Rheumatic Fever / Rheumatic Heart Disease Case Report Form

Province: _____ **Hospital:**_____

Examiners Name: _____ **Date of Report:** dd / mm/ yy

Patient Identification

Patient's Name: _____ | Patient's Sex: Male Female

Mother's Name: _____ | Date of birth: dd / mm/ yy

Father's Name: _____ | Age: years ___ months __

Permanent Address (to find child for follow-up): Mobile telephone number:

Admission ID #

Examination for Rheumatic Fever and Rheumatic Heart Disease

Date of examination: dd / mm/ yy

Date of onset of symptoms: dd / mm/ yy

Acute rheumatic fever is diagnosed clinically (Jones criteria): Two major criteria OR 1 major *and* 2 minor criteria

Major criteria

Previous rheumatic fever or rheumatic heart disease:	**Y N U**	If yes, date previously diagnosed: dd / mm/ yy
New heart murmur	**Y N U**	
Polyarthritis (swelling and pain of many joints)	**Y N U**	
Subcutaneous nodules (raised swellings in skin)	**Y N U**	
Erythema marginatum (red rash)	**Y N U**	

Minor criteria

Fever	**Y N U**
ESR >30 mm/Hr	**Y N U**
Prolonged PR interval on ECG	**Y N U**
Polyarthralgia or aseptic monoarthritis	**Y N U**

Rheumatic Heart Disease complications

Heart failure	**Y N**
Atrial fibrillation	**Y N**
Infective endocarditis	**Y N**
Stroke	**Y N**

All children need ongoing antibiotic prophylaxis

Give monthly benzathine penicillin: 20kg or less: 600,000 IU (450mg) ….>20kg: 1,200,000 IU (900mg)

Date commenced penicillin prophylaxis (date commenced): dd / mm/ yy

Book every 4 weeks for follow-up appointment

ENTER PATIENT'S DETAILS IN WARD CARDIAC REGISTER BOOK

Treatment received (see PNG Standard Treatment Manual for guidance on treatment for RHD)

Aspirin	**Y N U**	Oxygen	**Y N U**
Prednisolone	**Y N U**	Prednisolone	**Y N U**
Blood transfusion	**Y N U**	Frusemide	**Y N U**

Date of discharge: dd / mm/ yy

Send completed form to **Prof Nakapi Tefuarani**, School of Medicine & Health Sciences, University of PNG, Taurama Campus, Port Moresby, **Fax 324 0809**