



Queensland
Government

Suspected Acute Rheumatic Fever Clinical Pathway

Facility:

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

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 to 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/CEWT/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:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Painful and/or swollen joint(s) | <input type="checkbox"/> Malaise |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Choreia | <input type="checkbox"/> Well patient under 30 years referred with newly detected murmur and/or ECG changes |
| <input type="checkbox"/> Skin sores | <input type="checkbox"/> Erythema marginatum | |

AND

Patient is from **any one or more** high-risk groups for ARF/Rheumatic Heart Disease (RHD):

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal and/or Torres Strait Islander/Pacific Islander/Māori | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Lives in rural or remote community or metropolitan area with household overcrowding and/or low socio-economic status | |
| <input type="checkbox"/> 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

Consider other groups at risk of ARF/RHD:

- Age 5–20 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

ASSESSMENT

Major criteria (tick all that apply):

- Carditis (including abnormal echo)
- Aseptic mono-arthritis, polyarthralgia or polyarthritis
- Sydenham chorea
- Erythema marginatum
- Subcutaneous nodules

Minor criteria (tick all that apply):

- Monoarthralgia
- Fever
- ESR/CRP ≥ 30 mg/L
- Prolonged PR on ECG
 - 3–11 years >0.16 sec
 - 12–16 years >0.18 sec
 - 17+ years >0.20 sec

Suspect ARF if patient presents with evidence of a preceding Group A Strep infection AND:

- Two major criteria; OR
- One major and two minor criteria; OR
- Three minor criteria + *known ARF/RHD*

Diagnose as Confirmed ARF

NO

If ARF remains likely diagnosis but does not meet criteria by either:

- One major or one minor manifestation
 - OR
 - No evidence of preceding Group A Strep 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

Discuss with senior medical officer if ARF is suspected or likely

Mandatory investigations (in ED or by admitting team as per local practice):

- | | | |
|------------------------------|--|--|
| <input type="checkbox"/> ECG | <input type="checkbox"/> Chest x-ray | <input type="checkbox"/> Antistreptolysin Titre (ASOT) |
| <input type="checkbox"/> FBC | <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Throat swab M/C/S |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Blood cultures (if febrile) | <input type="checkbox"/> Anti DNase B Titres |
| <input type="checkbox"/> CRP | <input type="checkbox"/> STI screen (as indicated) | <input type="checkbox"/> Wound swab (if applicable) |

Follow Suspected ARF management pathway (page 2)

DO NOT WRITE IN THIS BINDING MARGIN

V1.04 - 03/2024



SW1046

SUSPECTED ACUTE RHEUMATIC FEVER CLINICAL PATHWAY



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Suspected ARF management pathway

Admit all patients with suspected initial or recurrent episode of ARF to complete diagnostic investigations, treatment and education.

- Repeat ECG
 - Echocardiogram (If unavailable, refer and consider transfer to nearest appropriate service)
 - Analgesia for symptom relief (defer use of NSAIDs if ARF diagnosis remains uncertain to avoid masking symptom evolution)
 - If clinically unwell and/or presents with severe symptoms, consider transfer to Tertiary facility*
 - Refer to specialist service as appropriate for your HHS*
 - At discharge, if ARF is still suspected, ensure patient commences benzathine benzylpenicillin G (BPG/Bicillin LA) in accordance with Australian guidelines for ARF and RHD until specialist review
 - If penicillin allergy, consider alternatives as per relevant local guidelines (e.g. PCCM, Therapeutic Guidelines)
- *Follow local referral/transfer processes**

All care instructions should be completed as part of initial episode of care, regardless of admission

- Complete notification form for all patients with suspected or confirmed ARF or RHD
- ARF Notification form: www.health.qld.gov.au/_data/assets/pdf_file/0015/422610/nr-arf.pdf
- RHD Notification form: www.health.qld.gov.au/_data/assets/pdf_file/0026/722348/rheumatic-heart-disease-crf.pdf

Patients with suspected or confirmed ARF should be managed in accordance with the Australian guideline for prevention, diagnosis and management of ARF an RHD. For further information:



ARF diagnosis calculator application
<https://www.rhdaustralia.org.au/apps>



Australian guideline for prevention, diagnosis and management of ARF an RHD
www.rhdaustralia.org.au/arf-rhd-guideline



A patient's guide to getting a Bicillin injection
<https://vimeo.com/548628780/6eb8148cd8>



Bicillin injection game plan wallet card
https://www.health.qld.gov.au/_data/assets/pdf_file/0025/135524/bicillin-game-plan-wallet-card.pdf

MANAGEMENT

DO NOT WRITE IN THIS BINDING MARGIN

Signature Log Every person documenting in this pathway must supply a sample of their initials and signature below

Initials	Signature	Print name	Role