

## DEPARTMENT OF HEALTH

### Rheumatic Heart Disease Control Program ARF/RHD Diagnosis & Management Flowchart

## HIGH RISK GROUPS

Aboriginal & Torres Strait Islander children 5-14 years

#### Clinical Assessment (1,2)

- Carditis
- Polyarthritis
- Aseptic monoarthritis
- Polyarthralgia
- Sydenham's chorea
- Subcutaneous nodules
- Erythema MarginatumSuspect ARF

#### Screen

- Heart murmur detected or ?RHD
- Echo due within 1 month

# Management of Suspected ARF (1,2)

- Throat swab, bloods for ASOT, AntiDNAse B, CRP, ESR, FBC
- ECG (look for a prolonged PR interval)
- Treat pain and fever with paracetamol prior to diagnosis (DO NOT GIVE ASPIRIN)
- Contact DMO and transfer to hospital ASAP. All cases of suspected or confirmed ARF should be admitted to hospital for diagnosis and management.
- Hospital management Confirm Diagnosis, Treatment, ECHO, Education, ongoing management

## Prior to Discharge of Acute Episode

- Notify NT RHD Program
- Ensure consent form and education completed and sent to NT RHD Program
- Ensure patient on Secondary Prophylaxis Master Chart and Recall Lists
- · Send copies of discharge summary, echo results, Specialist /Cardiology reports to NT RHD Program
- New diagnoses require a Specialist Physician/Paediatrician review within 3/12 of discharge to assess patient's progress
  - Antenatal patients require a Specialist Obstetrician review
    - Refer for initial Oral Health Plan

#### **REVIEW and MANAGEMENT (1, 2)**

### Priority 1 - Severe

### Secondary Prophylaxis

BPG every 21-28 days
Until at least 40 yrs of age or
lifelong

- Doctor review 3-6 mthly
- Cardiologist / physician / paediatrician 3-6 mthly
- Influenza vaccine yearly
- Pneumococcal vaccine as per immunisation guidelines
- Echo 3-6 mthly
- Dental review within 3 mths of diagnosis then 6 mthly
- Endocarditis prophylaxis PRN

### Priority 2 - Moderate

## **Secondary Prophylaxis**

BPG every 28 days
Minimum of 10 years after most
recent episode ARF or until
35yrs of age (whichever is
longer)

- Doctor review 6 mthly
- Cardiologist / physician / paediatrician yearly
- Influenza vaccine yearly
- Pneumococcal vaccine
   as per immunisation
   guidelines
- ECG (optional) yearly
- Echo yearly
- Dental review within 3 mths of diagnosis then 6 mthly
- Endocarditis prophylaxis PRN

# Priority 3 - Mild

# **Secondary Prophylaxis**

BPG every 28 days
Minimum 10 years after
most recent episode ARF
or until 21 yrs of age
(whichever is longer)

- Doctor review yearly
- Echocardiography
- Children 2 yearly, Adults 2-3 yearly
- Dental review yearly
- Influenza vaccine yearly
- Endocarditis prophylaxis PRN

# **Priority 4 - Inactive**

- Medical review yearly
- Dental review yearly
- Cardiologist / physician / paediatrician review with new symptoms

### 3 - 4 WEEKS POST VALVE SURGERY

Medical assessment - ECG - Chest x-ray - Echo - FBC, UEC - INR if indicated

# Department of **Health** is a Smoke Free Workplace