None
Definitions/Notes	**1. Documentation of fever:** includes documentation that the history of fever was obtained post discharge (i.e. the patient/family was asked whether the patient has had at fever at any time since their initial inpatient hospital discharge.) **2. Initial inpatient hospital discharge** refers to the time the patient was discharged with a primary diagnosis of Kawasaki disease.
Measurement Period	Quarterly
Sources of Data	Pediatric cardiologists' outpatient medical record
Attribution	Pediatric Cardiologists seeing patients for first outpatient visit after diagnosis and treatment of KD
Care Setting	Outpatient

Rationale

Patients with KD who have persistent or recurrent fever after IVIG are at increased risk for developing coronary changes/aneurysms, and should be identified for re-evaluation and re-treatment.

Clinical Recommendation(s)

ACC/AHA guidelines

"Failure to respond usually is defined as persistent of recrudescent fever ≥ 36 hours after completion of the initial IVIG infusion. Most experts recommend retreatment with IVIG, 2 g/kg"

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 guidelines:

Japanese Circulation Society Guidelines

"It is important to treat patients not responding to initial IVIG therapy, who will count for about 15% of

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children with Kawasaki disease"

JCS Joint Working Group. Guidelines for diagnosis and management of cardiovascular sequelae in Kawasaki disease (JCS 2008). *Circ J.* 2010 Sep;74(9):1989-2020.

Challenges to Implementation

This metric assesses the cardiologists' concern for this important issue of recurrent fever, not whether the inpatient team appropriately counseled the parents, or whether the parents followed instructions. Therefore, there should be no significant challenges.

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