

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

KAWASAKI DISEASE IN CHILDREN, DATA COLLECTION FORM**A) Patient information**

1. Date of birth: ____/____/____ (mm/yy)
2. Weight: kg Height: cm
3. Gender: female male
4. Age at onset of illness: ____/ years and ____/ months
5. Ethnicity: Caucasian Afro-American Asian
6. Canton of residence:
7. Treating hospital:

B) Presentation/Clinical features

1. Date of first symptom ____/____/____ (dd/mm/yyyy)
2. Date of diagnosis ____/____/____ (dd/mm/yyyy)
3. Clinical symptoms:
 - a. Fever Y N If yes, total duration: days
 - b. Rash Y N Unknown
 - c. Cervical lymphadenopathy > 1.5 cm Y N Unknown
 - d. Non purulent conjunctivitis Y N Unknown
 - e. Changes of peripheral extremities Y N Unknown
 - f. Changes of lips and oral cavity Y N Unknown
 - g. Other symptoms:.....

4. Diagnosis:

a. *Laboratory:*

- | | | | | |
|-----------------------------|----------------------------|----------------------------|----------------------------------|---------------------|
| CRP g/l | Y <input type="checkbox"/> | N <input type="checkbox"/> | Unknown <input type="checkbox"/> | highest level |
| ESR mm/hr | Y <input type="checkbox"/> | N <input type="checkbox"/> | Unknown <input type="checkbox"/> | highest level..... |
| Albumin g/l | Y <input type="checkbox"/> | N <input type="checkbox"/> | Unknown <input type="checkbox"/> | lowest level..... |
| WBC x10 ⁶ | Y <input type="checkbox"/> | N <input type="checkbox"/> | Unknown <input type="checkbox"/> | highest level..... |
| Platelets x 10 ⁶ | Y <input type="checkbox"/> | N <input type="checkbox"/> | Unknown <input type="checkbox"/> | lowest level..... |
| Hb g/l | Y <input type="checkbox"/> | N <input type="checkbox"/> | Unknown <input type="checkbox"/> | lowest level..... |

b. *Cardiac investigations:*ECG: nl abnl: if abnl specify

Echocardiogram initial: date ____/____/____ (dd/mm/yyyy)

Right coronary artery: nl dilated aneurysm size: ... (mm)Left coronary artery: nl dilated aneurysm size: ... (mm)

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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:

d. *Other investigations :*

Lumbar puncture Y N if abnl specify:.....

Urinalysis Y N if abnl specify:.....

Abdominal ultrasound Y N if abnl specify:.....

Throat culture Y N if abnl specify:.....

Bone marrow examination Y N if abnl specify:.....

Other:specify:

C) Management :

1. Immunoglobulins Y N date of administration ____/____/____ (dd/mm/yyyy)
 - a. Dose : 2 g/kg other dose:
 - b. Repeat dose Y N if yes date of administration ____/____/____ (dd/mm/yyyy)
2. Aspirine Y N
 - a. Initial dose: ...mg/kg/d begin ____/____/____ end ____/____/____ (dd/mm/yyyy)
 - b. Chronic dose: mg/kg/d begin ____/____/____ end ____/____/____ (dd/mm/yyyy)
3. Others
4. Second line.....date of administration ____/____/____ (dd/mm/yyyy)
5. Third line..... date of administration ____/____/____ (dd/mm/yyyy)

D) Outcome:

1. Clinical recovery Y N Unknown
2. Cardiac sequelae Y N Unknown if yes specify.....
3. Died of Kawasaki disease Y date of death ____/____/____ (dd/mm/yyyy)
Autopsy: Y N if yes specify.....

E) 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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