

process, especially in the joints, and reduce the fever and discomfort. Supportive care involves bed rest initially and then quiet activities as symptoms subside. Good nutrition is important. Children who have had ARF are susceptible to recurrent infections that are likely to result in RHD and further damage to the heart valves. Prophylactic treatment against recurrence of ARF (secondary prevention) is started after the acute therapy. The treatment of choice is intramuscular injections of benzathine penicillin G every 28 days because it is most effective. Alternative therapy includes oral doses of penicillin or erythromycin twice a day, or one daily dose of sulfadiazine. The duration of secondary prophylaxis is based on the presence of residual heart disease. In ARF occurs without carditis, prophylaxis is recommended for 5 years or until age 21 years, whichever is longer. In patients with carditis, 10 years is recommended or until 21 years old. In patients with RHD, prophylaxis can continue until the age of 40 years and may be indicated indefinitely depending on the individual's risk ([Gerber, Baltimore, Eaton, et al, 2009](#)).

Management of RHD may require surgical valve repair or replacement. Valve replacement with a mechanical valve requires lifelong anticoagulation with warfarin.

Quality Patient Outcomes: Acute Rheumatic Fever

- Group A strep (GAS) tonsillopharyngitis identified and treated
- Early recognition and treatment to prevent cardiac valve damage
- Recurrence prevented with prophylaxis compliance

Nursing Care Management

The objective of nursing care is, first, prevention. For the child with ARF, nursing care (1) encourages compliance with drug regimens, (2) facilitates recovery from the illness, and (3) provides emotional support. Nurses play an important role in prevention by educating parents about the complications of strep infections and working with patients and families to ensure follow up with antibiotic