(RHEUMATIC FEVER) NURSING CARE PLAN

Medical Diagnosis: Rheumatic Fever		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
 Painful or tender joints Chest pain Fatigue Unusual behaviors or outbursts 	Assess and monitor vital signs	Get a baseline to determine effectiveness of interventions. Fever is a primary symptom. Blood pressure and heart rate may be elevated from fever or from involvement of the heart.
	Perform complete physical assessment	Provides a baseline. Note redness of the skin or rash, swelling of the joints, or presence of subcutaneous nodules.
	Assess motor and neurologic function	Patients often have chorea (irregular movements may be noted in the face or extremities and may cause changes in speech)
Objective Data: Fever Red, swollen joints Rash Subcutaneous nodules Heart murmur Uncontrollable body movements (hands, feet, face)	Monitor lab tests	Blood tests may be run, such as C-reactive protein or ESR to determine inflammation. Monitor for presence of strep antibodies or cardiac enzymes as appropriate.
	Obtain ECG and echocardiogram	These tests are used to determine the amount of cardiac involvement of the disease. They can detect electrical or functional abnormalities such as faulty valves and help determine course of treatment.
	Administer medications appropriately.	Primary goal is to effectively treat the infection and reduce symptoms.
	Antibiotics Anti-inflammatories Anticonvulsants	Antibiotics – given to treat remaining strep infection, may be given orally or IM. Anti-inflammatories – given to relieve pain, treat fever and reduce inflammation. Joint pain is most common and may be relieved by applying cool compresses or heat, repositioning or relaxation techniques. FACES and FLACC scales may be used. Anticonvulsants- given to treat involuntary movements (chorea)



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Provide patient and parent education regarding home care and prevention of future disease or complication	The best way to prevent rheumatic fever is to fully treat strep infections as they occur. Incomplete or no treatment can lead to rheumatic fever. Patients will and treating following with
	 Patients will need routine follow up with cardiology as symptoms of valve damage may not fully appear until later in life. Encourage good hygiene as studies have shown higher occurrences in areas of overcrowding and poor sanitation.

