Western Health Specialist Clinics Access & Referral Guidelines

Rheumatology Specialist Clinics at Western Health:

Western Health provides the Specialist Clinics for patients who require assessment and management of Rheumatology conditions. The focus of the clinics is to provide management and treatment for the conditions listed below:

- Rheumatoid arthritis, Psoriatic arthritis, Seronegative arthritis
- Ankylosing Spondylitis
- Systemic Lupus Erythematosus (SLE)
- Giant cell arteritis
- Vasculitis
- Refractory Gout
- Other Autoimmune Connective Tissue Diseases (Scleroderma, Myositis, Sjogren's, Mixed Connective Tissue Disease, Undifferentiated Connective Tissue Disease)
- Complex undifferentiated autoimmune or inflammatory conditions

Conditions not seen by Rheumatology Specialists at Western Health:

- Osteoarthritis of the hand, hip and knees Consider referral to Western Health Osteoarthritis Hip and Knee Service (OAHKS)
- Chronic pain syndromes including Fibromyalgia and Complex Regional Pain Syndrome Consider referral to pain clinic
- Mechanical low back pain, neck pain, shoulder pain
- Osteoporosis Consider referral to metabolic bone clinic
- Ehlers Danlos Syndrome Consider referral to genetics clinic
- Positive Antinuclear antibody (ANA) or Rheumatoid factor (RF) blood tests without clinical symptoms
 - Clinical symptoms: mouth/nasal ulcerations, Alopecia, Raynaud's, Inflammatory Arthritis, Photosensitive rash, Proteinuria/Haematuria

Alarm Symptoms:

Giant Cell Arteritis - Please contact 8345 6666 and ask for Rheumatology registrar to discuss evaluation, management and review. Alternatively, consider referral to the Emergency Department

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Access & Referral Priority Rheumatology:

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

URGENT	ROUTINE
Appointment timeframe 30 days	Appointment timeframe greater than 30 days, depending on clinical need.
Vasculitis Patient with central nervous system (CNS), renal, pulmonary or cardiac involvement SLE Patient with CNS, renal, pulmonary or cardiac involvement	Inflammatory Arthritis • For further investigations and management Ankylosing Spondylitis • For further investigations and management Refractory Gout • For management plan
	Connective tissue diseasesFor further investigations and managementUnless end organ involvement

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Required Clinical Investigations:
Inflammatory	Provide details of Inflammatory	Pathology:
arthritis of	symptoms (early morning stiffness, joint swelling, improvement with activity) in referral	Full Blood Examination (FBE)
peripheral		Urea, Electrolytes, and Creatinine (UEC)
joints	Family history	Liver Function Test's (LFTs)
	Previous treatment	Inflammatory markers: C-reactive Protein (CRP), Erythrocyte Sedimentation Rate (ESR)
		Rheumatoid Factor (RF)
		Anti-cyclic Citrullinated Peptide (Anti-CCP)
Refractory	Current treatment	Pathology:
Gout	Previous treatment	Full Blood Examination (FBE)
		Urea, Electrolytes, and Creatinine (UEC)
		Liver Function Test's (LFTs)
		Inflammatory markers: C-reactive Protein (CRP), Erythrocyte Sedimentation Rate (ESR)
		Uric Acid level

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Condition:	Key Information Points:	Required Clinical Investigations:
Ankylosing	Past medical history, particularly:	Pathology:
Spondylitis	o Uveitis	Full Blood Examination (FBE)
	 Inflammatory Bowel Disease 	Urea, Electrolytes, and Creatinine (UEC)
	o Dactylitis	Liver Function Test's (LFTs)
	o Psoriasis	Inflammatory markers: C-reactive Protein
	 Family history of Ankylosing Spondylitis 	(CRP), Erythrocyte Sedimentation Rate (ESR)
	Cpondynus	• HLA-B27
		Imaging:
		X-Rays: pelvis or sacroiliac, lumbar, cervical
		Previous spinal or pelvic imaging including MRI
Connective	Current symptoms	Pathology:
Tissue	Previous treatment	Full Blood Examination (FBE)
Disease	 Patients referred with an elevated ANA should have other potential 	Urea, Electrolytes, and Creatinine (UEC)
	features of SLE)	Liver Function Test's (LFTs)
		 Inflammatory markers: C-reactive Protein (CRP), Erythrocyte Sedimentation Rate (ESR)
		Antinuclear Antibody (ANA)
		Extractable Nuclear Antigens (ENA)
		• DsDNA, C3, C4
		Urine protein, Cr ratio
		Urine microscopy
Vasculitis	Current symptoms	Pathology:
	Previous treatment	Full Blood Examination (FBE)
		Urea, Electrolytes, and Creatinine (UEC)
		Liver Function Test's (LFTs)
		Inflammatory markers: C-reactive Protein (CRP), Erythrocyte Sedimentation Rate (ESR)
		Anti-neutrophil Cytoplasmic Antibody (ANCA)
		Urine protein, Cr ratio
		Urine microscopy
Myositis	Current symptoms	Pathology:
Previous treatment	Previous treatment	Full Blood Examination (FBE)
		Urea, Electrolytes, and Creatinine (UEC)
		Liver Function Test's (LFTs)
		Inflammatory markers: C-reactive Protein (CRP), Erythrocyte Sedimentation Rate (ESR)
		Creatine Kinase (CK)
		Antinuclear Antibody (ANA)
	Extractable Nuclear Antigens (ENA)	

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