



Sponsors: Swiss Society of Paediatrics (SSP) and Federal Office of Public Health (FOPH)

KAWASAKI DISEASE IN CHILDREN 1 YEAR FOLLOW-UP FORM

A) Patient information

1. Date of birth _____/_____/_____ (mm/yy)
2. Date of follow-up _____/_____/_____ (dd/mm/yyyy)
3. Weight: kg Height: cm

B) Outcome 1 year after Kawasaki disease

a. Clinical evolution:

Recurrent Kawasaki disease after initial KD Y N

If yes: date _____/_____/_____ (dd/mm/yyyy)

Treatment: Immunoglobulins 2 g/kg

Aspirine anti-inflammatory dose ____ antithrombotic dose ____

Symptoms:

Asymptomatic Y N

Heart failure Y N

Chest pain at rest Y N upon exertion Y N

Dyspnoe at rest Y N upon exertion Y N

Death Y N if yes: autopsy Y N

If autopsy: cardiac findings:

b. Cardiac investigations:

ECG: nl abnl: if abnl specify

Echocardiogram: date _____/_____/_____ (dd/mm/yyyy)

Right coronary artery nl dilated aneurysm size: (mm)

Left coronary artery nl dilated aneurysm size: (mm)

Others: perivascular brightness: Y N
effusion: Y N
Myocarditis : Y N
valvular regurgitation : Y N

c. *Other imaging studies :*

MRI Y N if yes: nl abnl

If abnl specify.....

CT-Scan Y N if yes: nl abnl

If abnl specify.....

Coronary angiography Y N if yes: nl abnl

If abnl specify.....

C) Current treatment :

1. Aspirine Y N

a. Dose: mg/kg/d

2. Others: mg/kg/d.....

D) Follow- up care:

Pediatrician: Pediatric cardiologist:

Date: ____/____/____ (dd/mm/yyyy)

**We would like to thank you for the precious collaboration!
Please send this questionnaire to:**

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