Table 7.1. Priorities in managing ARF in the acute setting

Admission to hospital	
Admit all patients suspected to have ARF	
Determine the diagnosis *(Table 7.2)*	
The diagnosis is determined based on • **Understanding of epidemiological risk** • **History obtained from primary care staff and/or patient and their family** • **Clinical observation prior to anti-inflammatory treatment: use paracetamol (first line) during this time if required for fever or joint pain** • **Investigations *(Table 7.3)*** • **Follow up findings** ○ **The final diagnosis may not be clear until several months after the acute episode; e.g. if Jones criteria are not met for a diagnosis of definite ARF but a follow up echocardiogram confirms rheumatic valvular changes not visible at the outset, then the diagnosis shifts from possible or probable to definite ARF**	
Treatment	
All cases	Provision of supportive, culturally safe care Antibiotic management using pain avoidance techniques for delivery of intramuscular injection *(Table 7.1)* Influenza vaccine - annual influenza vaccination is part of the long-term care plan but needs to be considered acutely as a strategy to reduce the risk of Reye's syndrome for children receiving aspirin
Arthritis and fever	Paracetamol (first line) until diagnosis confirmed Naproxen, ibuprofen or aspirin once diagnosis confirmed, if arthritis or severe arthralgia present Mild arthralgia and fever may respond to paracetamol alone
Sydenham's chorea	No pharmacological treatment for mild cases Anticonvulsant such as carbamazepine or sodium valproate if symptoms are debilitating or impacting significantly on function *(Table 7.1)* Stepwise use of other agents as per text below *(Table 7.1).* Evidence base is limited
Carditis/heart failure	Bed rest, with mobilisation as symptoms permit Anti-failure medication as required *(Table 7.1)* Corticosteroids for severe carditis or pericarditis with effusion *(Tables 7.1 and 7.5)* Valve surgery for life-threatening acute carditis (rare)
Long-term preventive measures and discharge planning	

Prepare for discharge to primary-care facility and follow-up
• **Notify case to the jurisdictional ARF/RHD register (where it exists) *(Table 13.1)***
• **Contact the patient's local primary care service and community pharmacist**
• **Provide a discharge letter to the patient or family, the primary care service and community pharmacist including information about:**
  ○ **ARF diagnosis (possible, probable, definite)**
  ○ **priority classification of RHD if also present (Priority 1, 2 or 3) *(Table 11.2)***
  ○ **a recommended care plan summary based on disease priority classification *(Table 7.4)***
  ○ **date of last BPG administration**
  ○ **required frequency of BPG, and the due date of next dose**
  ○ **date of next medical appointment**
  ○ **date of next echocardiogram**
  ○ **information about vaccinations administered in hospital**
  ○ **relevant contraception information and/or pregnancy planning for women**
• **Arrange dental review and ongoing dental care to reduce risk of endocarditis**
Family and community engagement:
• **Involve family in care**
• **Engage interpreters for patients and families whose first language is not English**
• **Provide education that is culturally appropriate and age-appropriate**
• **With consent from family, notify school (for school-aged children) to encourage support for ongoing care**
• **Acknowledge the significance of a chronic disease diagnosis in childhood, including the need for linkage with peer-support networks, psychological support, ongoing education, transition care as the individual ages, and self-management support. Where indicated, engage adolescent support services *(Table 11.4).***	

Reference: RHDAustralia (ARF/RHD writing group). The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition); 2020 pp 109-110 (https://www.rhdaustralia.org.au/arf-rhd-guideline)