

Supplemental Information

KD SURVEY

1. Which of the following best describes you?
 - a. Hospitalist with 0 to 4 years of practice
 - b. Hospitalist with 5 to 10 years of practice
 - c. Hospitalist with >10 years of practice
 - d. Hospitalist fellow
 - e. Other trainee (medical student or resident)
 - f. Other (including outpatient pediatrics, subspecialty, advanced practice providers, etc)
 2. Which of the following best describes your primary practice location?
 - a. Outside the United States
 - b. Northeast
 - c. Mid-Atlantic or Southeast
 - d. Midwest
 - e. South or Southwest
 - f. West or Pacific Northwest
 3. Which of the following best describes your primary practice setting?
 - a. Urgent care
 - b. Community hospital
 - c. Community hospital with academic affiliation
 - d. Tertiary care children's hospital
 - e. Outpatient clinic
 - f. Other
- The following questions are in regard to patients with KD who are >12 months of age.
4. What is your comfort level in independently (without a consulting service) diagnosing incomplete KD?
 - a. Very comfortable
 - b. Somewhat comfortable
 - c. Somewhat uncomfortable
 - d. Very uncomfortable
 5. What is your comfort level in independently managing classic KD?
 - a. Very comfortable
 - b. Somewhat comfortable
 - c. Somewhat uncomfortable
 - d. Very uncomfortable
 6. What is your comfort level in independently managing KD complicated by mild coronary artery dilation (no aneurysms) diagnosed before day 10 of fever?
 - a. Very comfortable
 - b. Somewhat comfortable
 - c. Somewhat uncomfortable
 - d. Very uncomfortable
 7. Is any subspecialty or department typically consulted when a patient is diagnosed with classic KD without complications?
 - a. No
 - b. Yes, ID
 - c. Yes, cardiology
 - d. Yes, rheumatology
 - e. Yes, cardiology and ID
 - f. Yes, cardiology and rheumatology
 - g. Yes, other
 8. In addition to the primary care provider, who manages patients with classic KD and no complications after discharge?
 - a. None (primary care provider only)
 - b. Cardiology
 - c. ID
 - d. Rheumatology
 - e. ID and cardiology
 - f. Cardiology and rheumatology
 - g. Other
 9. In a patient with classic KD and a normal initial echocardiogram results, what is your initial treatment?
 - a. IVIG and high-dose aspirin (80–100 mg/kg per day)
 - b. IVIG and medium-dose aspirin (30–50 mg/kg per day)
 - c. IVIG and low-dose aspirin (3–5 mg/kg per day)
 - d. IVIG alone
 - e. IVIG and corticosteroids
 - f. Corticosteroids alone
 - g. Other
 10. In a patient with classic KD and no complications who receives IVIG, how long do you typically observe after completion of IVIG before discharge?
 - a. <24 hours
 - b. ~24 hours
 - c. ~36 hours
 - d. ~48 hours
 - e. >48 hours
 11. In a patient with classic KD and no complications who received IVIG, which of the following most closely approximates the number of hours after the completion of IVIG when you would consider fever (>38°C) to indicate non-response to IVIG?
 - a. 18 hours
 - b. 24 hours
 - c. 36 hours
 - d. 48 hours
 - e. Other
 12. You have a patient with classic KD who is found to have coronary artery dilation (but no aneurysm formation) on initial echocardiogram. Aside from giving aspirin, what is your most typical initial step?
 - a. IVIG alone
 - b. IVIG and corticosteroids
 - c. IVIG and tumor necrosis factor- α inhibitor (infliximab or etanercept)
 - d. Corticosteroids alone
 - e. Tumor necrosis factor- α inhibitor alone
 - f. Other

13. You are caring for a patient with classic KD and no coronary artery changes who has recurrence of fever. You consider this recurrence to indicate a failed response to an initial dose of IVIG. Which of the following is your most typical next step?
- a. Observe
 - b. A second dose of IVIG
 - c. IVIG and corticosteroids
 - d. Corticosteroids alone
 - e. Tumor necrosis factor- α inhibitor alone (infliximab or etanercept)
 - f. IVIG and tumor necrosis factor- α inhibitor
 - g. Other