

THINK ARF STOP RHD

CONSIDER PEOPLE AT HIGH RISK

ACUTE RHEUMATIC FEVER

ARF can be subtle:

FFVFR and

- JOINT PAIN/ LIMITED RANGE OF MOVEMENT
- HEART MURMUR
- CHOREA

If ARF is possible:

TO MICHAEL

- Contact on call paediatrician, cardiologist, physician to:
 - expedite hospital admissionconsider alternative diagnoses
- Bloods (FBC ESR CRP ASOT AntiDNAse B)
- ECG CXR Echocardiogram
- Throat/skin sore swab (Strep A culture)
- Antibiotics

ALL SUSPECTED or CONFIRMED cases of ARF need HOSPITAL ADMISSION for ONGOING ASSESSMENT and ECHOCARDIOGRAPHY

diagnosis and management of acute rheumatio 2020 Australian guideline for prevention, fever and rheum

3 ~	ULN for serum	LN for serum streptococcal antibody titres		
₽.⊡	Age group	ULN (U/ML)		
ig ig	(years)	ASO titre	Anti-DNase B titre	
E	1 – 4	170	366	
e (3	5 – 14	276	499	
act	15 – 24	238	473	
disease (3rd edition)	25 – 34	177	390	
E E	≥ 35	127	265	
anagement atic heart di	Anti-DNase B, antideoxyribonuclease B; ASO , antistreptolysin O; ULN, upper limit of normal.			
aria natic	Upper limits of normal for P-R interval			

Seconds

Age group (years)

3 - 110.16 0.18 12 - 16

0.20 17+