Rheumatic Fever Interventions

The goals of rheumatic fever interventions include treating the Group A beta-hemolytic streptococci (GABHS), preventing permanent cardiac damage, relieving symptoms, and preventing the recurrence of rheumatic fever.



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Antibiotics
ABX-guy
Antibiotics are given to treat the streptococcal infection. Treatment with oral penicillin or amoxicillin for 10 days is recommended. Educate the patient/family on the importance of completing the full course of antibiotics.

Prophylactic Treatment
Purple-axes
Because children who have had acute RF are susceptible to recurrence, prophylactic antibiotic treatment is initiated. Patients without carditis often require prophylaxis until age 20 or for a minimum of 5 years, while those with rheumatic carditis/disease may require life-long prophylaxis. It is important to remember that the duration of long-term prophylaxis varies depending on whether the child has cardiac involvement.

Relieve Joint Pain
Relieving Joint Pain-bolt
A priority treatment goal is the relief of joint pain. Position painful joints for comfort and in proper alignment. Additionally, heat packs, salicylates, or NSAIDs may be administered.

Prevent Cardiac Complications
Preventing Complicated Heart
Preventing cardiac complications includes frequent assessment of vital signs and monitoring for increasing signs of cardiac distress. Be sure to promote rest to reduce cardiac workload and seek medical attention if symptoms such as excessive fatigue, dizziness, palpitations, unexplained weight gain, or exertional dyspnea develop.

Educate Chorea is Temporary
Med-educator lowering Korean-flag
Because signs and symptoms of RF can be disturbing to both parent and child, providing education is important to the plan of care. Emphasize that the symptoms of chorea are transitory and that, eventually, the movement problems will disappear.

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