

CLINICAL PATHWAY
THE RHEUMATIC FEVER SUSPECT

HOSPITAL NAME _____

DEPARTMENT OF _____

CLINICAL PATHWAY -THE RHEUMATIC FEVER SUSPECT
(SYSTEMATIC CLINICAL AND MANAGEMENT PATHWAY)

INCLUSION CRITERIA:

- Age 3 -25 years of age
- Chief complaint of any of the following:
 - a) Recurrent Strep throat infection
 - b) Joint pain/swelling with or without fever of ≤ 2 weeks
 - c) New unexplained murmur
 - d) Heart failure: fast heart rate \pm tachypnea
 - e) Motor instability/movement disorder

EXCLUSION CRITERIA:

- Presence of any focus of infection by Chest x-ray and/or urinalysis
- Proven diagnosis of other immunologic disease, ie. SLE, Rheumatoid Arthritis of any type

PATIENT'S NAME:**BIRTHDATE****HOSPITAL
NUMBER**

LAST NAME

FIRST NAME

MIDDLE NAME

M

F

DAY 1: Pathway Activated: Date: _____**Time:** _____OPD EMERGENCY ROOM IN-PATIENT **PHYSICIAN'S NOTES****PHYSICIAN'S ORDERS****VARIANCE****SIGN**

**Check subjective CHIEF
complaints/symptoms:**

Vital signs:

BP:	HR:	RR:
Temp:	Ht:	Wt:
BSA:	BMI:	
O2 sat:		

Latest Clinical Findings:

Skin:

__pale __pink __jaundice

__cyanotic

Pupils (size/reactivity): _____

Conjunctivae (pink / pale)

Chest expansion:

Lung (breath sounds):

Heart (murmurs):

Abdomen:

Liver edge: _____

Peripheral and Central
pulses: _____

Extremities: Warm / cold

CRT: ___ <2sec ___ > 2 sec

Neuro exam:

I. APPLY JONES CRITERIA AS FOLLOWS:A. Check / qualify symptoms at least any one of the following **MAJOR MANIFESTATIONS**1. IF with JOINT PAINS , CHECK IF at least **ANY TWO** of the following is true:

- Migratory in nature
- Large joints, asymmetrical
- With tenderness , arthralgia
- Pain on locomotion
- Instantaneous relief with antipyretic/ anti-inflammatory drugs
- No joint deformity

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

2. IF with CARDITIS , check if **ANY ONE** of the following is present:

- Chest pain
- Tachypnea for age
- Tachycardia for age
- Sleeping HR >100/min
- Pallor at rest or with activity
- Functional Classification: _____
- PE: with murmur :

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

3. IF with ERYTHYMATOUS, NON-PRURITIC RASH , Check if **ANY ONE** of the following is true:

- Transient, serpiginous with irregular margins and pale center
- More on trunks and limbs
- Worsens with application of heat and disappears
- With cold exposure
- Unaffected by anti-inflammatory drugs

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

A__ B__ C__ D__

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(SYSTEMATIC CLINICAL AND MANAGEMENT PATHWAY)

PATIENT'S NAME:	BIRTHDATE	HOSPITAL NUMBER
_____ LAST NAME FIRST NAME MIDDLE NAME	_____ M F	_____

DAY 1 : Date: _____ (page 3)

PHYSICIAN'S NOTES	PHYSICIAN'S ORDERS	VARIANCE	SIGN
	VII. Diet/Nutrition: _____	A__ B__ C__ D__	
	VIII. Safety (see Nursing and Safety Protocol)	A__ B__ C__ D__	
	IX. Provide Psychosocial/Spiritual support to:		
	<input type="checkbox"/> Therapy appropriate for age	A__ B__ C__ D__	
	<input type="checkbox"/> Inquire about the need for psychological evaluation (CHEERS protocol)	A__ B__ C__ D__	
	X. Patient/Family Education:		
	<input type="checkbox"/> Disease process, course of disease	A__ B__ C__ D__	
	<input type="checkbox"/> Explain pathophysiology as non-infectious	A__ B__ C__ D__	
	<input type="checkbox"/> Discuss Clinical Pathway with Family	A__ B__ C__ D__	
	XI. PARENTS/GUARDIAN UNDERSTOOD, VERBALIZED, CONSENTED AND SIGNED THE RF CARE PLAN		
	<input type="checkbox"/> Yes	A__ B__ C__ D__	
	<input type="checkbox"/> No	A__ B__ C__ D__	
	XII. OUTCOME GOALS:		
	<input type="checkbox"/> Vital signs stable	A__ B__ C__ D__	
	<input type="checkbox"/> Admit if in heart failure Or unable to ambulate or Fever more than 7days	A__ B__ C__ D__	
	<input type="checkbox"/> Pathway and procedures clear to parents/guardian	A__ B__ C__ D__	
	XIII. DISCHARGE PLANNING:		
	<input type="checkbox"/> Estimated date of follow up with results: _____	A__ B__ C__ D__	
	<input type="checkbox"/> Observe for recurrence of Major and Minor Criteria and follow-up immediately	A__ B__ C__ D__	
	<input type="checkbox"/> Discharged from OPD, terminate pathway and refer to General Pediatrician		

ACTIVATED BY:	ACKNOWLEDGED BY:	
_____ ATTENDING PHYSICIAN/FELLOW-ON-DUTY Signature over Printed Name Date/Time _____	_____ NURSE-IN-CHARGE (AM SHIFT) Signature over Printed Name Date/Time _____	_____ NURSE-IN-CHARGE (PM SHIFT) Signature over Printed Name Date/Time _____