NATIONAL STUDY OF KAWASAKI DISEASE

Paediatrician's Code ☐☐☐ **Date of Report** ___/___/___

PATIENT INFORMATION

1 First 2 letters of child's family name ☐☐ First 2 letters of first name ☐☐

2 Date of birth ___/___/___ Gender ☐

3 Age at onset of illness ☐y ☐m

4 Ethnicity (more than one box can be ticked)

- ☐ New Zealand European
- ☐ Samoan
- ☐ Tongan
- ☐ Chinese
- ☐ Maori
- ☐ Cook Island Maori
- ☐ Niuean
- ☐ Indian
- ☐ Other (such as Dutch, Japanese, Tokelauan) please state .....

5 District of usual residence.....

6 CASE DEFINITION

Please indicate which diagnostic features were present (tick box where relevant).

- ☐ Fever for more than 5 days
- ☐ Changes of peripheral extremities
- ☐ Polymorphous exanthema
- ☐ Bilateral conjunctival congestion
- ☐ Changes of lips and oral cavity
- ☐ Cervical lymphadenopathy
- ☐ Coronary artery abnormalities
- ☐ No evidence of other causative pathology, eg, measles, streptococcal disease, etc

7 DIAGNOSIS

Probable date of onset of disease ___/___/___

Date of admission to hospital ___/___/___ ☐ Never admitted

Date of diagnosis of Kawasaki disease ___/___/___

8 INVESTIGATIONS

Lowest Hb documented	☐☐☐ g/ℓ	date ___/___/___
Highest WBC documented	☐☐ x 10^6/ℓ	date ___/___/___
Highest Platelets documented	☐☐☐☐ x 10^6/ℓ	date ___/___/___
Highest ESR documented	☐☐☐ mm/hr	date ___/___/___
Highest CRP documented	☐☐☐ g/ℓ	date ___/___/___

Lowest Albumin documented ☐☐☐ g/ℓ date ___/___/___

Please indicate if any of the following investigations were performed:

☐ Evidence of streptococcal infection (specify).....

☐ Lumbar puncture Normal / Abnormal (specify).....

☐ Urine analysis Normal / Abnormal (specify).....

☐ Abdominal ultrasound Normal / Abnormal (specify).....

☐ Bone marrow examination Normal / Abnormal (specify).....

☐ Skin biopsy Normal / Abnormal (specify)

☐ Other tissue biopsy (Please specify.....)

9 CARDIAC INVOLVEMENT

Please tick the following if present:

☐ Arrhythmia (Please specify.....)

☐ Clinically evident pericarditis

☐ Cardiac failure

☐ Other cardiac complications (Please specify .....)

10 CARDIAC INVESTIGATIONS

Date ECG first performed ___/___/___

Please specify significant abnormalities: .....

Echocardiograms:

Date ___/___/___ Normal / Abnormal (Please specify .....)

Date ___/___/___ Normal / Abnormal (Please specify.....)

Date ___/___/___ Normal / Abnormal (Please specify.....)

11 TREATMENT

Please indicate if any of the following were administered:

☐ IVIG Date started ___/___/___ Regime _____

☐ Aspirin Date started ___/___/___ Regime_____

☐ Other anti-platelet medication (specify) Date started ___/___/___ Regime_____

☐ Other (Please specify.....)

12 OUTCOME

Please tick the appropriate box or boxes

☐ Discharge Date of discharge ___/___/___.....

☐ Died Date of death ___/___/___ (please give relevant post mortem details).....

☐ Discharged on medication (please specify).....

☐ Discharged on no medications.....

Thank you for your help