Diagnostic Criteria for Kawasaki Disease

Child must have fever for more than 5 days along with four of five clinical criteria* (diagnosis may be made on day 4 by an experienced clinician if child has all the clinical criteria):

1. Changes in the extremities: In the acute phase edema, erythema of the palms and soles; in the subacute phase, periungual desquamation (peeling) of the hands and feet

2. Bilateral conjunctival injection (inflammation) without exudation

3. Changes in the oral mucous membranes, such as erythema of the lips, oropharyngeal reddening; or "strawberry tongue" (large papillae are exposed)

4. Polymorphous rash

5. Cervical lymphadenopathy (one lymph node >1.5 cm)

*Incomplete Kawasaki disease should be considered in situation of prolonged fever (see algorithm for incomplete Kawasaki disease from American Heart Association guidelines). Kawasaki disease can be diagnosed with fewer clinical criteria when coronary artery changes are noted.

Kawasaki disease manifests in three phases: acute, subacute, and convalescent. The **acute phase** begins with an abrupt onset of a high fever that is unresponsive to antibiotics and antipyretics. The remaining diagnostic symptoms evolve over the next week or so. Symptoms may come and go and do not need to be present simultaneously for diagnosis, although the fever is generally persistent throughout. During this stage, the child is typically *very* irritable. The **subacute phase** begins with resolution of the fever and lasts until all clinical signs of Kawasaki disease have disappeared. During this phase, coronary artery aneurysms may be noticed or previously dilated vessels may continue to increase in size. Irritability persists during this phase. In the **convalescent phase**, all of the clinical signs of Kawasaki disease have resolved, but the laboratory values have not returned to normal. This phase is complete when all blood values are normal (6 to 8 weeks after