



# Top End Rheumatic Heart Disease Control Program COVID-19 plan - Primary Care Service Provision

## Aims

- To ensure all new patients with suspected ARF/ RHD diagnosis receive the correct treatment and are linked to diagnostic and cardiology services when they become more accessible
- Support for patient education provision at any initial diagnosis and /or commencement of BPG where a complete diagnostic evaluation is not able to be undertaken
- Support acute and primary care with clinical and recall queries
- Support primary care to continue to provide routine BPG minimizing days at risk for individuals

The priorities for the unit will be:

- Having a clinical team member available at all times during business hours to answer clinical / recall queries
- Weekly updating of BPG data to the RHD Register

All other work in the program will be prioritized or postponed until after these and public health unit support (as required) is attended.

## Diagnosis

For patients with suspected ARF (new or recurrence) during the period with reduction in travel in and out of remote communities:

- Please follow CARPA guidelines
- Patients who are clinically well in whom the most likely diagnosis is ARF **should not** be transferred to RDH for a diagnostic echocardiogram during this period
- Any patient who needs hospital admission should be referred via the usual pathways. Patients requiring hospital admission would include:
  - ✓ Evidence of cardiac failure
  - ✓ Severe arthritis not able to be managed by analgesia in the community
  - ✓ If further inpatient investigation is required to exclude another diagnosis (e.g. septic arthritis, osteomyelitis)
- Any questions in relation to children with ARF/RHD or new suspected ARF please contact pediatrician on-call via the Royal Darwin Hospital.
- For adults contact Infection Diseases Team or Cardiology

The following clinical evaluation should be undertaken for patients with suspected ARF or ARF recurrence:

- Clinical assessment of joints clearly documented and carefully differentiating arthralgia (sore joint, no signs) and arthritis (warm and swollen joint with tenderness)
- Cardiovascular assessment performed by medical practitioner
  - Auscultation needs to be performed with bra taken off, in left lateral position with specific auscultation over apex and axilla – to detect mitral regurgitation and mitral stenosis
  - Auscultation needs to include patient sitting up in full expiration at the mid left sternal edge to detect aortic regurgitation
- CRP, FBC, streptococcal titers and ESR (where possible) are taken
- ECG performed

## Management

After consultation with the appropriate specialist (Paediatric or adult physician or cardiology)

- Advise the NT RHD Register of ALL patients who are being investigated for ARF.

- Provide all manifestations and results available as per above

## **Contact details of RHD clinical nurses**

- ✓ Desley Williams 89448779 / 0475 960 612
- ✓ Hilary Bloomfield 89226121 / 0436 676 522
- ✓ NT RHD Register 89228454

- Individuals with incomplete diagnostic investigations for a definitive assessment ARF should be commenced on BPG on specialist advice. These will be added as possible ARF – Priority 3 to RHD Register until clinical review can occur at a later date
- ✓ BPG duration will initially be for 12/12
- ✓ Clinical review recall will be set on register at 12/12
- ✓ Teleconference clinics will become available for some paediatric patients who cannot attend usual appointments
- ✓ When specialist outreach services recommence these individuals will be prioritized for review
- ✓ When service return to normal the RHD Program will audit /follow up all diagnosis and specialist reviews for the period commencing 15/03/2020

## **Recall Support**

- Prioritization of up to date BPG data
- Any additional data provision as requested by health services / health centres to support recall

## **Education Support**

- Education resources on general education points will be emailed to all clinics. Data sticks with resources in different languages will be sent to each clinic (RHDA supporting this). These resources are also available on YouTube – via search Take Heart, Rheumatic Heart Disease