

(LETTERHEAD OF THE HOSPITAL)

**RHEUMATIC FEVER /
RHEUMATIC HEART DISEASE**

Benzathine Injection Booklet

Name: _____

Birth day: ____/____/____ Age/Sex: _____

Address: _____

Registry No.: _____ Registry Date.: _____

Classification: NBB Co-pay

Referring Institution : _____

DIAGNOSIS:

Rheumatic Fever, Definite

Rheumatic Heart Disease

Date Diagnose: _____

Procedure Done (if any): _____

Date of procedure : _____

CHECK ASSESSMENT (Based on ICD Codes)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Rheumatic Fever without mention of heart involvement ; Arthritis, acute or subacute 100<input type="checkbox"/> Acute rheumatic pericarditis 101.0<input type="checkbox"/> Acute rheumatic endocarditis; acute rheumatic valvulitis 101.1<input type="checkbox"/> Acute rheumatic myocarditis 101.2<input type="checkbox"/> Other Acute RHD; Acute rheumatic pancarditis 101.8<input type="checkbox"/> Acute RHD unspecified; Active rheumatic carditis; 101.9<input type="checkbox"/> Rheumatic chorea with heart involvement; chorea NOS with heart involvement 102.0<input type="checkbox"/> Rheumatic chorea without heart involvement; Rheumatic chorea NOS 102.9<input type="checkbox"/> Mitral stenosis; Rheumatic valve obstruction 105.0<input type="checkbox"/> Rheumatic mitral insufficiency / regurgitation 105.1<input type="checkbox"/> Mitral stenosis with insufficiency or incompetence 105.2<input type="checkbox"/> Other mitral valve disease; Mitral valve failure 105.8<input type="checkbox"/> Mitral valve disease unspecified; Chronic mitral valve Disease NOS 105.9<input type="checkbox"/> Rheumatic aortic stenosis; aortic valve disorder 106.0 | <ul style="list-style-type: none"><input type="checkbox"/> Rheumatic aortic insufficiency; Aortic Regurgitation 106.1<input type="checkbox"/> Rheumatic aortic stenosis with aortic regurgitation 106.2<input type="checkbox"/> Other rheumatic aortic valve disease 106.8<input type="checkbox"/> Rheumatic aortic valve disease unspecified NOS 106.9<input type="checkbox"/> Tricuspid stenosis; Rheumatic tricuspid valve stenosis 107.0<input type="checkbox"/> Disorders of both mitral and aortic valves; whether specified as rheumatic in etiology or NOS 108.0<input type="checkbox"/> Disorders of both mitral and tricuspid valves 108.1<input type="checkbox"/> Disorders of both aortic and tricuspid valves 108.2<input type="checkbox"/> Combined disorders of aortic, tricuspid and mitral valves 108.3<input type="checkbox"/> Other multiple valve diseases 108.8<input type="checkbox"/> Multiple valve disease unspecified 108.0<input type="checkbox"/> Rheumatic myocarditis 109.0<input type="checkbox"/> Rheumatic diseases of the endocardium; Chronic rheumatic valvulitis/ endocarditis 109.1<input type="checkbox"/> Chronic rheumatic pericarditis; Rheumatic adherent pericardium; 109.2 |
|--|--|

Patient Stage Based on Echo Valvular Classification (ENCRICLE)		
Stage	Definition	Echo Description
A	At risk	Patient with risk factor for development of heart disease
B	Progressive	Patient with progressive VHD (mild-mod, asymptomatic)
C	Asymptomatic severe	Asymptomatic patient who have the criteria for severe VHD: C1 – asymptomatic patient with severe VHD whom the left/right ventricles remain compensated C2 - asymptomatic patient with severe VHD with decompensation of the left/right ventricles
D	Symptomatic severe	Patients who have developed symptoms as a result of VHD

RECOMMENDATION FOR SECONDARY PROPHYLAXIS (Please check):	
<input type="checkbox"/> IM BPN 1.2 M units	<input type="checkbox"/> Every 21 days
	<input type="checkbox"/> Every 28 days
	Duration: <input type="checkbox"/> age 18 years <input type="checkbox"/> age 21 years <input type="checkbox"/> age 40 years
<input type="checkbox"/> ORAL PENICILLIN Dose: _____	Reason: _____
<input type="checkbox"/> ORAL ERYTHROMYCIN Dose: _____	Reason: _____

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

YEAR (1) : _____

DATE DUE	SITE	DATE GIVEN	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

TOTAL INJECTIONS: _____ Compliance status: _____

LATEST LABS:

<p>2D Echo : Date: _____ Results: LVEDd _____ LVEF _____ LVFS _____ _____ Echo Stage _____ <i>(Please see page 3)</i></p>	<p>ASO: _____ Date _____ ESR: _____ Date _____ CRP: _____ Date _____</p>
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RECOMMENDATION:

YEAR (2) : _____

DATE DUE	SITE	DATE GIVEN	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

TOTAL INJECTIONS: _____ Compliance status: _____

LATEST LABS:

<p>2D Echo : Date: _____ Results: LVEDd _____ LVEF _____ LVFS _____ Echo Stage _____ <i>(Please see page 3)</i></p>	<p>ASO: _____ Date _____ ESR: _____ Date _____ CRP: _____ Date _____</p>
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RECOMMENDATION:

YEAR (3) : _____

DATE GIVEN	SITE	SIGNATURE	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

TOTAL INJECTIONS: _____ Compliance status: _____

LATEST LABS:

<p>2D Echo : Date: _____</p> <p>Results: LVEDd _____</p> <p>LVEF _____ LVFS _____</p> <p>Echo Stage _____</p> <p><i>(Please see page 3)</i></p>	<p>ASO: _____ Date _____</p> <p>ESR: _____ Date _____</p> <p>CRP: _____ Date _____</p>
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RECOMMENDATION:

YEAR (4) : _____

DATE GIVEN	SITE	SIGNATURE	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

TOTAL INJECTIONS: _____ **Compliance status:** _____

LATEST LABS:

2D Echo : Date: _____ Results: LVEDd _____ LVEF _____ LVFS _____ Echo Stage _____ (Please see page 3)	ASO: _____ Date _____ ESR: _____ Date _____ CRP: _____ Date _____
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RECOMMENDATION:

YEAR (5) : _____

DATE GIVEN	SITE	SIGNATURE	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

TOTAL INJECTIONS: _____ **Compliance status:** _____

LATEST LABS:

<p>2D Echo : Date: _____</p> <p>Results: LVEDd _____</p> <p>LVEF _____ LVFS _____</p> <p>Echo Stage _____</p> <p><i>(Please see page 3)</i></p>	<p>ASO: _____ Date _____</p> <p>ESR: _____ Date _____</p> <p>CRP: _____ Date _____</p>
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RECOMMENDATION:
