

## Northern Health Specialist Clinics Rheumatology Service Referral Guidelines

### Access & Referral Priority

All referrals received are triaged by Northern Health clinicians to determine urgency of referral. 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.

EMERGENCY	URGENT	ROUTINE
Present to appropriate Emergency Department (ED) for immediate assessment and treatment <a href="#">Refer to Statewide Referral Criteria</a>	If the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly. These patients should be provided an appointment and seen within 29 days of referral receipt.	If the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month. Appointment timeframe provided will be greater than 29 days and depending on clinical need may be added to a waiting list

### How to Refer:

**Urgent referrals** can be made directly to the on-call Rheumatology Registrar via Northern Health switchboard Tel: 8405 8000. Acutely unwell patient should be directed to the Emergency Department for immediate assessment and treatment.

**GP referrals:** Use HealthLink to send referrals, results and reports. For more information [click here](#)

**Other health services (hospitals, allied health, specialists etc):** Fax your referral to 8405 8616.

For further guidance on how to manage specific conditions in general practice, or what specific investigations and information are required for specialist referral, please visit your local HealthPathways website or equivalent online care pathways website.

[Click here](#) for HealthPathways Melbourne

*Please contact your local PHN if you require login access*

## Mandatory referral content

Please note: that if a referral fails to meet the mandatory referral information it will be declined with written notification to the referring health professional and patient.

<b>Demographic:</b>	<b>Clinical:</b>
Full name (and alias)	Requested Speciality/Service
Postal address	Reason & purpose for referral
Date of birth	Detailed history of current complaint including clinical examination findings and duration of symptoms
Next of kin	Current management of the condition and response to this management
Contact number(s) including mobile	Detailed past medical history
Medicare number	Current medications and medication history if relevant
Interpreter status	Functional status
Indigenous status	Family history
Referring GP details including provider number	Height and weight
Usual GP (if different) Interpreter requirement	<b>Diagnostics (pathology/medical imaging/endoscopy/histology) and other key information as per referral guidelines outlined in table below</b>

## Conditions see by Northern Health Rheumatology:

*Click on condition below to access specific referral criteria*

- [Acute single joint disease](#)  
Includes crystal arthritis (gout) and psoriatic arthritis
- [Connective tissue disorders](#)
- [Degenerative joint disease](#)
- [Inflammatory arthritis](#)  
Includes ankylosing spondylitis (inflammatory back pain)
- [Inflammatory myopathies](#)
- [Musculoskeletal conditions](#)
- [Vasculitis](#)

## Patients with the following conditions are not seen at Northern Health:

### Osteoarthritis (OA) of the hand, hip, shoulder, knees and spine

- Hip & knee OA – consider referral to Northern Health Osteoarthritis Hip and Knee Service (OAHKS) [click here](#) for referral criteria.
- Hand OA – consider referral to Northern Health Plastic Surgery [click here](#) for referral criteria.
- Shoulder OA – consider referral to Northern Health Orthopaedic Screening Clinic [click here](#) for referral criteria.
- Spine OA in the absence of inflammatory symptoms – consider referral to Northern Health Neurosurgical Spinal Service – [click here](#) for referral criteria.

### Chronic pain syndrome including fibromyalgia, Complex Regional Pain Syndrome and chronic non-specific lower back pain

- Consider referral to Northern Health Chronic Pain clinic [click here](#) for Victorian statewide referral criteria

### Mechanical pain including lower back, neck and shoulder pain

- Back & neck pain – consider referral to Northern Health Neurosurgical Spinal Service – [click here](#) for referral criteria
- Shoulder pain – consider referral to Northern Health Orthopaedic Screening Clinic [click here](#) for referral criteria

### Osteoporosis

- Consider referral to Northern Health Endocrinology Metabolic Bone Disease clinic [click here](#) for Victorian statewide criteria

### Ehlers Danlos Syndrome

- Consider referral to genetics clinic at an alternative health service. For further information [click here](#) for HealthPathways Melbourne

### Positive blood tests without clinical symptoms

- Antinuclear antibody (ANA) 1:320
- Rheumatoid factor (RF) >60
- Clinical symptoms: moth/nasal ulcerations, Alopecia, Raynaud's, Inflammatory Arthritis, Photosensitive rash, Proteinuria/Heamaturia

For other rheumatology conditions not listed [Click here](#) for HealthPathways Melbourne

*(Please contact your local PHN if you require login access)*

Condition	Priority	Key Information	Clinical Investigations
<p><b><u>Acute single joint disease</u></b></p> <p><i>Common:</i></p> <ul style="list-style-type: none"> <li>• <b>Crystal arthritis (gout)</b> <a href="#">click here</a> for Statewide Referral Criteria</li> <li>• <b>Pseudo gout</b></li> <li>• <b>Reactive arthritis</b></li> </ul> <p><i>Less Common:</i></p> <ul style="list-style-type: none"> <li>• <b>Septic arthritis</b></li> <li>• <b>Haemarthrosis</b></li> <li>• <b>Psoriatic arthritis</b> <a href="#">click here</a> for Statewide Referral Criteria</li> </ul>	<p><b>EMERGENCY DEPARTMENT</b></p> <ul style="list-style-type: none"> <li>• Patients with acutely painful, hot, swollen joint(s) especially if febrile.</li> <li>• Suspected sepsis in a patient with previously diagnosed gout, psoriatic or rheumatoid arthritis</li> <li>• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines</li> <li>• Sepsis (suspected or confirmed)</li> <li>• Haemarthrosis</li> </ul>	<p><b>Crystal arthritis (gout)</b> <a href="#">click here</a></p> <p><b>Psoriatic arthritis</b> <a href="#">click here</a> for Statewide Referral Criteria</p> <p><b>Other acute single joint disease</b> please provide:</p> <p><u>History:</u></p> <ul style="list-style-type: none"> <li>• Hot, red, swollen joint,</li> <li>• Presence of pyrexia or other signs of infection,</li> <li>• Psoriasis,</li> <li>• Family history.</li> </ul> <p><u>Suggested GP Management:</u></p> <p>Gout:</p> <ul style="list-style-type: none"> <li>• If appropriate, initiate non-steroidal,</li> <li>• Anti-inflammatories (Meloxicam, Celecoxib, naprosyn, or corticosteroids),</li> <li>• Consider intra-articular steroid injection.</li> </ul> <p>Note: Allopurinol is not appropriate for the treatment of initial episode of gout. If confirmed pseudo gout treat with intra-articular steroid injection.</p> <p><b>If any concerns re: sepsis – joint aspiration must occur</b></p>	<p><b>Crystal arthritis (gout)</b> <a href="#">click here</a> for Statewide Referral Criteria</p> <p><b>Psoriatic arthritis</b> <a href="#">click here</a> for Statewide Referral Criteria</p> <p><b>Other acute single joint disease</b> please provide:</p> <ul style="list-style-type: none"> <li>• FBE,</li> <li>• UEC,</li> <li>• LFT,</li> <li>• ESR,</li> <li>• CRP,</li> <li>• Uric acid,</li> <li>• X-ray for chondrocalcinosis in wrists/knees,</li> <li>• HLA B27</li> <li>• Anti-CCP (RF is not needed)</li> <li>• Hepatitis B and C serology</li> <li>• Consider joint aspiration for diagnosis of gout and pseudo gout is made by examination of joint fluid by polarised light microscopy.</li> </ul>
	<p><b>URGENT</b></p> <ul style="list-style-type: none"> <li>• Aspiration and/or injection for difficult anatomical sites or problems requiring particular expertise</li> <li>• Recurrent gout, polyarticular or tophaceous gout</li> <li>• Uncertain diagnosis</li> <li>• Progressive worsening of disability</li> <li>• Threat to independence</li> <li>• Difficulty with employment</li> <li>• Assistance with self-management</li> </ul>		
	<p><b>ROUTINE</b></p> <p>All patients with chronic inflammatory conditions require follow up with a rheumatologist. Early diagnosis and management can prevent long term functional impairment.</p>		

<p><u>Connective tissue disorders</u></p> <ul style="list-style-type: none"> <li>• Lupus/SLE</li> <li>• Scleroderma</li> <li>• Mixed Connective Tissue Disorder</li> <li>• Sjogren’s Syndrome</li> </ul>	<p><b>EMERGENCY DEPARTMENT:</b> Consider if high inflammatory markers, significant functional impairment or worsening proteinuria or renal function.</p>	<p>Please provide evidence of:</p> <ul style="list-style-type: none"> <li>• Rash,</li> <li>• Raynaud’s phenomenon,</li> <li>• Sicca symptoms,</li> <li>• Oral ulcers,</li> <li>• Alopecia,</li> <li>• Fatigue,</li> <li>• Family history.</li> </ul> <p><u>Suggested GP Management:</u></p> <ul style="list-style-type: none"> <li>• False positive ANA test is common.</li> <li>• Follow up test with s with better specificity include: anti –DNA, anti-ENA antibodies, C3 and C4</li> <li>• None of these conditions can be diagnosed by a single test.</li> </ul>	<p>Please provide results of:</p> <ul style="list-style-type: none"> <li>• FBE,</li> <li>• U&amp;E</li> <li>• LFT</li> <li>• ESR,</li> <li>• CRP,</li> <li>• RF,</li> <li>• Anti-CCP,</li> <li>• ANCA,</li> <li>• ANA,</li> <li>• ENA,</li> <li>• C3 &amp; C4,</li> <li>• Anti-dsDNA,</li> <li>• MSU,</li> <li>• Urine protein: creatinine ratio.</li> <li>• Hepatitis B and C serology</li> </ul>
	<p><b>URGENT</b></p> <ul style="list-style-type: none"> <li>• Lupus / SLE</li> <li>• Uncertain diagnosis</li> <li>• Progressive worsening of disability</li> <li>• Threat to independence</li> <li>• Difficulty with employment</li> <li>• Assistance with self-management</li> </ul>		
	<p><b>ROUTINE</b> All patients with chronic inflammatory conditions require follow up with a rheumatologist. Early diagnosis and management can prevent long term functional impairment.</p>		

<p><a href="#">Inflammatory arthritis</a></p> <p><a href="#">Click here</a> for Statewide Referral Criteria</p> <p><u>Includes:</u></p> <ul style="list-style-type: none"> <li>• <b>Ankylosing spondylitis</b> (inflammatory back pain) <a href="#">click here</a> for Statewide</li> <li>• <b>Psoriatic arthritis</b> <a href="#">click here</a> for Statewide Referral Criteria</li> <li>• <b>Reactive arthritis</b></li> <li>• <b>Rheumatoid Arthritis</b></li> </ul>	<p><b>EMERGENCY DEPARTMENT</b></p> <ul style="list-style-type: none"> <li>• Patients with acutely painful, hot, swollen joint(s) especially if febrile.</li> <li>• Suspected sepsis in a patient with previously diagnosed gout, psoriatic or rheumatoid arthritis</li> <li>• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines</li> <li>• Suspected sepsis in a patient with previously diagnosed rheumatoid arthritis</li> <li>• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.</li> </ul>	<p><a href="#">Click here</a> for Statewide Referral Criteria</p>
	<p><b>URGENT</b></p> <ul style="list-style-type: none"> <li>• Uncertain diagnosis</li> <li>• Progressive worsening of disability</li> <li>• Threat to independence</li> <li>• Difficulty with employment</li> <li>• Assistance with self-management</li> </ul>	
	<p><b>ROUTINE</b></p> <p>All patients with chronic inflammatory conditions require follow up with a rheumatologist. Early diagnosis and management can prevent long term functional impairment.</p>	

<p><b><u>Inflammatory myopathies</u></b></p> <ul style="list-style-type: none"> <li>• Polymyositis</li> <li>• Dermatomyositis</li> </ul>	<p><b>EMERGENCY DEPARTMENT</b> Significant weakness leading to functional impairment, swallowing or breathing difficulties</p> <p><b>URGENT</b></p> <ul style="list-style-type: none"> <li>• Uncertain diagnosis</li> <li>• Progressive worsening of disability</li> <li>• Threat to independence</li> <li>• Difficulty with employment</li> <li>• Assistance with self-management</li> </ul> <p><b>ROUTINE</b> All patients with inflammatory myopathies require follow up with a rheumatologist or neurologist. Early diagnosis and management can prevent long term functional impairment.</p>	<p><b>Please provide evidence of:</b></p> <ul style="list-style-type: none"> <li>• Muscle weakness,</li> <li>• Muscle tenderness (uncommon),</li> <li>• Rash (typical).</li> </ul> <p><b>Suggested GP Management:</b> Refer for confirmation of diagnosis and acute management.</p>	<p><b>Please provide results of:</b></p> <ul style="list-style-type: none"> <li>• FBE,</li> <li>• UEC,</li> <li>• LFT,</li> <li>• ESR,</li> <li>• CRP,</li> <li>• CK,</li> <li>• ANA/ENA,</li> <li>• Consider EMG.</li> <li>• Myositis antibodies</li> <li>• HMGCR Antibody</li> <li>• Hepatitis B and C serology</li> </ul>
<p><b><u>Musculoskeletal conditions</u></b></p> <p><b>Consider Referral to Northern Health Sports medicine</b></p> <ul style="list-style-type: none"> <li>• Periarticular /Soft tissue Rheumatism</li> <li>• Shoulder/Rotator Cuff syndrome</li> <li>• Tennis Elbow</li> <li>• Anserine Bursitis</li> <li>• Trochanteric Bursitis</li> <li>• Plantar Fasciitis, etc.</li> </ul>	<p><b>EMERGENCY DEPARTMENT</b> If pain is severe and impacting functional ability</p> <p><b>URGENT</b></p> <ul style="list-style-type: none"> <li>• Uncertain diagnosis</li> <li>• Progressive worsening of disability</li> <li>• Threat to independence</li> <li>• Difficulty with employment</li> <li>• Assistance with self-management</li> </ul> <p><b>ROUTINE</b> <b>Generally these conditions can be managed effectively in general practice with referral to a sport medicine physician if symptoms are not settling.</b></p>	<p><b>Please provide evidence /history of:</b></p> <ul style="list-style-type: none"> <li>• Trauma,</li> <li>• Occupation,</li> <li>• Pain pattern</li> </ul> <p><b>Suggested GP Management:</b></p> <ul style="list-style-type: none"> <li>• Refer early for confirmation of diagnosis and suitability for acute management.</li> </ul> <p><b>Rheumatology service will assess acute conditions initiate interventions as appropriate then then refer back to G.P. for ongoing management</b></p>	<p><b>Please provide results of:</b></p> <ul style="list-style-type: none"> <li>• FBE,</li> <li>• ESR,</li> <li>• X-ray or U/S if fails to settle.</li> </ul>

		<p>Ongoing management strategies include:</p> <ul style="list-style-type: none"> <li>• NSAID where appropriate,</li> <li>• Physiotherapy,</li> <li>• ROM and strengthening exercises.</li> </ul>	
<p><b><u>Vasculitis</u></b></p> <p><u>Most common:</u> <b>Giant Cell Arteritis (GCA)</b></p> <p><u>Others rare condition</u> include marked weight loss, fevers</p> <p>Consider:</p> <ul style="list-style-type: none"> <li>• <b>ANCA associated vasculitis</b></li> <li>• <b>Polyarteritis nodosa</b></li> <li>• <b>Takayasu’s arteritis</b></li> </ul>	<p><b>EMERGENCY DEPARTMENT</b></p> <ul style="list-style-type: none"> <li>• Suspected or confirmed Giant Cell Arteritis or vasculitis</li> </ul> <p><b>URGENT</b></p> <p>If suspected new acute diagnosis contact Rheumatology Registrar via Northern Health switchboard on 8405 8000 to discuss</p> <p><b>Urgent if new referral for pre-existing condition</b></p> <ul style="list-style-type: none"> <li>• Uncertain diagnosis</li> <li>• Progressive worsening of disability</li> <li>• Threat to independence</li> <li>• Difficulty with employment</li> <li>• Assistance with self-management</li> </ul> <p><b>ROUTINE</b></p> <p>All patients with inflammatory myopathies require follow up with a rheumatologist or neurologist. Early diagnosis and management can prevent long term functional impairment.</p>	<p><b>Please provide evidence of:</b></p> <p><u>Suggested GP Management:</u></p> <ul style="list-style-type: none"> <li>• If GCA is suspected consider high dose</li> <li>• prednisolone – 50mg , aspirin 100mg and direct to Emergency Department for temporal artery biopsy</li> </ul>	<p><b>Please provide results of:</b></p> <ul style="list-style-type: none"> <li>• FBE,</li> <li>• UEC,</li> <li>• LFT,</li> <li>• ESR,</li> <li>• CRP,</li> <li>• ANCA,</li> <li>• MSU MC&amp;S,</li> <li>• Urine protein: creatinine ratio,</li> <li>• Chest Xray.</li> </ul>

