Fever/ Rheumatic Heart Disease

Notes 1. Date example: 25-JUNE-01, 2. Please write in Block. 3. Revised: September 18, 2001 L:/LINK/COMMUNICATION/WARD_DOC/SCHEMA/RFEVER.PPT
PLEASE FAX INVESTIGATION FORMS TO EPIDEMIOLOGY UNIT AT 967-1280

RHUEMATIC FEVER/RHEUMATIC HEART DISEASE INVESTIGATION FORM

Case identification Notification Site: _____ Parish: _____

Patient	**Next of Kin / Guardian/ Contact**	**School or Work Information**
Name_____ Pet Name_____	Name_____	Name_____
Sex_____ Birth Date_____ Age____	Address_____	Address_____
Address_____	Relationship_____	Telephone_____
Community_____	Telephone_____	
Telephone_____		

Hospital_____ Date Admitted_____ Date Discharged_____ Docket#_____

Hospital_____ Date Admitted_____ Date Discharged_____ Docket#_____

Clinical Information (Circle)

Major Manifestation				**Date**
Carditis:	Yes	No	Unk	_____
Polyarthritis:	Yes	No	Unk	_____
Chorea:	Yes	No	Unk	_____
Erythema marginatum:	Yes	No	Unk	_____
Subcutaneous Nodules :	Yes	No	Unk	_____

Minor Manifestation				**Date**
Joint Pains:	Yes	No	Unk	_____
High Temperature (Fever):	Yes	No	Unk	_____
History of Rheumatic Fever:	Yes	No	Unk	_____
Previous Rheumatic Heart Disease:	Yes	No	Unk	_____
Positive C-reactive protein test:	Yes	No	Unk	_____
Increase erythrocyte sedimentation rate:	Yes	No	Unk	_____
Increase in the PR interval (ECG):	Yes	No	Unk	_____

PR Measurement_____ (mm)

Laboratory evidence of recent streptococcal infection (Circle) **Date**_____
Elevated ASTO: Yes No Unk Throat swab pos for group A. Beta haemolytic step: Yes No Unk

Cardiac Involvement (Circle)				**Severity of Heart Dam**
Mitral Stenosis (MS):	Yes	No	Unk	None
Mitral Regurgitation (MR):	Yes	No	Unk	Very Little
Aortic Stenosis (AS):	Yes	No	Unk	Moderate
Aortic regurgitation (AR):	Yes	No	Unk	Serious
Tricuspic Stenosis (TS):	Yes	No	Unk	Not Determined
Tricuspic Regurgitation (TR):	Yes	No	Unk	
Heart Failure:	Yes	No	Unk	
Bacterial Eendocarditis:	Yes	No	Unk	

Echocardiogram Findings Circle
VALVULAR LESION MS MR AR AS TR MS+MR MR+AR MS+TR MS+AS
MS+TS MS+MR+TR MR+TR+AR MR+TR+AS OTHER NONE

Ventricular Size: Normal Enlarged
Pericarditis: Present Absent
Myocarditis: Present Absent

comments_____

History and Prophylaxis Circle

Initial attack: Yes No Unk
If No, year of initial attack:_____
# of recurrences since initial attack_____

Prophylaxis Received Yes No
Prophylaxis Type Injection Oral
Frequency Regular Irregular
No. of Benzathine penicillin injection received in the last 12 months _____
Drug Reaction? Yes No
Specify Reaction:_____
Prophylaxis Site:_____

Status (circle) Suspected Confirmed Discarded Dead
Date of change in Status _____ _____ _____ _____
Local for medical exam Next Medical Date

Investigators Comments: _____
_____ **Signature**_____ **Date**_____

MOH Comments: _____
_____ **Signature**_____ **Date**_____