

Rheumatic heart disease (RHD) – quick review checklist for NZ primary care

Use at each routine visit.

1. Patient details

Name: _____

NHI: _____

DOB: _____

2. Visit details

Date: _____

Last benzathine penicillin (Bicillin L-A) injection date: _____

Next dose due: _____

3. Secondary prophylaxis

Receiving regular benzathine penicillin every 28 days (or oral alternative)

Any missed or late doses since last visit? Yes / No

If yes, reason: _____

4. Symptoms since last visit

- More breathless than usual
- Breathless lying flat / more pillows at night
- Waking at night short of breath
- New or worse ankle/leg swelling
- Palpitations or “irregular” heartbeat
- Chest pain
- Fainting / near fainting
- Fever, chills, night sweats, weight loss

Refer same day to doctor or ED:

- rapidly worsening breathlessness
- chest pain at rest
- fainting
- fever with known RHD or new murmur

5. Observations

BP: _____ / _____ mmHg

HR: _____ bpm Regular Irregular

Weight: _____ kg (note increase >2kg in 1 week)

Oedema: None / Mild / Marked

6. Investigations and follow-up

Echocardiogram up to date

Date of last echo: _____

Next echo due: _____

ECG done/booked if irregular pulse or symptoms. Date: _____

GP/cardiology review booked if concerns. Date: _____

7. Medicines and consistency

Current medicines checked (heart failure, atrial fibrillation, anticoagulant, etc)

Any problems taking medicines? Yes / No

Issues/changes: _____

8. Teeth and mouth

Regular dentist or clinic: Yes / No

Last dental visit: _____ (guidelines recommend every 6–12 months)

Patient understands need for antibiotics before high-risk dental work

9. Females of childbearing age

N/A (not relevant)

Asked about pregnancy plans

Contraception discussed/reviewed

Referred for pre-pregnancy or pregnancy cardiac review if needed

10. Whānau, wellbeing and support

Any issues with getting to appointments or paying for care/medications?

Mood and coping checked

Whānau involved in plan if patient agrees

Plan agreed, next appointment booked

Signature: _____

Designation: _____

Date: _____