

therefore may be partially dehydrated, fluids need to be administered with care because of the usual finding of myocarditis. The child should be assessed frequently for signs of HF, including decreased urinary output, gallop rhythm (an additional heart sound), tachycardia, and respiratory distress.

Administration of IVIG should follow the same guidelines as for any blood product, with frequent monitoring of vital signs. Patients must be watched for allergic reactions. Cardiac status must be monitored because of the large volume being administered to patients who may have diminished left ventricular function.

The majority of nursing care in the hospital focuses on symptomatic relief. To minimize skin discomfort, cool cloths; unscented lotions; and soft, loose clothing are helpful. During the acute phase, mouth care, including lubricating ointment to the lips, is important for mucosal inflammation. Clear liquids and soft foods can be offered.

Patient irritability is perhaps the most challenging problem. These children need a quiet environment that promotes adequate rest. Their parents need to be supported in their efforts to comfort an often inconsolable child. They may need time away from their child, and nurses can often provide respite care for the family. Parents need to understand that irritability is a hallmark of Kawasaki disease and that it will resolve. They need not feel guilty or embarrassed about their child's behavior.

Discharge Teaching

Parents need accurate information about the course of the illness, including the importance of follow-up monitoring and when they should contact their practitioner. Irritability is likely to persist for up to 2 months after the onset of symptoms. Periungual desquamation (peeling of the hands and feet) begins in the second and third weeks. Usually the fingertips peel first followed by the feet. The peeling is painless, but the new skin may be tender. Arthritis is always temporary but may involve the larger weight-bearing joints and may persist for several weeks. Affected children are typically most stiff in the mornings, during cold weather, and after naps. Passive range-of-motion exercises in the bathtub are often helpful in increasing flexibility. Any live immunizations (e.g., measles, mumps, and rubella; varicella) should be deferred for 11