

INCLUSION CRITERIA

- Patient meets definition for Refractory KD¹

EXCLUSION CRITERIA

- KD patient that responded to standard treatment (see **KD Clinical Pathway**)

MEASURES

- Increase utilization of refractory KD pathway for patients that meet criteria (target - 80%)

¹REFRACTORY KD

In a patient diagnosed with KD, Refractory is defined as **any** of the following:

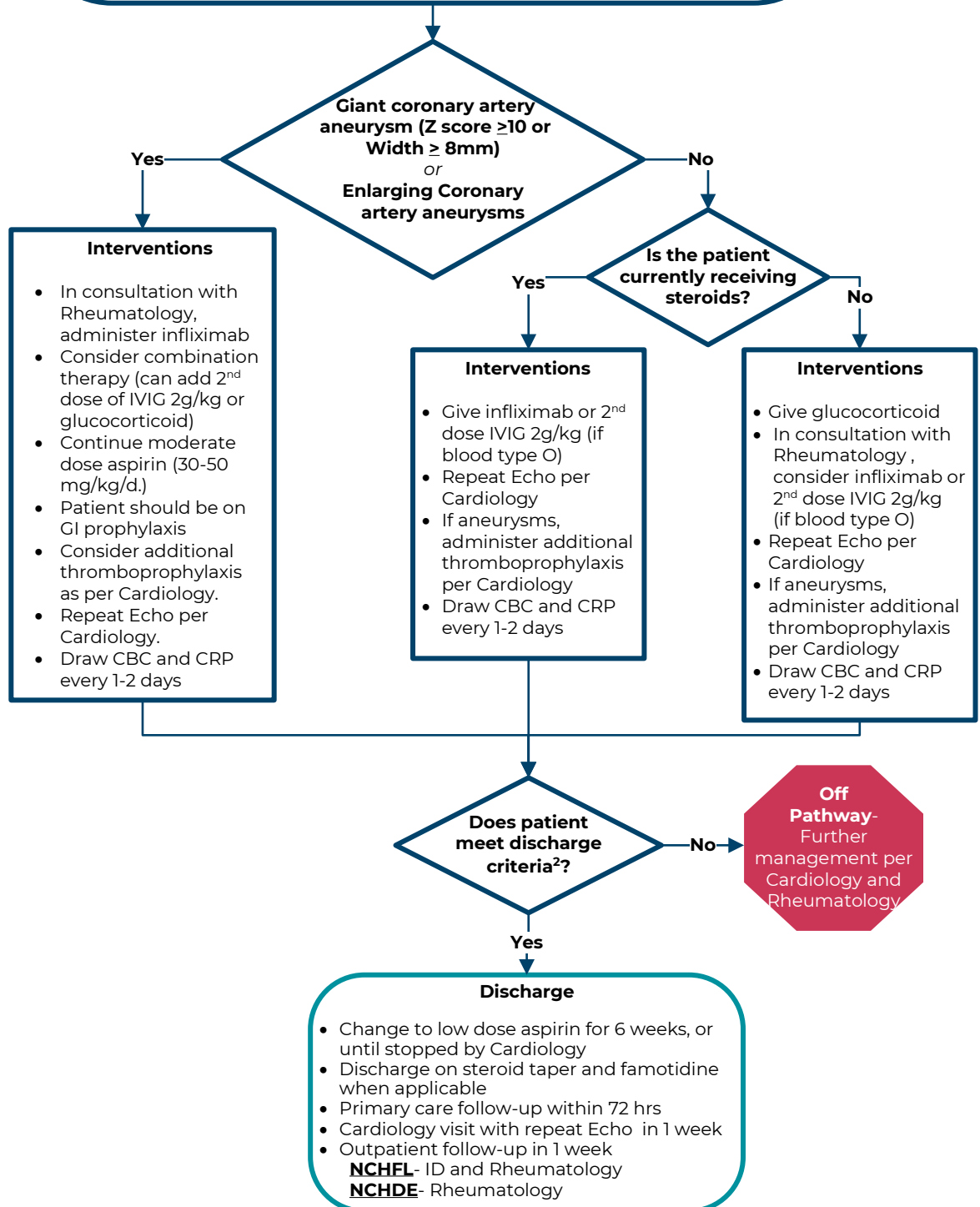
- Persistent fever of any magnitude 24 to 36 hours after completion of IVIG therapy
- Return of fever of any magnitude after an afebrile period not explained by any cause other than KD (up to 2 weeks after the start of treatment)
- Other signs of failed initial therapy such as progressive coronary artery dilation or other manifestations of inflammation associated with KD (eg, nonexudative conjunctivitis)

²DISCHARGE CRITERIA

- Observed 36-48 hours after completion of treatment
- Afebrile for 36-48 hours
- Down trending CRP >36-48hr after completion of treatment
- Stable coronary measurements on at least 2 Echo's greater than 24 hrs. apart

INITIAL ASSESSMENT

- Patient with Refractory Kawasaki Disease (KD)¹
- Obtain Blood Type and Screen
- If not already consulted, include the following:
 - Cardiology (NCHDE – all patients; NCHFL only if echo is abnormal)
 - Infectious Disease (NCHFL)
 - Rheumatology



Medication	Route	Dose	Max. per Dose	Duration
Aspirin MODERATE dose	PO/PR	30-50 mg/kg/ day divided Q6h		Until 48 hours after resolution of fever
Aspirin LOW dose	PO	3-5 mg/kg once daily	325 mg	6-8 weeks, assess at follow-up. Discontinuation dictated by cardiology
Famotidine	IV	<3 months: 0.25 mg/kg/ dose once daily ≥3 months: 0.25 mg/kg/ dose twice daily	20 mg	Discontinue when off steroids and moderate dose aspirin
	PO	<3 months: 0.5 mg/kg/ dose once daily ≥3 months: 0.5 mg/kg/ dose twice daily		
Infliximab	IV	10 mg/kg once	n/a	
IVIG	IV	2 g/kg once	n/a	
Methylprednisolone/Prednisone/ Prednisolone	IV/PO	1 mg/kg/ dose twice daily	30 mg	Consult with rheumatology for duration.

Abbreviations			
Abbreviation	Terminology	Abbreviation	Terminology
ALT	Alanine transaminase	GI	Gastrointestinal
CAA	Coronary Artery Aneurysm	hrs	Hours
CAs	Coronary Arteries	ID	Infectious Disease
CBC	Complete Blood Count	IV	Intravenous
CMP	Complete Metabolic Panel	kg	Kilogram
CRP	C-Reactive Protein	LAD	Left Anterior Descending
d	Day	mg	Milligram
ECHO	Echocardiogram	PO	By mouth
eg	For <u>Example</u>	UA	Urinalysis
g	Gram	WBC	White Blood Cell

Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located.

VERSION MANAGEMENT

- Version 1.0 (11/11/2025): Go Live.

Questions about this pathway should be directed to clinicalpathways@nemours.org.

AUTHORS & REFERENCES

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