

Answer sheet

A six-year-old Indigenous boy presents to the emergency department with fever, joint pain and a rash. He is febrile to 38, p 128, sats 98% air RR 20. Examination reveals a clear chest, non-suppurative tonsils and holosystolic murmur. You suspect rheumatic fever.

1. Outline your differential diagnoses:

Juvenile Rheumatoid Arthritis
Kawasaki Disease
Sepsis: cellulitis, UTI, influenza, septic arthritis
Drug reaction: EM Major/TEN

2. Outline the other features of the diagnostic criteria for rheumatic fever which are not already present:

Major: CANES
Carditis
Arthritis - polyarthritis (in Indigenous populations, monorthritis/arthritis counts as major)

Nodules

Erythema Marginatum

Sydenham's Chorea

Minor:

ECG changes (1st deg HB)

Fever >38.5

Arthralgias/monoarthritis

Elevated ESR >= 30

History of Rheumatic fever

NATIONAL CLOSE THE GAP DAY Thursday 15 March 2018 oxfam.org.au

This resource is for your use as part of your trainee teaching sessions, which we encourage you to undertake as part of Close the Gap Day. In addition, the Indigenous Health and Cultural Competency eLearning series can be found on the ACEM website: acem.org.au/culturalcompetency



**AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE**

3. English is not a first language for this family. You are concerned that there may be a communication barrier present. What are some techniques that may be used to facilitate good clinical communication in this case?

- Offer an interpreter or AHLO
- Use engagement that is appropriate to the area the family is from - this might include talking to family/elders, avoiding eye contact, offering gender specific staff
- Slow down, use plain English and allow time for questions
- Inquire whether there are any concerns of the family that need addressing
- Offer culturally appropriate written or illustrated information
- Involve culturally specific health services for discharge planning and follow up

4. Give two requirements for follow up for rheumatic fever in this patient:

ECHO and cardiology follow up
Has penicillin supply or has ability to follow up and receive monthly depot penicillin
Access to transport and phone

