

THE ALFRED REFERRAL GUIDELINES: RHEUMATOLOGY

Referral priority guide

Arthritis

Rheumatoid arthritis

Ankylosing spondylitis

Psoriatic arthritis

Osteoarthritis

Septic arthritis

Reactive arthritis

Gout

Pseudogout

Hemarthrosis

Soft tissue rheumatism

Rotator cuff

Tennis elbow

Trochanteric bursitis

Carpal tunnel syndrome

Plantar fasciitis

Connective tissue disease

Systemic lupus erythematosus

Scleroderma

Polymyositis

Dermatomyositis

Sjogren's syndrome

Vasculitis

Temporal arteritis

Polymyalgia rheumatica

Polyarteritis nodosa

Wegener's granulomatosis

Osteoporosis / Metabolic bone disease

Post menopausal osteoporosis

Secondary osteoporosis

Osteomalacia

Chronic pain syndromes

Fibromyalgia

Other

Reflex sympathetic dystrophy

Avascular necrosis

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<p>Immediate</p> <ul style="list-style-type: none"> • Giant cell arteritis / Temporal arteritis • Systemic arteritis • Acute, unwell SLE • Acute, unwell vasculitis • Septic arthritis 	<ul style="list-style-type: none"> • Contact Rheumatology registrar on call on 9076 2620 and/or send to The Alfred Emergency and Trauma Centre. • Early discussion with Rheumatologist is advised
<p>Urgent</p> <ul style="list-style-type: none"> • Seropositive RA • Polymyalgia rheumatica • Polyarticular gout • Inflammatory polyarthritis 	<p>Urgent cases must be discussed with the Rheumatology registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.</p>
<p>Soon</p> <ul style="list-style-type: none"> • Rheumatoid arthritis • SLE • Polymyositis • Ankylosing spondylitis 	<p>Referrals should be faxed to 9076 6938. Likely to receive an appointment within 2-6 weeks.</p>
<p>Intermediate</p> <ul style="list-style-type: none"> • Soft tissue rheumatism • Acute on chronic symptoms in osteoarthritis • Recurrent gout 	<p>Referrals should be faxed to 9076 6938. Likely to receive an appointment within 6-12 weeks.</p>
<p>Non-urgent</p> <ul style="list-style-type: none"> • Fibromyalgia • Other chronic pain syndromes • Chronic osteoarthritis 	<p>Referrals should be faxed to 9076 6938.</p>
<p>Not seen</p>	<p>Children under 16 years of age are not seen at The Alfred.</p>

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

Urgent cases must be discussed with the Rheumatology registrar on call to obtain appropriate prioritisation and then a **referral letter faxed to 9076 6938**.

[Return to contents page](#)

THE ALFRED REFERRAL GUIDELINES

RHEUMATOLOGY

Diagnosis	Evaluation	Referral Guidelines
Arthritis		
Rheumatoid arthritis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Precipitating events • Family history • Functional impairment • Weight loss <p>EXAMINATION:</p> <ul style="list-style-type: none"> • Articular swelling • Non-articular involvement <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • RhF or anti-CCP, ANA, CRP • XR affected joints <p>The Alfred Radiology request form</p> <ul style="list-style-type: none"> • Urinalysis 	<p>Most cases should be assessed by a Rheumatologist – PRIORITY 2.</p> <p>If diagnosis of rheumatoid arthritis is established, periodic review by a rheumatologist is strongly advised.</p> <p style="text-align: right;">Return to contents page</p>
Ankylosing spondylitis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Family history • Back pain/stiffness <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • XR affected joints <p>The Alfred Radiology request form</p>	<p>Most cases should be assessed by a Rheumatologist –PRIORITY 2.</p> <p>If diagnosis is established, refer if:</p> <ul style="list-style-type: none"> • progressive worsening of disability • threat to independence • difficulty with employment • assistance with self-management: PRIORITY 2 – 3. <p style="text-align: right;">Return to contents page</p>
Psoriatic arthritis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Psoriatic rash • Acute single joint arthritis • Exclude infection (hot, red, swollen joint, pyrexia), gout or pseudogout <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • Uric acid • XR affected joints <p>The Alfred Radiology request form</p>	<p>Most cases should be assessed by a Rheumatologist – PRIORITY 2</p> <p style="text-align: right;">Return to contents page</p>
Osteoarthritis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Functional impairment <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • XR affected joints <p>The Alfred Radiology request form</p>	<p>If diagnosis is established, refer if:</p> <ul style="list-style-type: none"> • progressive worsening of disability • acute on chronic symptoms • threat to independence • difficulty with employment • assistance with self-management: PRIORITY 2 – 3 <p style="text-align: right;">Return to contents page</p>
Septic arthritis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Hot, red, swollen joint • Presence of pyrexia <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • Uric acid 	<p>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.</p> <p style="text-align: right;">Return to contents page</p>

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Arthritis		
Reactive arthritis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Trauma • Multiple joint involvement • Genitourinary/GI infection • Family history • Back pain/ stiffness 	<p>Most cases should be assessed by a Rheumatologist – PRIORITY 2</p> <p style="text-align: right;">Return to contents page</p>
Gout Pseudogout	<p>HISTORY:</p> <ul style="list-style-type: none"> • 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 <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • Uric acid 	<p>Refer patients with recurrent gout which is chronic, polyarticular or if the diagnosis is uncertain – PRIORITY 3</p> <p style="text-align: right;">Return to contents page</p>
Hemarthrosis	<p>HISTORY:</p> <ul style="list-style-type: none"> • Trauma • Exclude infection (hot, red, swollen joint, pyrexia) <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • XR affected joint <p>The Alfred Radiology request form</p>	<p>Refer to specialist for aspiration and/or injection for difficult anatomical sites or problems requiring particular expertise: PRIORITY 3</p> <p style="text-align: right;">Return to contents page</p>
Soft tissue rheumatism		
<ul style="list-style-type: none"> • Rotator cuff • Tennis elbow • Trochanteric bursitis • Carpal tunnel syndrome • Plantar fasciitis 	<p>HISTORY:</p> <ul style="list-style-type: none"> • Trauma • Occupation • Pain pattern <p>EXAMINATION:</p> <ul style="list-style-type: none"> • Normal passive ROM • Clinical diagnosis <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • X-ray if fails to settle <p>The Alfred Radiology request form</p>	<p>Uncertain diagnoses: PRIORITY 3</p> <p>Local injection: PRIORITY 3</p> <p>Failure to settle: PRIORITY 3</p> <p style="text-align: right;">Return to contents page</p>

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Diagnosis	Evaluation	Referral Guidelines
Connective tissue disease		
<p>Systemic Lupus Erythematosus (SLE)</p> <p>Others are rare:</p> <ul style="list-style-type: none"> • Scleroderma • Polymyositis • Dermatomyositis • Sjogren's Syndrome 	<p>HISTORY:</p> <ul style="list-style-type: none"> • Trauma • Rash • Colitis/iritis • Genitourinary/GI infection <p>EXAMINATION:</p> <ul style="list-style-type: none"> • Rashes • Anatomical swelling (c.f. oedema) • Blood pressure <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR • RhF or anti-CCP • ANA/DNA binding • U&Es • LFTs • CRP • CK (raised in Polymyositis) • Urinalysis, MSU <p>Note: False positive tests are common – none of these conditions can be diagnosed by a single test</p>	<p>Most cases should be assessed by the Rheumatologist: PRIORITY 2.</p> <p>Early discussion with Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.</p> <p style="text-align: right;">Return to contents page</p>
Vasculitis		
<p>Temporal arteritis</p> <p>Polymyalgia rheumatica</p> <p>Polyarteritis nodosa</p> <p>Wegener's granulomatosis</p>	<p>HISTORY:</p> <ul style="list-style-type: none"> • Muscle pain • Marked morning stiffness • Headaches • Amaurosis fugax <p>EXAMINATION:</p> <ul style="list-style-type: none"> • No true weakness <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • FBE, ESR (raised), CRP • U&Es • LFTs • CK • Urinalysis for protein and dysmorphic red cells. 	<ul style="list-style-type: none"> • Temporal arteritis refer urgently: PRIORITY 1 – will need temporal artery biopsy and treatment • Polymyalgia Rheumatica - Refer to Rheumatology URGENT – PRIORITY 2 • PAN, Wegener's Granulomatosis – Refer PRIORITY 1-2 depending on severity of illness and level of organ involvement. Early discussion with Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently. <p style="text-align: right;">Return to contents page</p>
Osteoporosis / Metabolic bone disease		
<p>Post menopausal osteoporosis</p> <p>Secondary osteoporosis (Inflammatory arthritis, steroid therapy)</p> <p>Osteomalacia</p>	<p>HISTORY:</p> <ul style="list-style-type: none"> • Family history • Age at menopause • Fracture • Dietary Ca²⁺ • Steroid therapy <p>EXAMINATION:</p> <ul style="list-style-type: none"> • Vertebral deformity <p>INVESTIGATION:</p> <ul style="list-style-type: none"> • Bone mineral density (dexa, CT) • XR The Alfred Radiology request form • Ca²⁺, PO₄ • Thyroid function • U&Es • LFTs • Vitamin D • Androgens in males 	<ul style="list-style-type: none"> • Refer for management of complicated or atypical presentations: PRIORITY 3 <p style="text-align: right;">Return to contents page</p>

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Chronic pain syndromes		
Fibromyalgia (FMS)	<p>Consider medical causes of fatigue, myalgia eg hypothyroidism, depression</p> <p>HISTORY:</p> <ul style="list-style-type: none"> • Trauma • Sleep disturbance • Morning stiffness/fatigue • Widespread mylagias • Psychosocial evaluation important <p>EXAMINATION:</p> <ul style="list-style-type: none"> • Tender points • Pain behaviours • No clinical weakness <p>INVESTIGATION:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • Ca, PO4² • CK <p>NOTE: Fibromyalgia can exist with other conditions</p>	<p>Uncertain diagnoses: PRIORITY 3</p> <p>Multi/interdisciplinary rehabilitation: PRIORITY 3 – 4</p> <p style="text-align: right;">Return to contents page</p>
Other		
Reflex Sympathetic Dystrophy	<p>Consider medical causes of fatigue, myalgia eg hypothyroidism, depression</p> <p>HISTORY:</p> <ul style="list-style-type: none"> • Trauma • Sleep disturbance • Morning stiffness/fatigue • Widespread mylagias • Psychosocial evaluation important <p>EXAMINATION:</p> <ul style="list-style-type: none"> • Tender points • Pain behaviours • No clinical weakness <p>INVESTIGATION:</p> <ul style="list-style-type: none"> • FBE, ESR • U&Es • LFTs • Ca, PO4² • CK 	<p>Uncertain diagnoses: PRIORITY 3</p> <p>Multi/interdisciplinary rehabilitation: PRIORITY 3 - 4</p> <p style="text-align: right;">Return to contents page</p>
Avascular Necrosis	<p>HISTORY :</p> <ul style="list-style-type: none"> • Acutely painful joint, • Significant pain. <p>INVESTIGATIONS:</p> <ul style="list-style-type: none"> • XR affected joint • Bone scan or MRI if diagnosis suspected <p>The Alfred Radiology request form</p>	<ul style="list-style-type: none"> • Refer to specialist for further management – PRIORITY 2 <p style="text-align: right;">Return to contents page</p>