Rheumatic fever/rheumatic heart disease prophylaxis and care CARD

National ID No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

District:_____ Health unit:_____ At enrolment: Date: ___/___/___ Cohort year: 20_ _ NCD No. ☐☐☐☐☐☐☐☐

1.Patient/Guardian details

Patient name			
Pt file #	Age	Birth M/Y	☐M ☐F
Physical address	Village: Parrish: Subcounty:		
	Nearby health facility:		
Patient phone			
Guardian/ Supporter	Name		
	Phone		

4.Co-morbidities(circle)	Yr	Card#	Notes
Diabetes			☐ Type 1 ☐ Type 2
HIV			ART? Date start
Asthma/COPD			
Substance use			
Depression, other mental health			
Other:			

6. Follow-up Status	Date			
Transfer out				
--- to where				
Lost to follow-up+				
Dead				

+Not seen in 1 year since last missed appointment

2.Patient overview RHD Cohort year:

Diagnoses	☐ Acute rheumatic fever	Date:	☐ Rheumatic heart disease	Date:	☐ Mechanical valve replacement	Date:

Patient history and complications		
	Recurrent acute rheumatic fever	☐Date: ☐Date:
	Cardiovascular complications	☐cardiac failure, m/y: ☐ atrial fibrillation, m/y: ☐Systemic embolism, m/y: ☐angina, m/y: ☐ infective endocarditis, m/y: ☐ Valve lesion ☐mitral stenosis ☐mitral regurgitation ☐ aortic stenosis ☐aortic regurgitation
	Cerebrovascular complications	☐ stroke, m/y: TIA, m/y
	Cardiac surgery candidate	Date on wait list: Which valves:
	Discharge from 2nd prophylaxis	Date:

3.Drug allergies/ contraindication (*block out drugs on encounter page*)

5. Other medications (including ARVs)

7. Baseline, f/up external exams - Date	Cardiology/LABS (anti-streptolysin/ anti-DNase)	Echocardiogram	ECG results

Hospitalization for RF or RHD	Date/Length of Stay:			
	Reason for admission:			
	Discharge diagnosis:			
	Discharge meds.			

8. Initial visit and every 3 months

Date	Hb	Creatin-ine	Blood glucose	Other (specify)	Date	Hb	Creatin-ine	Blood glucose	Other (specifiy)	Hep B

Notes (with date on left)

NCD Reg No.☐☐☐☐☐☐☐☐☐ **Rheumatic fever/rheumatic heart disease prophylaxis and care CARD Name**_____

Visit date ☐Tick box if sche-duled	**Follow-up visit date**	**Ht** (m) in box below **Wt** (kg) - top **BMI** (kg/m^2) -bottom -see codes	BP	Temp/ Pulse rate	SpO2	Smoking in last yr (**Y/N** or **Quit**)	Alcohol in last yr (**Y/N**), #units/d	If woman child-bearing age, Preg-nancy, RH/FP choices (family status)	Signs and symptoms	Meds (record STOP, why if health worker stops meds-see codes)												Adherence, why if poor	Urgent mgmt, refer, consult or link	Comments (incl. complications and update pt history, stable/modify rx) -see management plan codes	Cardiac clinic follow-up/ echo date	Health worker name
										Secondary prophylaxis **(TICK)**			Heart failure, antiHTN meds				Anti-coagulation		Other meds							
										Benzathine PCN 600,000 IU	Benzathine PCN 1.2 million IU	Erythromycin, dose .....if PCN allergic)	Furosemide				Type, dose:	INR								
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NCD patient card: rheumatic fever/rheumatic heart disease prophylaxis and care

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Health worker stop codes

1 Medication side effects
2 Drug interactions
3 Severe illness, hospitalization
4 Medications not working
5 Drugs out of stock
6 Formulary change
7 Other (specify)

BMI codes

<18.5: **U**nderweight
18.5-24.9: **N**ormal
25-29.9: **O**verweight
≥30: **O**bese

Tobacco

Smoking: how many cigs/ day
Other tobacco use?

Signs and symptoms codes

Fever
Joint pain
Oedema
Shortness of breath (**NYHA I-IV**)
Palpitations
Orthopnoea
PND Paroxysmal Nocturnal Dyspnoea
Chest pain/angina

INR

Goal 2-3
If INR not at goal, ASK:
1) Diet-any major changes (fasting)?
2) Drugs- any medicine changes?
3) Dose- confirm warfarin dose? Missed?
4) Disease-any recent illness?

Medications codes

Write in name at top, and dose in rows for:

Heart failure medicines
Dig= digoxin
FUR = furosemide
SPIR = spironolactone

Anti-hypertensives
CCB=calcium channel blocker
amlo=amlodipine,
nifed=nifedipine
BB=beta blocker (also to lower heart rate in atrial fibrillation) – **aten**olol **biso**prolol, **metop**rolol, **carve**dilol
ACE= angiotensin converting enzyme inhibitor**- enal**apri**l**, **capto**pril, **rami**pril;
ARB=angiotensin receptor blocker- **los**artan, **telmi**sartan, **val**sartan

Anticoagulants
W=warfarin
ASA = aspirin

Patient poor adherence codes

1 Forgot
2 Asleep
3 Busy
4 Change of routine
5 Travel cost
6 Distance to clinic
7 Patient lacks finances
8 Patient lost/ran out of pills
9 Stock out
10 Toxicity/side effects
11 Feels ill
12 Pill burden
13 Felt well
14 Depression
15 Alcohol/substance abuse
16 Stigma/disclosure concerns
17 Lack of food
18 Poor palatability
19 Patient decision
20 Other (specify)

Management plan

Medical management of cardiac lesion
Anticoagulation – fill in Meds
Valve repair
Mechanical valve **replace**ment
-- on **waiting** list
-- record date booked for surgery
BMV = balloon mitral valvuloplasty

Pregnancy, RH/FP choices, family status codes

If woman of childbearing age:
P=pregnant (refer). If **P**, EDD
BF=breast-feeding
On FP=currently using FP method
No FP=not currently using FP method (offer)

Follow-up education and support for rheumatic fever/rheumatic heart disease prophylaxis and care

		Date	Date	Date	Date	Date	Date	Date	Date	Date
Educate on basics, healthy lifestyle	Basic symptoms of RF/RHD education	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Dental health education	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: physical activity (how much)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: weight loss	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: tobacco cessation	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: reduction of hazardous or harmful alcohol use	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Reproductive choices, pregnancy and breastfeeding	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Progression and complications of disease	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Treatment: preparation, initiation. modification and ongoing support, monitor	Treatment availability	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Follow-up appointments, clinical team	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Why complete adherence needed	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Adherence preparation, ongoing support, indicate visits	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Adherence plan (schedule, aids, explain diary)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Treatment supporter preparation	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Possible side effects, how to manage side effects, discuss current side effects	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	What to do if one forgets dose	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	What to do when travelling	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Explain dose, when to take, check patient understanding of treatment (dosage)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Which doses, why missed	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	How to contact clinic, what to do in emergency	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Home-based care, support	Adherence support, symptom management at home, caregiver booklet	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Home-based care -- specify	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Community support, support groups	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N