

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p><b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b></p>				
<p><b>Ankylosing spondylitis (inflammatory back pain)</b></p>	<ul style="list-style-type: none"> <li>• New neurological features in a patient with previously diagnosed ankylosing spondylitis</li> <li>• Patients with acutely painful, hot, swollen joint(s) especially if febrile</li> <li>• Suspected sepsis in a patient with previously diagnosed inflammatory back pain</li> <li>• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines</li> </ul>	<ul style="list-style-type: none"> <li>• Inflammatory back pain with onset of symptoms before 45 years, with more than 3 months of symptoms, with one or more of the following:                             <ul style="list-style-type: none"> <li>○ heel pain (enthesitis)</li> <li>○ peripheral arthritis</li> <li>○ dactylitis</li> <li>○ iritis or anterior uveitis</li> <li>○ psoriasis</li> <li>○ inflammatory bowel disease</li> <li>○ positive family history of axial spondyloarthritis, reactive arthritis, psoriasis, inflammatory bowel disease or anterior uveitis</li> <li>○ previous good response to non-steroidal anti-inflammatory medicines</li> <li>○ raised acute phase reactants (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) or both)</li> <li>○ HLA-B27 positive</li> </ul> </li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Description of joints affected and onset, characteristics and duration of symptoms</li> <li>• Details of all sentinel findings</li> <li>• Report on x-ray that includes the sacroiliac joint</li> <li>• Details of previous medical management course &amp; outcome</li> <li>• <b>Full Blood Examination</b></li> <li>• <b>Erythrocyte Sedimentation Rate</b></li> <li>• <b>C-Reactive Protein</b></li> <li>• Current and complete medication history (including non-prescription medicines, herbs and supplements)</li> <li>• If the patient is pregnant or planning a pregnancy</li> </ul> <p><b>Desired</b></p> <ul style="list-style-type: none"> <li>• Relevant x-rays</li> </ul>	<p><b>N/A</b></p>

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b>				
		<ul style="list-style-type: none"> <li>○ sacroiliitis shown on x-ray or MRI</li> </ul>	<ul style="list-style-type: none"> <li>● Liver Function Tests</li> <li>● Urea &amp; electrolyte results</li> </ul> <p>How symptoms are impacting on daily activities (e.g. work, study, or carer role)</p> <ul style="list-style-type: none"> <li>● Previous rheumatology assessments or opinions</li> </ul>	
<b>Crystal arthritis (GOUT)</b>	<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</li> </ul>	<ul style="list-style-type: none"> <li>● Suspected gout in premenopausal women or men &lt; 40 years</li> <li>● Tophaceous gout with progressive joint damage, active symptoms or growing tophi despite medical management</li> <li>● Gout that has previously been diagnosed with any of the following:                             <ul style="list-style-type: none"> <li>○ allopurinol intolerance (e.g. rash, hepatitis)</li> <li>○ symptoms despite maximum tolerated allopurinol dosage</li> <li>○ progressive joint damage despite medical management</li> </ul> </li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>● Description of joints affected &amp; onset, characteristics &amp; duration of symptoms</li> <li>● Frequency of episodes &amp; number of attacks within the last 12 months</li> <li>● Inter-episode blood uric acid levels</li> <li>● Details of previous medical management, including the course &amp; outcome of treatment</li> <li>● Relevant medical history</li> <li>● Current &amp; complete medication history (including non-prescription medicines, herbs and supplements)</li> </ul>	<ul style="list-style-type: none"> <li>● Asymptomatic hyperuricaemia</li> <li>● A single attack of gout</li> <li>● Previously diagnosed gout that is adequately managed</li> <li>● Previously diagnosed gout without prophylactic treatment</li> </ul>

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p><b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b></p>				
		<ul style="list-style-type: none"> <li>○ compromised renal function: glomerular filtration rate (GFR) &lt; 30 mL/min/1.73m<sup>2</sup></li> <li>○ solid organ transplant</li> <li>○ complex comorbidities</li> </ul>	<ul style="list-style-type: none"> <li>• Glomerular Filtration Rate (GFR)</li> </ul> <p><b>Desired</b></p> <ul style="list-style-type: none"> <li>• How symptoms impact on daily activities (e.g. work, study, or carer role)</li> <li>• Full Blood Examination results</li> <li>• Relevant x-rays</li> <li>• Results of previous joint aspirations</li> </ul>	
<p><b>Inflammatory arthritis</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 rheumatoid arthritis</li> </ul>	<ul style="list-style-type: none"> <li>• Suspected or diagnosed inflammatory arthritis with active symptoms</li> <li>• Previously diagnosed inflammatory arthritis for review of management plan, monitoring or</li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Description of joints affected &amp; onset, characteristics &amp; duration of symptoms</li> <li>• Details of previous medical management</li> </ul>	<p><b>N/A</b></p>

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p><b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b></p>				
	<ul style="list-style-type: none"> <li>• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines</li> </ul>	<p>management of toxicity associated with treatment</p>	<p>including the course &amp; outcome of treatment</p> <ul style="list-style-type: none"> <li>• Full Blood Examination</li> <li>• Erythrocyte Sedimentation Rate (ESR)</li> <li>• C-Reactive Protein (CRP)</li> <li>• If the patient is pregnant or planning a pregnancy</li> </ul> <p><b>Desired</b></p> <ul style="list-style-type: none"> <li>• Rheumatoid factor (RhF) levels</li> <li>• Anti-Cyclic Citrullinated Peptide (anti-CCP) antibody levels</li> <li>• Relevant x-rays</li> <li>• Liver Function Tests</li> <li>• Urea &amp; electrolyte results</li> <li>• Current and complete medication history (including non-prescription medicines, herbs and supplements)</li> <li>• How symptoms impact on daily activities (e.g. work, study, or carer role)</li> <li>• Previous rheumatology assessments or opinions</li> </ul>	

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p><b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b></p>				
<p><b>Metabolic bone disease (Rheumatology)</b></p>	<p>N/A</p>	<ul style="list-style-type: none"> <li>• Suspected metabolic bone disease that is not osteoporosis (for example: Paget’s disease, fibrous dysplasia, osteomalacia, osteogenesis imperfecta)</li> <li>• Persistent osteoporosis despite maximum treatment</li> <li>• Osteoporosis in women &lt; 50 years or men &lt; 60 years</li> <li>• Intolerance to, or contraindication for, maximum treatment</li> <li>• Metabolic bone disease associated with:                             <ul style="list-style-type: none"> <li>○ treatment with glucocorticoid medicines</li> <li>○ inflammatory disorders</li> <li>○ chronic kidney disease</li> <li>○ post-transplant</li> </ul> </li> <li>• Metabolic bone disease associated with complications associated with treatment:                             <ul style="list-style-type: none"> <li>○ atypical femoral fracture</li> </ul> </li> </ul>	<p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Details of all fractures, including location</li> <li>• Details of previous medical management including the course &amp; outcome of treatment</li> <li>• Current &amp; complete medication history (including non-prescription medicines, herbs &amp; supplements)</li> <li>• Recent (in last 3 months):                             <ul style="list-style-type: none"> <li>○ serum calcium result</li> <li>○ serum 25-hydroxy vitamin D (25(OH)D)</li> <li>○ phosphate blood test result</li> <li>○ creatinine and electrolytes result</li> <li>○ albumin blood test result</li> <li>○ alkaline phosphate (ALP) blood test result</li> </ul> </li> <li>• Relevant comorbidities</li> </ul> <p><b>Desired</b></p>	<ul style="list-style-type: none"> <li>• Osteoporosis that has not been treated</li> <li>• Age appropriate osteopenia without fracture(s)</li> <li>• When the person’s life expectancy is &lt; 6 months</li> </ul>

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p><b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b></p>				
<p><b>Psoriatic arthritis</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 psoriatic arthritis</li> <li>• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.</li> </ul>	<ul style="list-style-type: none"> <li>○ osteonecrosis of the jaw</li> <li>• Advice on, or review of, management plan in patients with stable metabolic bone disease after 5 years of treatment</li> <li>• Suspected psoriatic arthritis with one or more of the following:               <ul style="list-style-type: none"> <li>○ inflammatory back pain</li> <li>○ heel pain (enthesitis)</li> <li>○ uveitis</li> <li>○ dactyliti</li> <li>○ psoriasis</li> <li>○ inflammatory bowel disease</li> <li>○ positive family history of spondyloarthritis</li> <li>○ HLA-B27 positive</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Current or previous bone densitometry results</li> <li>• Current or previous radiological reports of any fractures</li> <li>• Parathyroid (PTH) blood test result</li> </ul> <p><b>Mandatory</b></p> <ul style="list-style-type: none"> <li>• Description of joints affected-onset, characteristics &amp; duration of symptoms</li> <li>• Details of skin conditions</li> <li>• Details of all sentinel findings</li> <li>• Details of previous medical management including the course &amp; outcome of treatment</li> <li>• <b>Full Blood Examination</b></li> <li>• <b>Erythrocyte Sedimentation Rate (ESR)</b></li> <li>• <b>C-Reactive Protein (CRP)</b></li> </ul>	<p style="text-align: center;"><b>N/A</b></p>

## STATEWIDE REFERRAL CRITERIA – RHEUMATOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p><b>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</b></p>				
			<ul style="list-style-type: none"> <li>• Current &amp; complete medication history (including non-prescription medicines, herbs and supplements)</li> <li>• If the patient is pregnant or planning a pregnancy</li> </ul> <p><b>Desired</b></p> <ul style="list-style-type: none"> <li>• Rheumatoid factor (RhF) levels</li> <li>• Anti-cyclic citrullinated peptide (anti-CCP) antibody levels</li> <li>• Relevant x-rays</li> <li>• Liver function tests</li> <li>• Urea and electrolyte results</li> <li>• How symptoms are impacting on daily activities (e.g. work, study, or carer role)</li> <li>• Previous rheumatology and dermatology assessments or opinions</li> </ul>	