

Diagnostic Criteria

Laboratory values :	Not determined	Value	Date (dd.mm.jjjj)
Albumin	<input type="radio"/>	g/dl	
Alanine Aminotransaminase	<input type="radio"/>	U/l	
Aspartate Aminotransferase	<input type="radio"/>	U/l	
CRP	<input type="radio"/>	mg/l	
Thrombocytes	<input type="radio"/>	T/ μ l	
Haemoglobin	<input type="radio"/>	g/dl	
Leukocytes	<input type="radio"/>	T/ μ l	

Leukocyturia Not determined No Yes Date: |__| |__| |__| | (dd / mm / jjjj)

ESR: ____/____ (mm/h), Date: |__| |__| |__| | (dd / mm / jjjj)

Echocardiography: No Yes, Date: |__| |__| |__| | (dd / mm / jjjj)

Coronary aneurysm: Yes/ No Diameter: _____ mm

LCA: _____ LAD: _____ LCX: _____ RCA: _____

Therapy

ASS (Initial: high-dose): Dose: _____ mg/kg body weight/d Start: |__| |__| |__| | (dd / mm / jjjj)

(Duration: low-dose): Dose: _____ mg/kg body weight/d Start: |__| |__| |__| | Duration ____ weeks

Intravenous Immunoglobulin (IVIG): Total amount. ____ No IVIG, because: _____

1st Dose: Dose: _____ g/kg body weight/d, Date |__| |__| |__| | (dd / mm / jjjj)

2nd Dose: Dose: _____ g/kg body weight/d, Date |__| |__| |__| | (dd / mm / jjjj)

Following: Dose: _____ g/kg body weight/d, Date |__| |__| |__| | Dose: _____ g/kg body weight/d, Date |__| |__| |__| |

Steroids: for KD treatment Yes No, for other reasons: _____

Name: _____ Dose: _____ Start: |__| |__| |__| | Duration _____ Days

OUTCOME

Cure Recurrence: ____ (Number) Deceased: _____ (Date)

THANK YOU FOR YOUR SUPPORT