2.5
Secondary/Tertiary Facility ARF/RHD

Prospective One month Review

Patient Initials: [   ]   Medical Record No.: [   ]

Date of Birth: DD / MM / YYYY   Gender: [   ]

Subject ID No: [   ]

This one-month review covers the period DD / MM / YYYY to DD / MM / YYYY

This record is reviewed because the patient had/has:

[ ] Acute Rheumatic Fever   [ ] Rheumatic Heart Disease

Please tick all that apply and proceed to relevant reporting sections below.

ARF/RHD Diagnosis	No	Yes	Comments
Date of Diagnosis:	[ ] Unknown/ Not Available		
First diagnosis?	[ ] No [ ] Yes [ ] Unknown/ Not Available		
Diagnosis past 12 months?	[ ] No [ ] Yes [ ] Unknown/ Not Available		
RHD?	[ ] No [ ] Yes		
ARF?	[ ] No [ ] Yes		

ARF			Comments
Was Revised Jones Criteria (2002) used in diagnosing ARF in the patient?	[ ] No [ ] Yes [ ] Unknown/ Not Available		

A firm diagnosis requires that two major or one major and two minor criteria are satisfied, in addition to evidence of recent streptococcal infection.

Required Criteria			Comments
Antecedent Strep infection?	[ ] No [ ] Yes [ ] Unknown/ Not Available		

Major diagnostic criteria

Carditis?	[ ] No [ ] Yes [ ] Unknown/ Not Available		
If yes, method of diagnosis of carditis	[ ] Auscultation? [ ] Other (please list) [ ] Unknown/Not Available		
Method of diagnosis	[ ] Echocardiography? [ ] Other (please list) [ ] Unknown/Not Available		

Minor Diagnostic Criteria		Comments
Fever? If yes, temp:	☐ No ☐ Yes ☐ Unknown/ Not Available	
Arthralgia	☐ No ☐ Yes ☐ Unknown/ Not Available	
Acute phase reactants? [Leukocytosis, elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP)]	☐ No ☐ Yes ☐ Unknown/ Not Available	
Prolonged P-R interval on electrocardiogram (ECG)? Previous rheumatic fever or rheumatic heart disease?	☐ No ☐ Yes ☐ Unknown/ Not Available	

Evidence of preceding streptococcal infection: Any one of the following is considered adequate evidence of infection:		Comments
Increased antistreptolysin O or other streptococcal antibodies?	☐ No ☐ Yes ☐ Unknown/ Not Available	
Positive throat culture for Group A beta-hemolytic streptococci?	☐ No ☐ Yes ☐ Unknown/ Not Available	
Positive rapid direct Group A strep carbohydrate antigen test?	☐ No ☐ Yes ☐ Unknown/ Not Available	
Positive rapid direct Group A strep carbohydrate antigen test?	☐ No ☐ Yes ☐ Unknown/ Not Available	

Patient Outcome:		Comments
Referred to Hospital? If yes, name of hospital:	☐ No ☐ Yes ☐ Unknown/ Not Available	
Discharged Home?	☐ No ☐ Yes ☐ Unknown/ Not Available	
Other? Please specify.		
Plan for secondary prophylaxis? If yes, type and dosage:	☐ No ☐ Yes ☐ Unknown/ Not Available ☐ Unknown/ Not Available	

Diagnosis of Rheumatic Heart Disease

RHD?	☐ No ☐ Yes ☐ Unknown/ Not Available	Comments:
Method of diagnosis: Auscultation-only?	☐ No ☐ Yes ☐ Unknown/ Not Available	If yes, ☐ Screening ☐ Opportunistic ☐ Patient visit
Echocardiography-only?	☐ No ☐ Yes ☐ Unknown/ Not Available	
If yes,	☐ Screening Programme /Study? ☐ Opportunistic? ☐ Patient visit? Please describe.	
Method of diagnosis: Clinical examination followed by Echocardiography?	☐ No ☐ Yes ☐ Unknown/ Not Available	If echo, please attach echo report
Per echo report, please tick all that apply:	☐ Mitral Regurgitation	☐ Mild ☐ Moderate ☐ Severe
	☐ Mitral Stenosis	☐ Mild ☐ Moderate ☐ Severe
	☐ Aortic Regurgitation	☐ Mild ☐ Moderate ☐ Severe
	☐ Aortic Stenosis	☐ Mild ☐ Moderate ☐ Severe
	☐ Pulmonary Regurgitation	☐ Mild ☐ Moderate ☐ Severe
	☐ Pulmonary Stenosis	☐ Mild ☐ Moderate ☐ Severe
	☐ Tricuspid Regurgitation	☐ Mild ☐ Moderate ☐ Severe
	☐ Tricuspid Stenosis	☐ Mild ☐ Moderate ☐ Severe