## 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  $\leq 2$  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

٠	Proven diagnosis	s of other	immunologic	disease, ie. S	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 🗆 EMERGENO	CY ROOM 🗆 IN-PA	TIENT 🗆
PHYSICIAN'S NOTES	PHYSICIAN'S ORDERS	VARIANCE	SIGN
Check subjective CHIEF complaints/symptoms:	<ul> <li>I. APPLY JONES CRITERIA AS FOLLOWS:</li> <li>A. Check / qualify symptoms at least any one of the following MAJOR MANIFESTATIONS</li> <li>1. IF with JOINT PAINS, CHECK IF at least ANY TWO of the following is true:</li> </ul>		
Vital signs:BP:HR:RR:Temp:Ht:Wt:BSA:BMI:O2 sat:O2 sat:Image: Clinical Findings:	<ul> <li>Migratory in nature</li> <li>Large joints, asymmetrical</li> <li>With tenderness, arthralgia</li> <li>Pain on locomotion</li> <li>Instantaneous relief with antipyretic/ anti- inflammatory drugs</li> <li>No joint deformity</li> </ul>	A B C D A B C D	
Skin: palepinkjaundice cyanotic Pupils (size/reactivity): Conjunctivae (pink / pale ) Chest expansion: Lung (breath sounds): Heart (murmurs):	<ul> <li>2. IF with CARDITIS , check if ANY ONE of the following is present:</li> <li>Chest pain</li> <li>Tachypnea for age</li> <li>Tachycardia for age</li> <li>Sleeping HR &gt;100/min</li> <li>Pallor at rest or with activity</li> <li>Functional Classification:</li> <li>PE: with murmur :</li> </ul>	A B C D A B C D	
Abdomen: Liver edge: Peripheral and Central pulses: Extremities: Warm / cold CRT: <2sec> 2 sec Neuro exam:	<ul> <li>3. IF with ERYTHYMATOUS, NON- PRURITIC RASH , Check if ANY ONE of the following is true: <ul> <li>Transient, serpiginous with irregular margins and pale center</li> <li>More on trunks and limbs</li> <li>Worsens with application of heat and disappears</li> <li>With cold exposure</li> <li>Unaffected by anti-inflammatory drugs</li> </ul> </li> </ul>	A B C D A B C D A B C D A B C D A B C D	

HOSPITAL NAME								
DEPARTMENT OF								
CLINICAL PATHWAY -THE RHEUMATIC FEVER SUSPECT (SYSTEMATIC CLINICAL AND MANAGEMENT PATHWAY)								
PATIENT'S NAME:	BIRTH		/					
PATIENT'S NAME:			DIKIH	DATE	NUMBEI			
LAST NAME FIR	ST NAME	MIDDLE NAME	M	F		A la		
DAY 1 : Date:	(page 3)							
PHYSICIAN'S NOTES		PHYSICIAN'S ORDERS		VARI	ANCE	SIGN		
		OSE AS <b>RHEUMATIC FE</b>	VER					
	SUSPECT							
		of the following is true (Procee	ed to					
	0	e planning)		AB	_CD			
		nptoms/ clinical presentations	do not					
		npletely fulfill criteria as Major nifestation		A B	_CD			
		ly minor manifestations are pre	cont	nD				
		ly minor mannestations are pre	.50111					
	V. MEDICA	ATIONS (if needed)						
		E PRIMARY PROPHYLAXIS	(For		6 D			
	ASO +)			A B	_CD			
		gle dose deep IM Benzathine P		A B	_CD			
		al PCN VK 50 mg/kg/day for						
	$\Box$ Erv	se:	0 mkd					
	for	10 days:	0 IIIKu	AB	_CD			
		anti-inflammatory If ACTIVE	for					
	4  we		lass Aftern					
		A 60-70 mg/kg/d max 3gms/d als IF ARTHRITIS is major syr			C D			
		se:	-	A_ B_	_CD			
		dnisone 1-2 mg/kg/day for 4 v	veeks					
		n Taper in 2 weeks:		AB	_CD			
	Do	se:						
	3. Treat (	CONGESTIVE HEART FAIL	URE if					
	preser			AB_	_CD			
	🗆 Dig	goxin :						
				AB_	_CD			
	□ Fur	osemide :		AB	_CD			
	$\Box$ $\overline{Vas}$	odilator (Captopril)		11 D	_CD			
		counator (Captoprii)		A B	_CD			
	□ Oth	ners:						
		consults with following service	es are	A B	_CD			
	,	icate name of specialist):		AB	_CD			
		9gy		AB	_CD			
		y >gy		A_B_	$C_D_$			
		ogys			$C_D$			
		ology		Δ_B_	_CD			
		010gy						

## HOSPITAL NAME DEPARTMENT OF \_\_\_\_\_ CLINICAL PATHWAY -THE RHEUMATIC FEVER SUSPECT (SYSTEMATIC CLINICAL AND MANAGEMENT PATHWAY)

PATIENT'S NAME:			BIRT	HDATE	HOSPITA	
LAST NAME FIR	ST NAME	MIDDLE NAME	M	F	NUMBER	L
DAY 1 : Date:	(page 3)		IVI	_ I'		
PHYSICIAN'S NOTES		PHYSICIAN'S ORDERS		VAR	IANCE	SIGN
	VII. Diet/Nu				_CD	
	VIII. Safety (	see Nursing and Safety Protoc	col)		_CD	
	□ The: □ Inqu	Psychosocial/Spiritual support rapy appropriate for age iire about the need for psycho uation (CHEERS protocol)			_CD _CD	
	Dise     Dise     Exp     Dise     XI.PARENT     VERBAI	amily Education: ease process, course of disease lain pathophysiology as non-in cuss Clinical Pathway with Fan IS/GUARDIAN UNDERST IZED, CONSENTED AND O THE RF CARE PLAN	nfectious nily OOD,	A B A B A B	_C_D_ _C_D_ _C_D_ _C_D_	
	<ul> <li>Vita</li> <li>Adn amb</li> <li>Path pare</li> <li>XIII. Di</li> <li>Estin</li> <li>Obs Crite</li> <li>Disc</li> </ul>	COME GOALS: l signs stable nit if in heart failure Or unabl ulate or Fever more than 7da way and procedures clear to nts/guardian ISCHARGE PLANNING: mated date of follow up with r erve for recurrence of Major a eria and follow-up immediatel charged from OPD, terminate refer to General Pediatrician	ys results: und Mino y	AB AB AB r	_C_D_ _C_D_ _C_D_ _C_D_ _C_D_	
ACTIVATED BY: ATTENDING PHYSICIAN/FELLOW-ON- DUTY Signature over Printed Name Date/Time	NURSE-IN Signature ov	EDGED BY: -CHARGE (AM SHIFT) ver Printed Name	Sign	ature over	IARGE (PM Printed Nam	e