



Guidelines for RHEUMATIC HEART DISEASE **LOW Severity Category**

Please contact the Kimberley Public Health Unit on **1300 622 745** if you require more information or assistance with this form.

Please forward a copy of this form by secure fax **08 9194 1631**

PATIENT DETAILS

Name: _____ Date of Birth: __/__/____ Sex: Male Female

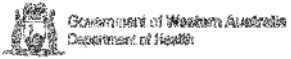
Usual Residence: _____ POST CODE _____

Ethnicity: Aboriginal TSI Caucasian Asian Pacific Islander Middle Eastern African Other _____

Management initiated by: Name: _____ Designation: _____ Date created: __/__/____

DISEASE CLASSIFICATION	DIAGNOSIS	MANAGEMENT GUIDELINES																																
<input type="checkbox"/> Mild RHD LOW SEVERITY CATEGORY Diagnosis Date: __/__/____	<input type="checkbox"/> mild mitral or aortic regurgitation on echocardiogram <u>or</u> <input type="checkbox"/> trivial valve lesion on echocardiogram <i>... With no evidence of heart failure and no evidence of cardiac chamber enlargement on echocardiogram.</i>	<table border="1"> <thead> <tr> <th>Management</th> <th>Guideline</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Benzathine penicillin G</td> <td>4 weekly (28 days)</td> <td>Last known dose</td> </tr> <tr> <td>Benzathine penicillin G</td> <td>4-weekly (28 days)</td> <td></td> </tr> <tr> <td>Benzathine penicillin G</td> <td>Cessation date review at 21 years of age</td> <td></td> </tr> <tr> <td>Medical Officer review</td> <td>Yearly</td> <td></td> </tr> <tr> <td>Echocardiogram referral sent</td> <td>2 yearly New murmur</td> <td></td> </tr> <tr> <td>Influenza vaccination</td> <td>As per Schedule for age</td> <td></td> </tr> <tr> <td>Pneumococcal vaccination</td> <td>As per Schedule for age</td> <td></td> </tr> <tr> <td>Specialist review Referral sent</td> <td>New murmur <i>OR</i> Every 2 years</td> <td></td> </tr> <tr> <td>Dental review Referral sent</td> <td>yearly</td> <td></td> </tr> </tbody> </table>	Management	Guideline	Due Date	Benzathine penicillin G	4 weekly (28 days)	Last known dose	Benzathine penicillin G	4-weekly (28 days)		Benzathine penicillin G	Cessation date review at 21 years of age		Medical Officer review	Yearly		Echocardiogram referral sent	2 yearly New murmur		Influenza vaccination	As per Schedule for age		Pneumococcal vaccination	As per Schedule for age		Specialist review Referral sent	New murmur <i>OR</i> Every 2 years		Dental review Referral sent	yearly			
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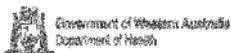
Guidelines for RHEUMATIC HEART DISEASE **MEDIUM Severity category**

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<input type="checkbox"/> Moderate RHD MEDIUM SEVERITY CATEGORY Diagnosis Date: __/__/____	<input type="checkbox"/> any valve lesion which is moderate but with NO symptoms and normal left ventricular function	<table border="1"> <thead> <tr> <th>Management</th> <th>Guideline</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Benzathine penicillin G</td> <td>4 weekly (28 days)</td> <td>Last known date</td> </tr> <tr> <td>Benzathine penicillin G</td> <td>4-weekly (28 days)</td> <td></td> </tr> <tr> <td>Benzathine penicillin G</td> <td>Cessation date review 21 years of age</td> <td></td> </tr> <tr> <td>Medical Officer review</td> <td>6 monthly</td> <td></td> </tr> <tr> <td>Echocardiogram Referral sent</td> <td>yearly</td> <td></td> </tr> <tr> <td>Specialist review Referral sent</td> <td>Yearly New Murmur</td> <td></td> </tr> <tr> <td>Dental review Referral sent</td> <td>yearly</td> <td></td> </tr> <tr> <td>Influenza vaccination</td> <td>as per Schedule for age</td> <td></td> </tr> <tr> <td>Pneumococcal vaccination</td> <td>as per Schedule for age</td> <td></td> </tr> <tr> <td>Anticoagulants s</td> <td>As prescribed</td> <td></td> </tr> <tr> <td>Endocarditis prophylaxis</td> <td>As required</td> <td></td> </tr> </tbody> </table>	Management	Guideline	Due Date	Benzathine penicillin G	4 weekly (28 days)	Last known date	Benzathine penicillin G	4-weekly (28 days)		Benzathine penicillin G	Cessation date review 21 years of age		Medical Officer review	6 monthly		Echocardiogram Referral sent	yearly		Specialist review Referral sent	Yearly New Murmur		Dental review Referral sent	yearly		Influenza vaccination	as per Schedule for age		Pneumococcal vaccination	as per Schedule for age		Anticoagulants s	As prescribed		Endocarditis prophylaxis	As required	
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Guidelines for RHEUMATIC HEART DISEASE *HIGH Severity Category*

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<input type="checkbox"/> Severe RHD HIGH SEVERITY CATEGORY Diagnosis Date: __/__/____	<input type="checkbox"/> any severe valve lesion e.g. moderate to severe cardiomegaly or heart failure clinically or on echocardiogram <input type="checkbox"/> any prosthetic valves <input type="checkbox"/> valve repairs <input type="checkbox"/> any impending valve surgery	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Management</th> <th style="width: 30%;">Guideline</th> <th style="width: 40%;">Due Date</th> </tr> </thead> <tbody> <tr> <td>Benzathine penicillin G</td> <td>4-weekly (28 days)</td> <td>Last known date</td> </tr> <tr> <td>Benzathine penicillin G</td> <td>4-weekly (28 days)</td> <td></td> </tr> <tr> <td>Benzathine penicillin G</td> <td>Cessation date review 21 years of age</td> <td></td> </tr> <tr> <td>Medical Officer review</td> <td>6 monthly</td> <td></td> </tr> <tr> <td>Echocardiogram Referral sent</td> <td>6 monthly</td> <td></td> </tr> <tr> <td>Specialist review Referral sent</td> <td>6 monthly</td> <td></td> </tr> <tr> <td>Dental assessment Referral sent</td> <td>Within 3 months</td> <td></td> </tr> <tr> <td>Dental review Referral sent</td> <td>yearly</td> <td></td> </tr> <tr> <td>Influenza vaccination</td> <td>As per Schedule for age</td> <td></td> </tr> <tr> <td>Pneumococcal vaccination</td> <td>AS per Schedule for age</td> <td></td> </tr> <tr> <td>Anticoagulants</td> <td>As prescribed</td> <td></td> </tr> <tr> <td>Endocarditis prophylaxis</td> <td>As required</td> <td></td> </tr> </tbody> </table>	Management	Guideline	Due Date	Benzathine penicillin G	4-weekly (28 days)	Last known date	Benzathine penicillin G	4-weekly (28 days)		Benzathine penicillin G	Cessation date review 21 years of age		Medical Officer review	6 monthly		Echocardiogram Referral sent	6 monthly		Specialist review Referral sent	6 monthly		Dental assessment Referral sent	Within 3 months		Dental review Referral sent	yearly		Influenza vaccination	As per Schedule for age		Pneumococcal vaccination	AS per Schedule for age		Anticoagulants	As prescribed		Endocarditis prophylaxis	As required	
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