

HOSPITAL LETTERHEAD

NATIONAL RF/RHD REGISTRY

DATA SHEET

Annex "O – RF/RHD"

I. DEMOGRAPHICS			
INSTITUTION CODE: _____		DATE REGISTERED : _____	
PATIENT CODE: _____		YEAR OF BIRTH: _____	CATEGORY:
REGION (Please encircle): CAR NCR I II III IVA IVB V VI VII VIII IX X XI XII ARMM		SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	<input type="checkbox"/> OPD <input type="checkbox"/> IN-PATIENT <input type="checkbox"/> ER <input type="checkbox"/> PRIVATE CLINIC <input type="checkbox"/> OTHERS _____
II. DIAGNOSIS			
DATE OF DIAGNOSIS: _____		<input type="checkbox"/> Rheumatic Heart Disease	
<input type="checkbox"/> Rheumatic Fever			
CHECK SYMPTOMS ON INITIAL PRESENTATION		IF RHD, CHECK SIGNS/ SYMPTOMS	
MAJOR <input type="checkbox"/> Carditis <input type="checkbox"/> Polyarthritis/ Monoarthritis/ Polyarthralgia <input type="checkbox"/> Subcutaneous nodules <input type="checkbox"/> Erythema marginatum <input type="checkbox"/> Chorea	MINOR <input type="checkbox"/> Fever <input type="checkbox"/> Arthralgia <input type="checkbox"/> ECG: prolonged PR Interval/ 1 st degree AV block <input type="checkbox"/> ESR ___ increased ___ normal <input type="checkbox"/> CRP ___ increased ___ normal <input type="checkbox"/> ASO ___ positive ___ normal	<input type="checkbox"/> Chest pain <input type="checkbox"/> Tachycardia <input type="checkbox"/> Dyspnea <input type="checkbox"/> Palpitation <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Bipedal edema	<input type="checkbox"/> Tachypnea <input type="checkbox"/> Easy Fatigability <input type="checkbox"/> Syncope <input type="checkbox"/> Exercise intolerance <input type="checkbox"/> Nocturnal dyspnea <input type="checkbox"/> Others
III. ASSESS INVOLVEMENT (encircle the number if applicable):			
A. VALVES/ STRUCTURES INVOLVED			
<input type="checkbox"/> 100.0 Rheumatic Fever without mention of heart involvement; Arthritis, acute or subacute involvement <input type="checkbox"/> 101.0 Acute rheumatic pericarditis <input type="checkbox"/> 101.1 Acute rheumatic endocarditis; acute rheumatic valvulitis <input type="checkbox"/> 101.2 Acute rheumatic myocarditis <input type="checkbox"/> 101.8 Other acute rheumatic heart disease; Acute rheumatic pancarditis <input type="checkbox"/> 101. 9 Acute rheumatic heart disease unspecified; Active rheumatic carditis; Acute rheumatic heart disease <input type="checkbox"/> 102.0 Rheumatic chorea with heart involvement; chorea NOS with heart involvement <input type="checkbox"/> 102.9 Rheumatic chorea without heart involvement; Rheumatic chorea NOS <input type="checkbox"/> 107.0 Tricuspid stenosis; Rheumatic valve stenosis <input type="checkbox"/> 108.0 Disorders of both mitral and aortic valves; whether specified as rheumatic in etiology or NOS <input type="checkbox"/> 108.1 Disorders of both mitral and tricuspid valves <input type="checkbox"/> 108.2 Disorders of both aortic and tricuspid valves <input type="checkbox"/> 108.3 Combined disorders of aortic, tricuspid and mitral valves		<input type="checkbox"/> 105.0 Mitral stenosis; Rheumatic valve obstruction <input type="checkbox"/> 105.1 Rheumatic mitral insufficiency; Rheumatic Mitral regurgitation <input type="checkbox"/> 105.2 Mitral stenosis with insufficiency; mitral stenosis with insufficiency or incompetence <input type="checkbox"/> 105.8 Other mitral valve disease; Mitral valve failure <input type="checkbox"/> 105. 9 Mitral valve ds unspecified; Chronic mitral valve Disorder NOS <input type="checkbox"/> 106.0 Rheumatic aortic stenosis; aortic valve <input type="checkbox"/> 106.1 Rheumatic aortic insufficiency; aortic Regurgitation <input type="checkbox"/> 106.2 Rheumatic aortic stenosis with aortic regurgitation <input type="checkbox"/> 106.8 Other rheumatic aortic valve disease <input type="checkbox"/> 106.9 Rheumatic aortic valve disease unspecified NOS <input type="checkbox"/> 108.0 Multiple valve disease unspecified <input type="checkbox"/> 108.8 Other multiple valve diseases <input type="checkbox"/> 109.0 Rheumatic myocarditis <input type="checkbox"/> 109.1 Rheumatic diseases of the endocardium; Chronic rheumatic Valvulitis/ endocarditis <input type="checkbox"/> 109.2 Chronic rheumatic pericarditis; Rheumatic adherent pericardium	

B. CHECK ECHOCARDIOGRAPHIC CLASSIFICATION BY VALVE INVOLVEMENT (Encircle appropriate Stage)

STAGE	DEFINITION	DESCRIPTION
A	At risk	Patients with risk factors for development of valvular heart disease.
B	Progressive	Patients with progressive VHD (mild- moderate severity and asymptomatic)
C	Asymptomatic severe	Asymptomatic patient who have the criteria for severe VHD C1 : Asymptomatic patients with severe VHD whom the left/right ventricle remains compensated C2 : Asymptomatic patients with severe VHD with decompensation of the left / right ventricle
D	Symptomatic severe	Patients who have developed symptoms as a result of VHD

IV. RECOMMENDATION (based on above Echocardiographic Classification)

<input type="checkbox"/> STAGE A AND B : SECONDARY PROPHYLAXIS ONLY	<input type="checkbox"/> STAGE C : SECONDARY AND TERTIARY PROPHYLAXIS <input type="checkbox"/> STAGE D : SECONDARY PROPHYLAXIS AND MEDICAL MANAGEMENT OF HEART FAILURE
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V. MANAGEMENT

A. SECONDARY PROPHYLAXIS

1. TYPE OF PROPHYLAXIS

- ORAL DAILY**
 - o PCN
 - o ERYTHROMYCIN
 - o OTHERS _____
- IM BPN**
 - o every 21 Days *
 - o every 28 Days*

2. DURATION

- 5 years
- Until age 21
- Until age 25
- Until age 40
- For life

COMPLIANCE : (Tick yearly)

	POOR	FAIR	GOOD	EXCELLENT
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				
Year 6				
Year 7				
Year 8				
Year 9				
Year 10				

Compliance for IM BPN/ year

	Every 21 days	Every 28 days
POOR (< 50%)	< 12	< 7
FAIR (50 – 80%)	13 – 14	8 – 10
GOOD (> 80%)	15 -16	11 – 12
EXCELLENT (100%)	17	13

IF COMPLIANCE IS FAIR

CHECK REASON/S:

- DIFFICULTY TO TRAVEL TO HEALTH CARE INSTITUTION
- DRUG NOT AVAILABLE
- OTHERS _____

B. TERTIARY PROPHYLAXIS:

CHECK RECOMMENDATION (by the VALVE TEAM)

- VALVE REPLACEMENT
 - o Mitral Valve Replacement
 - o Aortic Valve Replacement
 - o Mitral and Aortic Valve Replacement
- VALVE REPAIR (Specify valve _____)
- Percutaneous Mitral Balloon Valvotomy

DATE PRESENTED TO VALVE TEAM:

VALVE TEAM REPRESENTATIVE (Print Name)

C. IF PROCEDURE/ INTERVENTION DONE TICK/ CHECK :

- POST MITRAL VALVE REPAIR
- POST MITRAL VALVE REPLACEMENT
- POST AORTIC VALVE REPAIR
- POST AORTIC VALVE REPLACEMENT
- POST MITRAL VALVULOPLASTY
- POST TRICUSPID VALVE REPAIR
- OTHERS _____

TENTATIVE SCHEDULE :

STATUS AFTER SURGERY:

- CLEARED In NEXT 5 YRS
- RE EVALUATE YEARLY (If with residual lesion)
- RE-OPERATION NEEDED _____

DATE OF PROCEDURE:

ATTENDING CARDIOLOGIST / RFRHD Coordinator (Print name)

Physician -on duty (Print name)

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