

MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC

Osh International Medical University


Department of Clinical Disciplines

Department of Therapeutic Specialties Programs

REVIEWED


At the department meeting, protocol No. _____

From " ~~12~~ " 11 2024

Department, Nurlanova N.N. 

APPROVED

Chair of the UMS OMMU

Pr No. 3 dated 20/11 2024 Head 

Toktonazarova N.T.

EXAMINATION STATION PASSPORT

"Acute rheumatic fever"

Discipline: Therapy

Compiled by: Sadikova G.

2024

Rheumatology Station

Materials and equipment for the station:

1. Pulse oximeter
2. Blood pressure monitor
3. Stethoscope

Clinical case

Patient D., 13 years old, schoolgirl, was admitted to the hospital with complaints of a fever of 38.5 °C, pain in the knee, ankle, and elbow joints, violent movements of the muscles of the arms, torso, and face, tearfulness, pronounced weakness, and fatigue. The medical history revealed that the patient had suffered from severe tonsillitis two weeks prior to hospitalization.

Upon examination, her condition was moderate. The skin and visible mucous membranes were pale and moist. The chest was conical in shape and symmetrical. Respiratory rate was 16 per minute. Comparative percussion over symmetrical areas of the chest reveals clear pulmonary sounds. Auscultation of the lungs reveals vesicular breathing throughout all sections, with no wheezing. The chest in the heart area is unchanged. Borders of relative cardiac dullness: right - along the right edge of the sternum, left - along the left midclavicular line, upper - third intercostal space. Auscultation of the heart reveals muffled, rhythmic heart sounds, with systolic murmur heard at the apex. The heart rhythm is regular, heart rate is 98 beats per minute. Blood pressure is 120/80 mm Hg. The abdomen is normal in shape and symmetrical. Percussion of the abdomen reveals a tympanic sound. On superficial palpation, the abdomen is soft and painless. Liver size according to Kurlov: 9x8x7 cm. The liver does not protrude from under the edge of the rib cage. The spleen is not enlarged. You have 10 minutes to collect a focused medical history, conduct a focused examination, and prescribe treatment. 1. Standardized patient assessment sheet.

Resident _____ Year _____

№	Stages	Mark of completion		Patient response and action
		Points	Points	
Real medical history. Examiner.				
1.	Did the examiner ask what symptoms the patient had?	0-1		An increase in body temperature to 38.5 °C, pain in the knee, ankle, and elbow joints, violent movements of the muscles of the arms, torso, and face, tearfulness, pronounced weakness, and fatigue.
2.	Did the examiner ask when the patient became ill?	0-1		Two weeks before hospitalization, the patient had severe tonsillitis.
3.	Did the examiner ask what kind of pain the patient was experiencing in their joints?	0-1		The pain is throbbing and sharp, especially when moving.
4.	Did the examiner ask what the patient thought was causing their illness?	0-1		After suffering from severe tonsillitis.
5.	Did the examinee ask if the patient had shortness of breath and heart palpitations?	0-1		No complaints of shortness of breath or heart palpitations.

6.	Did the examinee ask what medications the patient was taking?	0-1	Yes, does not take
Physical examination. Examiner			
7.	Did the examinee wash their hands before and after the examination?	0-1	Yes.
8.	Did the examinee assess the patient's general condition?	0-2	Moderate severity.
9.	Did the examinee examine the skin?	0-2	Pale, moist.
10.	Did the examinee give the patient a thermometer to measure their body temperature?	0-2	Yes. Temperature 38.5°C. Yes. Temperature 38.5°C.
11.	Did the examinee assess the condition of the respiratory organs? Did they listen to the lungs with a stethoscope and count the respiratory rate?	0-2	Auscultation of the lungs reveals vesicular breathing throughout all sections, no rales. Respiratory rate - 16 per minute.
12.	Did the examinee palpate the heart area and determine the boundaries of relative cardiac dullness by percussion?	0-2	Borders of relative cardiac dullness: right - along the right edge of the sternum, left - along the left midclavicular line, upper - third intercostal space.
13.	Did the examinee perform auscultation of the heart? Heart sounds and murmurs. Heart rhythm, heart rate, pulse, blood pressure.	0-2	Auscultation of the heart reveals muffled, rhythmic heart sounds, with systolic murmur heard at the apex. Heart rhythm is regular, heart rate is 98 beats per minute. Blood pressure is 120/80 mmHg.
4.	Did the examinee perform percussion and palpation of the liver?	0-2	Liver size according to Kurlov: 9x8x7 cm. The liver does not protrude from under the edge of the costal arch.
Laboratory tests			
5.	Complete blood count (CBC), Rheumatology tests.	0-3	Complete blood count: hemoglobin - 130 g/L, leukocytes - $9.6 \times 10^9/L$, erythrocytes - $4.5 \times 10^{12}/L$, eosinophils - 2%, stab neutrophils - 5%, segmented neutrophils - 68%, lymphocytes - 20%, monocytes - 5%. ESR - 24 mm/h. UAB: relative density - 1010, acidic reaction, protein, glucose, erythrocytes absent, leukocytes - 1-2 in the field of view. Immunological blood test: CRP - +++, antistreptolysin-O titer - 290 IU (normal up to 250 IU), antihyaluronidase titer - 330 IU (normal up to 300 IU).
	ECG	0-3	Sinus rhythm, heart rate - 97 per minute, normal EOS position, repolarization processes impaired.
	Echocardiogram	0-3	Moderate hypokinesis. Slight marginal

			thickening of the right coronary valve of the AoK, marginal fibrosis of the MV, no stenosis. Minimal mitral and aortic regurgitation. Septum intact. Tachycardia 97 bpm noted. Left atrial pressure not elevated.
18.	Chest X-ray	0-3	Lung fields clear, no focal or infiltrative shadows detected.
Communication skills. The examinee			
19.	Greeted and introduced himself? Said goodbye?	0-1	Yes Yes
20.	Asked permission to examine him?	0-1	Yes, the patient agreed
21.	Did he inform the patient of the preliminary diagnosis, possibly rheumatic heart disease with damage to a specific valve?	0-5	Primary disease: acute rheumatic fever, grade II activity: rheumatic carditis, rheumatic polyarthritis with predominant involvement of the knee, ankle, and elbow joints, chorea minor.
22.	Did he explain the consequences if the patient does not undergo dispensary observation?	0-1	Yes. Rheumatic carditis. Polyarthritis. Chorea minor. Rheumatic nodules. Annular erythema
23.	Did he discuss further treatment tactics (conservative or surgical treatment)?	0-5	The patient is indicated for therapy with the following groups of drugs: penicillin antibiotics and nonsteroidal anti-inflammatory drugs (NSAIDs) followed by mandatory bicillin prophylaxis.
24.	Did he explain the consequences of not undergoing treatment?	0-4	CHF, severe arrhythmias, dilation of the heart chambers. Severe joint deformities.
Total:			
<p><i>If the examinee scored:</i></p> <p>45-50 points - "excellent"</p> <p>36-44 points - "good"</p> <p>26-35 points - "satisfactory"</p> <p>25 points and below - "failed"</p>			

Observer's full name and signature _____

Date and time _____

Legend for the patient. Patient D., 13 years old, schoolgirl, was admitted to the hospital with complaints of a fever of 38.5 °C, pain in the knee, ankle, and elbow joints, violent movements of the muscles of the arms, torso, and face, tearfulness, pronounced weakness, and fatigue. The medical history indicates that the patient had suffered from severe tonsillitis two weeks prior to hospitalization.

A general examination of the patient revealed the following: On examination, the condition is moderate. The skin and visible mucous membranes are pale and moist. The chest is conical in shape and symmetrical. Respiratory rate is 16 per minute. Comparative percussion over symmetrical areas of the chest reveals clear lung sounds. Auscultation of the lungs revealed vesicular breathing in all areas, with no wheezing. The chest in the heart area was unchanged. The boundaries of relative cardiac dullness were: right - along the right edge of the sternum, left - along the left midclavicular line, upper - third intercostal space. On auscultation of the heart, heart sounds are muffled, rhythmic, and a systolic murmur is heard at the apex. The heart rhythm is regular, with a heart rate of 98 beats per minute. Blood pressure is 120/80 mm Hg. The abdomen is normal in shape and symmetrical. Percussion of the abdomen reveals a tympanic sound. On superficial palpation, the abdomen is soft and painless. Liver size according to Kurlov: 9x8x7 cm. The liver does not protrude from under the edge of the rib cage. The spleen is not enlarged.

Complete blood count: hemoglobin - 130 g/L, white blood cells - $9.6 \times 10^9/L$, red blood cells - $4.5 \times 10^{12}/L$, eosinophils - 2%, stab neutrophils - 5%, segmented neutrophils - 68%, lymphocytes - 20%, monocytes - 5%. ESR - 24 mm/h.

Complete urinalysis: relative density - 1010, acidic reaction, no protein, glucose, or erythrocytes, leukocytes - 1-2 in the field of view.

Immunological blood test: CRP - +++, antistreptolysin-O titer - 290 IU (normal range up to 250 IU), antihyaluronidase titer - 330 IU (normal range up to 300 IU).

ECG: sinus rhythm, heart rate - 97 beats per minute, normal EOS position, repolarization disorders.

Echocardiography: Moderate hypokinesis. Slight marginal thickening of the right coronary valve leaflet, marginal fibrosis of the mitral valve, no stenosis. Minimal mitral and aortic regurgitation. The septa are intact. Tachycardia of 97 beats per minute is noted. Pressure in the LA is not elevated. No pathological blood flow in the heart chambers or major vessels is detected.

Chest X-ray: lung fields are clear, no focal or infiltrative shadows are detected.

Neurologist consultation: the patient is emotionally labile. Hyperkinesis of the hands, trunk, and facial muscles is observed. Coordination tests are difficult to perform.

3. Examination plan (check the appropriate box).

1. Interview.
2. Medical history.
3. Patient examination.
5. Objective data: palpation, auscultation.
6. Laboratory data.
7. Discussion of the diagnosis, treatment tactics, etc.
8. _____
9. _____
10. _____

Doctor (Last name, first name, initials, legible) _____