Rheumatology Referral Process Guidelines – New

(sent 6/10/22 by Sarah Doaty MD, ANMC)

1. **URGENT Diagnoses: *Local provider should contact ANMC On-Call Rheumatologist*** for prompt management recommendations and scheduling.

   A. Vasculitis with organ threatening manifestations including:
   - Giant Cell Arteritis (GCA or Temporal arteritis)
   - Granulomatosis with Polyangiitis (Wegner's granulomatosis)
   - Microscopic Polyangiitis
   - Takayasu Arteritis

   B. Myositis

   C. Lupus, Scleroderma or Sjogren's with vital organ involvement

   D. Vision threatening inflammatory eye disease

2. **Routine (non-urgent) Diagnoses:** Referral will be reviewed and processed by ANMC within 2 weeks.

   Rheumatoid Arthritis, Reactive Arthritis or Psoriatic Arthritis:
   - CBC, CMP, ESR, CRP
   - CCP, RF
   - Hepatitis B screening, Hepatitis C screening, Quantiferon gold
   - 2 view XR of hands, wrists and feet to evaluate for erosions

   Lupus:
   - CBC, CMP, ESR, CRP
   - ANA by IFA with titer and pattern
   - If ANA is positive (1:80 or higher): double stranded DNA, Complement C3 and C4, Urinalysis w/ microscopic, Urine protein/creatinine ratio, SSA, SSB, Smith/RNP, ESR, CRP, cardiolipin Ab, lupus anticoagulant, B2-glycoprotien Ab, direct coombs test

   Gout:
   - CBC, CMP, Uric Acid
   - Xray of the affected joint

   Ankylosing Spondylitis:
   - HLA-B27, CBC, CMP, ESR, CRP
   - Hepatitis B screening, Hepatitis C screening, Quantiferon gold, HIV screen
   - SI joint XR (2 view including oblique) or MRI (if high suspicion but XR is negative)
   - Xray of C/T/L spine if patient has pain or loss of range of motion in those regions

   *Fibromyalgia:
   - CBC, CMP, ESR, CRP, CPK, TSH, hepatitis C Ab, phosphorus, alkaline phosphatase, vitamin D

*Osteoarthritis:

- XR of affected joint(s)

Rheumatology Referrals Follow-up

(Folow-up = patients with confirmed diagnoses)

1. **Rheumatoid Arthritis, Reactive Arthritis or Psoriatic Arthritis:**
   - CBC, CMP, ESR, CRP
   - Quantiferon gold should be repeated every 2 years if on biologics
   - 2 view XR of hands, wrists and feet to evaluate for erosions every 2 years
   - Annual Eye screening if on hydroxychloroquine > 5 years

2. **Ankylosing Spondylitis:**
   - CBC, CMP, ESR, CRP
   - Quantiferon gold every 2 years if on biologics
   - SI joint XR (2 view including oblique) or MRI (if high suspicion but XR is negative) every 2+ years
   - Not needed if patient has documented fusion already
   - Xray of C/T/L spine if patient has pain or loss of range of motion in those regions every 2+ years
   - Annual eye exam if history of inflammatory eye disease

3. **Lupus:**
   - CBC, CMP, ESR, CRP, C3, C4, dsDNA, U/A, urine prot/cr ratio
   - Annual Eye screening if on hydroxychloroquine >5 years

4. **Sjogren's Syndrome:**
   - CBC, CMP, ESR, CRP
   - SPEP q6-12 mo

5. **Vasculitis:**
   - CBC, CMP, ESR, CRP
   - If history of ANCA-associated disease, check ANCA titer, MPO/PR3 Ab

6. **Myositis:**
   - CBC, CMP, ESR, CRP
   - CK, Aldolase

7. **Scleroderma/Mixed Connective Tissue Disease (MCTD):**
   - CBC, CMP, ESR, CRP, U/A, urine prot/cr ratio
   - Echocardiogram annually
   - PFTs q6-12 mo

8. **Gout:**
   - CBC, CMP, Uric Acid

- Xray of the affected joint every 2 years, or if new joint affected since last visit

**All patients on methotrexate or leflunomide need a CBC, CMP q3 mo.*
**All other drugs should be monitored with a CBC, CMP q3-6 mo.*

**Accepting consultative referrals to rule out other diagnosis. Rheumatology does not follow these patients long term unless they have a concomitant autoimmune disease*