

# Suspected Acute Rheumatic Fever Clinical Pathway

- This pathway is designed to support clinicians recognise and manage suspected Acute Rheumatic Fever (ARF) in adult and paediatric patients presenting to the Emergency Department
- An evidenced based pathway to aid clinicians in the evaluation of patients with suspected ARF
- Aims to rationalise investigations and improve care in patients with suspected ARF and improve notifications to the Queensland RHD Register and Control Program
- Pathway is an initiative of the Queensland Aboriginal and Torres Strait Islander, Rheumatic Heart Disease Action Plan 2018-2021



**ASSUME ACUTE RHEUMATIC FEVER**

Queensland Government  
**Suspected Acute Rheumatic Fever Clinical Pathway**

URN: \_\_\_\_\_ (Affix identification label here)  
 Family name: \_\_\_\_\_  
 Given name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex:  M  F  I

Facility: \_\_\_\_\_

Clinical pathways **never** replace clinical judgement  
 Care outlined in this clinical pathway must be altered if it is not clinically appropriate for the individual patient  
 This pathway is designed to support clinicians recognise and manage suspected Acute Rheumatic Fever (ARF) in adult and paediatric patients presenting to the Emergency Department. For use in conjunction with Q-ADDS/CW/T/MEWT and other relevant diagnostic tools/pathways  
 Every person documenting in this clinical pathway must supply a sample of their signature (page 2)

Date: DD / MM / YY Time: HH : MM

**SCREEN**

Presents with **any one or more recent or current** clinical symptoms:

Sore throat  Painful and/or swollen joint(s)  Malaise  
 Fever  Chorea  Well patient under 30 years referred with newly detected murmur and/or ECG changes  
 Skin sores  Erythema marginatum

**AND**

Patient is from **any one or more** high-risk groups for ARF/Rheumatic Heart Disease (RHD):  
 Aboriginal and Torres Strait Islander/Pacific Islander/Maori  
 Lives in rural and remote community or metropolitan area with household overcrowding and/or low socio-economic status  
 Previous diagnosis of ARF or RHD  
 Confirmed in Queensland RHD register:  Yes  No  
 Phone: 1300 135 854 (Mon-Fri business hours) Email: [ArfRhdRegister@health.qld.gov.au](mailto:ArfRhdRegister@health.qld.gov.au)

Consider other groups at risk of ARF/RHD:  
 • Age 5–30 years  
 • Prior residence in high ARF risk setting  
 • Frequent/recent travel to a high risk ARF setting  
 • Family or household history of ARF/RHD  
 • Migrant or refugee from low socio-economic origin

**Mandatory investigations (in ED or by admitting team as per local practice):**  
 ECG  Blood cultures (if febrile)  CRP  Antistreptolysin Titer (ASOT)  
 Chest x-ray  WBC  Throat swab M/C/S – Group A  Anti DNase B Titres  
 Echocardiogram  ESR  Streptococcal (GAS)  Wound swab (if applicable)

**Major criteria (tick all that apply):**  
 Carditis (including abnormal echo)  
 Aseptic mono-arthritis, polyarthralgia or polyarthritis  
 Chorea  
 Erythema marginatum  
 Subcutaneous nodules

**Minor criteria (tick all that apply):**  
 Monoarthralgia  
 Fever  
 ESR >30mm/hr or CRP >30mg/L  
 Prolonged PR on ECG  
 • 3–12 years >0.16 sec  
 • 12–16 years >0.18 sec  
 • 17+ years >0.20 sec

**ASSESSMENT**

**Suspect ARF if patient presents with evidence of a preceding GAS infection AND any (minimum) of:**  
 Two major criteria  
 One major and two minor criteria  
 Three minor criteria + known ARF/RHD

**If ARF remains likely diagnosis but does not meet criteria by either:**  
 One major or one minor manifestation  
**OR**  
 No evidence of preceding GAS infection  
 Diagnose as Probable ARF or Possible ARF

**If NO major AND two or less minor criteria, ARF is unlikely. Consider alternative diagnosis (based on presenting clinical symptoms):**  
 Joint aspiration M/C/S – for adults with possible septic arthritis (not appropriate for paediatric patients)  
 Copper, ceruloplasmin, antinuclear antibody, drug screen – for choreiform movements  
 Serology and autoimmune markers for arboviral, autoimmune or reactive arthritis  
 Test for sexually transmitted infection (STI)

Follow Suspected ARF management pathway (page 2)

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DO NOT WRITE IN THIS BINDING MARGIN

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 SW1046

SUSPECTED ACUTE RHEUMATIC FEVER CLINICAL PATHWAY

Pathway is available for download and print, or print copies can be ordered via WINC code: SW1046.

For more information regarding the 'Suspected Acute Rheumatic Fever Clinical Pathway (SW1046), please contact Clinical Excellence Queensland: [Clinical\\_Pathways\\_Program@health.qld.gov.au](mailto:Clinical_Pathways_Program@health.qld.gov.au)

