

What should I expect at home?

Your child will usually be discharged home once their fever settles and the treatments have been started.

Once you go home, **it may take 3 to 4 weeks for your child to fully recover.**

Common symptoms include:

- **Difficulty concentrating, mood swings, or trouble sleeping**
- **Rashes or skin peeling (very common in the second week of the illness)**
- **Muscle weakness and tiredness.**

You may find your child needs a gradual return to activities and school. This is very normal.

What happens next?

Your child will need to have **at least 2 follow up heart scans and ECGs.**

These are usually at 2 to 3 weeks after the illness starting, and at 6 to 8 weeks.

If both heart scans show no coronary artery abnormalities, the aspirin will usually be stopped. If either scan shows any kind of abnormality, your child will need to be seen by a heart specialist. This may be in London or at a special clinic at the Alex.

Other useful numbers

Kawasaki disease patient and carer website www.societi.org.uk

Practice Plus
(Brighton walk-in centre / GP service)

0300 130 3333 / 0333 321 0946

Open 8am till 8pm - 7 days a week including bank holidays.

www.practiceplusbrightonstation.nhs.uk

For out of hours GP service or advice ring NHS 111

Royal Alexandra Children's Hospital
01273 696955 Ext. 62593

Children's Emergency Department

Please be aware that CED staff will not be able to give you medical advice for your child over the phone but can direct you to an appropriate service to assist with your enquiry.



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carer and patient information group approved

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**Kawasaki disease
(KD)**

Children's Emergency Department



What is Kawasaki disease?

Kawasaki disease (KD) is a rare childhood illness which causes **swelling and inflammation of the small blood vessels throughout the body** (vasculitis).

KD usually affects children under 5 years. The exact cause of KD is not yet known. Sometimes it can be triggered by infections. **Although children with KD have fever, the illness is not infectious.**

The most serious complication of KD happens when the swelling affects the blood vessels supplying the heart (coronary arteries). This happens in around 1 in 4 children with KD who do not receive treatment in time. **Being treated quickly for KD means that your child is less likely to have these complications.**

What are the symptoms?

The main symptoms of Kawasaki disease are **fever** (temperature of more than 38°C) **for 5 days or more**, and a combination of:

- **A skin rash**
- **Red eyes with discharge or stickiness**
- **'strawberry' tongue: swollen, red and bumpy tongue**
- **Red, dry cracked lips and inside mouth**

- **Swollen and red hands and feet. Later in the illness they typically peel**
- **Swollen glands in the neck**
- **Irritability.**

Some children can also have painful joints, tummy ache, diarrhoea (runny poo) and vomiting (being sick).

How is KD diagnosed?

There is no specific test to diagnose KD.

It is usually diagnosed when there is a fever for a long time alongside the other symptoms.

Your child will have a blood and urine (pee) test. They will also have an **echocardiogram** (jelly scan of heart) to look at the size of blood vessels around the heart.

What is the treatment of KD?

Your child might have some or all of these treatments:

High dose intravenous immunoglobulin (IVIG). This is a type of blood product medication given by a drip. IVIG can reduce blood vessel inflammation and its long-term effects on the heart vessels. Your child will be closely monitored for possible side effects during the infusion.

IVIG can cause fever, headache, backache, throwing up, muscle pain or skin rash. Most of these will go away within 48 hours of the infusion stopping.

After having IVIG your child will need to change their immunisation schedule.

- Live vaccines (MMR, Chicken pox) will be postponed for 6 months.
- Non-live vaccines can be given 3 months after IVIG

Aspirin (tablets). This reduces the risk of a clot forming, especially in the heart vessels. Aspirin can cause stomach upset, so it helps to take it with meals.

Live intranasal flu vaccine (when the flu vaccine is sprayed up the nose) should not be given to children on aspirin.

- Instead, your child will need to have their flu vaccine given as an injection.

Be aware! Never give a child aspirin unless it has been prescribed by a doctor. KD is one of the few occasions where aspirin is given to children.