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REFERRAL GUIDELINES: RHEUMATOLOGY

Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology & imaging reports
- Past medical history
- Current medications

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938

Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 16 years of age are not seen at The Alfred

REFERRAL PROCESS: RHEUMATOLOGY

STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked. You will be contacted if further information is required.

STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will wait for an appointment.

STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the GP and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Rheumatology Registrar on call on 9076 2000.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

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REFERRAL PRIORITY: RHEUMATOLOGY

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which that the patient is offered an appointment.

Referral Priority	Appointment Timeframe
Urgent	Within 30 days
Routine	Greater than 30 days depending on clinical need

IMMEDIATE **Direct to the Emergency & Trauma Centre**	**URGENT**	**ROUTINE**
• Giant cell arteritis / Temporal arteritis • Systemic arteritis • Acute, unwell SLE • Acute, unwell vasculitis • Septic arthritis	• Rheumatoid arthritis • Polymyalgia rheumatica • Polyarticular gout • Inflammatory polyarthritis • SLE • Polymyositis • Ankylosing spondylitis	• Soft tissue rheumatism • Acute on chronic symptoms in osteoarthritis • Recurrent gout • Fibromylagia • Other chronic pain syndromes • Chronic osteoarthritis
Phone the Rheumatology Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre. • Early discussion with Rheumatologist is advised	Urgent cases must be discussed with the Rheumatology Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 6938.	Fax referral to 9076 6938

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Referral Guideline Contents

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Arthritis:

RHEUMATOID ARTHRITIS

Evaluation	Referral Guidelines
HISTORY: • Precipitating events • Family history • Functional impairment • Weight loss EXAMINATION: • Articular swelling • Non-articular involvement INVESTIGATIONS: • FBE, ESR • U&Es • LFTs • Anti-CCP, ANA, CRP • XR affected joints • Urinalysis	Most cases should be assessed by a Rheumatologist, Refer - Urgent If diagnosis of rheumatoid arthritis is established, periodic review by a rheumatologist is strongly advised.

ANKYLOSING SPONDYLITIS

Evaluation	Referral Guidelines
HISTORY: • Family history • Back pain/stiffness INVESTIGATIONS: • FBE, ESR • U&Es • LFTs • XR affected joints	Most cases should be assessed by a Rheumatologist, Refer - Urgent If diagnosis is established, refer if: • progressive worsening of disability • threat to independence • difficulty with employment • assistance with self-management: Urgent or routine

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Arthritis:

PSORIATIC ARTHRITIS

Evaluation	Referral Guidelines
HISTORY: • Psoriatic rash • Acute single joint arthritis • Exclude infection (hot, red, swollen joint, pyrexia), gout or pseudogout INVESTIGATIONS: • FBE, ESR • U&Es • LFTs • Uric acid • XR affected joints	Most cases should be assessed by a Rheumatologist, Refer - Urgent

OSTEOARTHRITIS

Evaluation	Referral Guidelines
HISTORY: • Functional impairment INVESTIGATIONS: • XR affected joints	If diagnosis is established, refer if: • progressive worsening of disability • acute on chronic symptoms • threat to independence • difficulty with employment • assistance with self-management: refer urgent or routine depending on circumstances

ACUTE MONOARTHRITIS

Evaluation	Referral Guidelines
HISTORY: • Hot, red, swollen joint • Presence of pyrexia INVESTIGATIONS: • FBE, ESR • U&Es • LFTs • Uric acid	If sepsis is suspected or cannot be excluded, refer IMMEDIATELY for aspiration and diagnosis – contact Rheumatology consultant or registrar on call on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.

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Arthritis:

REACTIVE ARTHRITIS

Evaluation	Referral Guidelines
HISTORY: • Trauma • Multiple joint involvement • Genitourinary/GI infection • Family history • Back pain/ stiffness	Most cases should be assessed by a Rheumatologist, Refer - Urgent

GOUT
PSEUDOGOUT

Evaluation	Referral Guidelines
HISTORY: • Acute, single or few joints involved • Exclude infection (hot, red, swollen joint with pyrexia) • Consider joint aspiration. Diagnosis of gout is made by examination of joint fluid by polarised light microscopy • Consider pseudogout INVESTIGATIONS: • FBE, ESR • U&Es • LFTs • Uric acid	Refer patients with recurrent gout which is chronic, polyarticular or if the diagnosis is uncertain, Refer - Routine.

HEMARTHROSIS

Evaluation	Referral Guidelines
HISTORY: • Trauma • Exclude infection (hot, red, swollen joint, pyrexia) INVESTIGATIONS: • XR affected joint	Refer to specialist for aspiration and/or injection for difficult anatomical sites or problems requiring particular expertise, Refer - Routine

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Soft Tissue Rheumatism:

ROTATOR CUFF
TENNIS ELBOW
TROCHANTERIC BURSITIS
CARPAL TUNNEL SYNDROME
PLANTAR FASCIITIS

Evaluation	Referral Guidelines
HISTORY: • Trauma • Occupation • Pain pattern EXAMINATION: • Normal passive ROM • Clinical diagnosis INVESTIGATIONS: • FBE, ESR • X-ray if fails to settle	Uncertain diagnoses: Refer - Routine Local injection: Refer - Routine Failure to settle: Refer - Routine

Chronic Pain Syndromes:

FIBROMYALGIA

Evaluation	Referral Guidelines
Consider medical causes of fatigue, myalgia eg hypothyroidism, depression HISTORY: • Trauma • Sleep disturbance • Morning stiffness/fatigue • Widespread mylagias • Psychosocial evaluation important EXAMINATION: • Tender points • Pain behaviours • No clinical weakness INVESTIGATION: • FBE, ESR • U&Es • LFTs • Ca, $PO4^2$ • CK	Uncertain diagnoses: Refer - Routine Multi/interdisciplinary rehabilitation: Refer - Routine **NOTE:** Fibromyalgia can exist with other conditions

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Connective Tissue Disease:

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)
SCLERODERMA
POLYMYOSITIS
DERMATOMYOSITIS
SJOGREN'S SYNDROME

Evaluation	Referral Guidelines
HISTORY: • Trauma • Rash • Colitis/iritis • Genitourinary/GI infection EXAMINATION: • Rashes • Anatomical swelling (c.f. oedema) • Blood pressure INVESTIGATIONS: • FBE, ESR • RhF or anti-CCP • ANA/DNA binding • U&Es • LFTs • CRP • CK (raised in Polymyositis) • Urinalysis, MSU Note: False positive tests are common – none of these conditions can be diagnosed by a single test	Most cases should be assessed by the Rheumatologist: Refer - Urgent Early discussion with Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.

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Vasculitis:

TEMPORAL ARTERITIS
POLYMYALGIA RHEUMATICA
POLYARTERITIS NODOSA WE-
GENER'S GRANULOMATOSIS

Evaluation	Referral Guidelines
HISTORY: • Muscle pain • Marked morning stiffness • Headaches • Amaurosis fugax EXAMINATION: • No true weakness INVESTIGATIONS: • FBE, ESR (raised), CRP • U&Es • LFTs • CK • Urinalysis for protein and dysmorphic red cells	• Temporal arteritis, Refer - Urgent – will need temporal artery biopsy and treatment • Polymyalgia Rheumatica - Refer - Urgent to Rheumatology • PAN, Wegener's Granulomatosis, Refer - Urgent Early discussion with Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.

Osteoporosis / Metabolic Bone Disease:

POST MENOPAUSAL OSTEOPOROSIS
SECONDARY OSTEOPOROSIS (Inflammatory arthritis, Steroid therapy)
OSTEOMALACIA

Evaluation	Referral Guidelines
HISTORY: • Family history • Age at menopause • Fracture • Dietary Ca" • Steroid therapy EXAMINATION: • Vertebral deformity INVESTIGATION: • Bone mineral density (dexa, CT) • XR • Ca", PO4 • Thyroid function • U&Es • LFTs • Vitamin D • Androgens in males	Refer - Routine for management of complicated or atypical presentations

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Other:

REFLEX SYMPATHETIC DYSTROPHY

Evaluation	Referral Guidelines
Consider medical causes of fatigue, myalgia eg hypothyroidism, depression HISTORY: • Trauma • Sleep disturbance • Morning stiffness/fatigue • Widespread mylagias • Psychosocial evaluation important EXAMINATION: • Tender points • Pain behaviours • No clinical weakness INVESTIGATION: • FBE, ESR • U&Es • LFTs • Ca, $PO4^2$ • CK	Uncertain diagnoses: Refer - Routine Multi/interdisciplinary rehabilitation: Refer - Routine

AVASCULAR NECROSIS

Evaluation	Referral Guidelines
HISTORY : • Acutely painful joint, • Significant pain. INVESTIGATIONS: • XR affected joint • Bone scan or MRI if diagnosis suspected	Refer - Urgent to specialist for further management.