

PARENT INSTRUCTIONS FOR FOLLOW-UP APPOINTMENT

Your follow-up appointment will be on:

___ / ___ / ___ / ___ / ___ / ___ / ___ / ___
 M M D D Y Y Y Y

Day of the week (circle)

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday

Arrive by:

___ : ___ AM or PM (circle)

Check-in at:

You have an appointment for an:
AND

Echocardiogram

You have an appointment with:

Dr. _____

Your child will have blood drawn during this hospital visit. This is generally done after the Echocardiogram and doctor's appointment.

Children under 2 ½ years old will usually be sedated with Chloral Hydrate for the Echocardiogram. This medication works best if your child is tired and has an empty stomach.

For children under 3 years old, please follow the guidelines below:

1. NO food or milk/formula AFTER ___ : ___ AM or PM (circle)
 2. Can have CLEAR LIQUIDS until ___ : ___ AM or PM (circle)
 3. Nothing by mouth AFTER ___ : ___ AM or PM (circle)
- **Use the attached Aspirin and Temperature Log to write down each time you give your child aspirin and each time you take your child's temperature.**
 - **Bring this log when you come for your first follow-up visit.**
 - **The log will be collected and reviewed by the Research Nurse.**

INSTRUCTIONS FOR TAKING YOUR CHILD'S TEMPERATURE:

For the first few days at home, you will need to take your child's temperature 4 times each day before each aspirin dose. You can take your child's temperature by mouth (orally), ear (tympanic), armpit (axillary) or by rectum/buttocks (rectally). Follow the Nurse's instructions for taking your child's temperature.

After your child has been without fever for 2 consecutive days (less than 98.6 by mouth (orally), ear (tympanic), or armpit (axillary), or less than 100 by rectum/buttocks (rectally)), you will only need to take your child's temperature once a day between 4 and 6 PM, before the 6 PM aspirin dose. The Nurse will tell you when to start taking your child's temperature once a day.

Please **write** the temperature in the log and **circle** the method for how you took your child's temperature.

Call your pediatrician or the Kawasaki Team if your child's temperature is 101 degrees or higher by rectum/buttocks (rectally), or 100 degrees or higher by mouth (orally), ear (tympanic), or armpit (axillary).

Use the log to write down your child's temperature and to record each time you give your child aspirin.

Remember to bring the log with you for your 1-week follow-up visit and give it to the Nurse.

Section B: PARENT ASPIRIN AND TEMPERATURE LOG

DAY 1

a. Date

M M / D D / Y Y Y Y
 M M / D D / Y Y Y Y

B. 1

b. Aspirin

c. Temperature

b.1. 6 AM

a. Given.....1 Not Given.....2

c.1. ___ ___ ___ . ___ °F

b. ___ ___ ___ ___ mg
 (___ ___ tablets)

c.1.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.2. 12 noon

a. Given.....1 Not Given.....2

c.2. ___ ___ ___ . ___ °F

b. ___ ___ ___ ___ mg
 (___ ___ tablets)

c.2.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.3. 6 PM

a. Given.....1 Not Given.....2

c.3. ___ ___ ___ . ___ °F

b. ___ ___ ___ ___ mg
 (___ ___ tablets)

c.3.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.4. 12 AM

a. Given.....1 Not Given.....2

c.4. ___ ___ ___ . ___ °F

b. ___ ___ ___ ___ mg
 (___ ___ tablets)

c.4.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

DAY 2

B. 2

a. Date

$\frac{\text{M}}{\text{M}} / \frac{\text{D}}{\text{D}} / \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}} \frac{\text{Y}}{\text{Y}}$

b. Aspirin

c. Temperature

b.1. 6 AM

a. Given.....1 Not Given.....2
 b. _____ mg
 (_____ tablets)

c.1. _____ °F
 c.1.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.2. 12 noon

a. Given.....1 Not Given.....2
 b. _____ mg
 (_____ tablets)

c.2. _____ °F
 c.2.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.3. 6 PM

a. Given.....1 Not Given.....2
 b. _____ mg
 (_____ tablets)

c.3. _____ °F
 c.3.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.4. 12 AM

a. Given.....1 Not Given.....2
 b. _____ mg
 (_____ tablets)

c.4. _____ °F
 c.4.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

DAY 3

B. 3

a. Date

/ /

b. Aspirin

c. Temperature

b.1. 6 AM

a. Given.....1 Not Given.....2

c.1. . °F

b. mg
(tablets)

c.1.i Rectum 1 Mouth 2
Ear 3 Armpit 4

b.2. 12 noon

a. Given.....1 Not Given.....2

c.2. . °F

c. mg
(tablets)

c.2.i Rectum 1 Mouth 2
Ear 3 Armpit 4

b.3. 6 PM

a. Given.....1 Not Given.....2

c.3. . °F

c. mg
(tablets)

c.3.i Rectum 1 Mouth 2
Ear 3 Armpit 4

b.4. 12 AM

a. Given.....1 Not Given.....2

c.4. . °F

c. mg
(tablets)

c.4.i Rectum 1 Mouth 2
Ear 3 Armpit 4

DAY 4

B. 4

a. Date

_	_	/	_	_	/	_	_	_	_
M	M		D	D		Y	Y	Y	Y

b. Aspirin

c. Temperature

b.1. 6 AM

a. Given.....1 Not Given.....2

c.1. _ _ _ . _ °F

b. _ _ _ _ mg
 (_ _ tablets)

c.1.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.2. 12 noon

a. Given.....1 Not Given.....2

c.2. _ _ _ . _ °F

b. _ _ _ _ mg
 (_ _ tablets)

c.2.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.3. 6 PM

a. Given.....1 Not Given.....2

c.3. _ _ _ . _ °F

b. _ _ _ _ mg
 (_ _ tablets)

c.3.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

b.4. 12 AM

a. Given.....1 Not Given.....2

c.4. _ _ _ . _ °F

b. _ _ _ _ mg
 (_ _ tablets)

c.4.i Rectum 1 Mouth 2
 Ear 3 Armpit 4

DAY 5

B. 5

a. Date

_	_	/	_	_	/	_	_	_	_
M	M		D	D		Y	Y	Y	Y

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

_____ . _____ °F

b. _ _ _ _ mg (_ _ tablets)

c.1. Rectum 1
 Mouth 2
 Ear 3
 Armpit 4

DAY 6

B. 6

a. Date

_	M	/	_	M	/	_	D	/	_	Y	_	Y	_	Y	_	Y
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b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ . ___ °F

b. ___ mg (___ tablets)

- c.1. Rectum 1
 Mouth..... 2
 Ear 3
 Armpit 4

DAY 7

B. 7

a. Date

_	M	/	_	M	/	_	D	/	_	Y	_	Y	_	Y	_	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ . ___ °F

b. ___ mg (___ tablets)

- c.1. Rectum 1
 Mouth..... 2
 Ear 3
 Armpit 4

DAY 8

B. 8

a. Date

_	M	/	_	M	/	_	D	/	_	Y	_	Y	_	Y	_	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ . ___ °F

b. ___ mg (___ tablets)

- c.1. Rectum 1
 Mouth..... 2
 Ear 3
 Armpit 4

DAY 9

B. 9

a. Date

_	M	/	_	M	/	_	D	/	_	Y	_	Y	_	Y	_	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ . ___ °F

b. ___ mg (___ tablets)

- c.1. Rectum 1
 Mouth..... 2
 Ear 3
 Armpit 4

DAY 10

B. 10

a. Date

_	M	/	_	M	/	_	D	/	_	Y	_	Y	_	Y	_	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ . ___ °F

b. ___ mg (___ tablets)

- c.1. Rectum 1
 Mouth..... 2
 Ear 3
 Armpit 4

DAY 11

B. 11

a. Date

_	M	/	_	M	/	_	D	/	_	Y	_	Y	_	Y	_	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ . ___ °F

b. ___ mg (___ tablets)

- c.1. Rectum 1
 Mouth..... 2
 Ear 3
 Armpit 4

DAY 12

B. 12

a. Date

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ ___ . ___ °F

b. ___ ___ mg (___ ___ tablets)

- c.1. Rectum 1
 Mouth 2
 Ear 3
 Armpit 4

DAY 13

B. 13

a. Date

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ ___ . ___ °F

b. ___ ___ mg (___ ___ tablets)

- c.1. Rectum 1
 Mouth 2
 Ear 3
 Armpit 4

DAY 14

B. 14

a. Date

M	M	/	D	D	/	Y	Y	Y	Y
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b. Aspirin

c. Temperature

b.1. 6 PM

a. Given..... 1 Not Given 2

___ ___ . ___ °F

b. ___ ___ mg (___ ___ tablets)

- c.1. Rectum 1
 Mouth 2
 Ear 3
 Armpit 4