Health Services Programs
Outpatient Redesign Project

Rheumatology adult
Clinical Prioritisation Criteria (CPC)
Outpatient Referral Criteria

Version: 1.0

Approval date: DD/MM/20YY

Last edited: 09/02/2024

Contents

Summary

This document contains the Clinical Prioritisation Criteria (CPC) for most frequently referred Rheumatology (adult) conditions.

Rheumatology (adult) conditions

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the exclusions section.

- Autoimmune Connective Tissue Disease
- Autoinflammatory Disease
- Fibromyalgia
- Giant Cell Arteritis
- Gout/ Pseudogout
- Inflammatory Back Pain / Ankylosing Spondylitis
- Myositis
- Osteoarthritis
- Peripheral Spondylarthritis – Psoriatic and Reactive Arthritis
- Polymyalgia Rhuematica
- Recent Onset Polyarthritis
- Regional soft Tissue Rheumatism
- Rheumatoid Arthritis
- Subacute Onset Single or Several Joint Arthritis
- Vasculitis

Out of scope

Not all conditions are covered by the CPC, as certain conditions may be considered out of scope or managed by other specialist services:

- Paediatric Patients
- Metabolic bone disease – refer to Endocrine
- Chronic pain
    - Chronic Non-cancer Pain in Adults - Community HealthPathways South Australia log in required
    - Consider referral to pain management unit
- Hypermobility syndromes – nil CPC created at this time

Exclusions for public specialist outpatient services

Not all conditions are appropriate for referral into the South Australian public health system. The following are not routinely provided in a public specialist outpatient service:

- Positive ANA without signs or symptoms of autoimmune disease
- Chronic fatigue syndrome
- Long Covid Fatigue

Emergency information

See the individual condition pages for more specific emergency information.

Feedback

We welcome your feedback on the Clinical Prioritisation Criteria and website, please email us any suggestions for improvement at Health.CPC@sa.gov.au.

Review

The Rheumatology (adult) CPC is due for review in *DDMM*, 2026.

Evidence statement

See Rheumatology (adult) evidence statement *(evidence statement to be linked here)*.

This document is for consultation only.

Autoimmune Connective Tissue Disease

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- complications of disease or therapy requiring emergent review – systemically unwell
- evidence of systemic or major organ involvement, for example, acute new onset breathlessness
- new or severe hypertension in someone with systemic sclerosis (scleroderma) which may indicate renal crisis
- suspected sepsis
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medications

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Exclusions & triage categories

Exclusions

- people who are ANA positive with no symptoms or signs of autoimmune connective tissue disease

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- any new onset connective tissue disease with active organ involvement, for example:
  - systemic lupus erythematosus with organ involvement
  - systemic sclerosis (scleroderma) with diffuse skin and/or organ involvement
  - inflammatory muscle disease with weakness

Category 2 (appointment clinically indicated within 90 days)

- any connective tissue disease without active organ involvement, for example:
  - systemic lupus erythematosus with only musculocutaneous involvement
  - systemic sclerosis (scleroderma) without diffuse skin and/or organ involvement
  - inflammatory muscle disease without weakness
  - undifferentiated and overlap connective tissue disease, mixed connective tissue disease, Sjogren's disease

Category 3 (appointment clinically indicated within 365 days)

- autoimmune connective tissue disease for exclusion with minimal symptoms

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - duration of symptoms
    - specific clinical features under suspicion
        - rash, mouth ulcers, joint pain, pleurisy, anaemia, leukopenia, thrombocytopenia, active urine sediment or proteinuria if lupus suspected
        - Raynaud's phenomenon or skin thickening if scleroderma suspected
- clinical examination:
    - rashes
    - blood pressure
    - joint swelling
    - muscle power
    - breath sounds/ chest examination
- blood results, including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - C- reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - complement levels (C3, C4)
    - rheumatoid factor (RF)
    - anti-cyclic citrullinated peptide (anti-CCP) antibodies
    - antinuclear antibody (ANA) titre and pattern must be included, if ANA is positive, extractable nuclear antigen (ENA) and dsDNA
    - urinalysis
    - creatinine kinase (CK)
- complete medical history
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Additional information to assist triage categorisation

- family history of autoimmune disease
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- Interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self-care.

Clinical Management Advice and Resources

Clinical resources

- Therapeutic Guidelines - Inflammatory connective tissue diseases

Consumer resources

- Arthritis Australia - types of arthritis
- Arthritis Australia – Rheumatoid arthritis consumer care guide

Key Words

connective tissue disease, systemic lupus erythematosus, SLE, systemic sclerosis, scleroderma, inflammatory muscle disease, MCTD, sjogren's syndrome, overlap connective tissue disease, undifferentiated connective tissue disease, inflammatory connective tissue disease, multisystem connective tissue disease

Autoinflammatory Disease

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- suspected sepsis or septic arthritis
- complications of disease or therapy requiring emergent review – systemically unwell

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- suspected autoinflammatory disease
- known autoinflammatory disease on treatment (including biological disease-modifying antirheumatic drugs DMARD therapy)

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - description of symptoms and timeframe, for example, fever, rash, serositis, polyarthritis

- clinical examination
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - liver function tests (LFTs)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - C-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - ferritin
- complete medical history
- family history of autoinflammatory conditions
- details of previous medical management including the course of treatment and outcome
- current and previous medication history including non-prescription medicines, herbs and supplements

Additional information to assist triage categorisation

- relevant diagnostic/imaging reports (including location of company and accession number)
- results of previous genetic screening
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care.
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- Please phone the Rheumatology registrar or on call consultant or Immunology service if suspected autoinflammatory condition.
- Autoinflammatory diseases are a group of rare diseases characterised by unprovoked episodes of fever and inflammation. These are not antibody-mediated but occur when there are problems with the innate immune system whereby immune cells target the body's own healthy tissues in error. This can result in episodes of inflammation that result in symptoms such as fever, rash or joint swelling.
- Some examples of autoinflammatory diseases include:
    - Familial Mediterranean Fever (FMF)
    - periodic fevers
    - cryopyrin-associated periodic syndromes (CAPS)
    - Muckle-Wells Syndrome
    - tumor necrosis factor receptor-associated periodic syndrome (TRAPS)
    - mevalonate kinase deficiency (MKD)

Consumer resources

- Arthritis Australia – Rheumatoid arthritis consumer care guide

Key Words

Familial Mediterranean fever, FMF, periodic fevers, mevalonate kinase deficiency, MKD, Tumor necrosis factor receptor-associated periodic syndrome, TRAPS, cryopyrin-associated periodic syndromes, CAPS, familial cold autoinflammatory syndrome 1, FCAS1, Muckle-Wells Syndrome

Fibromyalgia

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- In general, chronic pain syndromes including fibromyalgia are not best managed in an emergency setting. People should not be referred to emergency services for flares of their existing symptoms.

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

- Central Adelaide Local Health Network
    - Royal Adelaide Hospital (08) 7074 0000
    - The Queen Elizabeth Hospital (08) 8222 6000

Rheumatology services do not accept referrals for pain syndromes in all local health networks. Please direct referrals for pain syndromes to the below local services:

- CALHN: Rheumatology Outpatient Service
    - RAH: (08) 7074 6247
    - TQEH: (08) 8222 7010, (08) 8222 7030
- NALHN: Pain Rehabilitation Service
    - (08) 73214133, health.NorthernPainRehabService@sa.gov.au
- SALHN: Pain Management unit
    - (08) 82045499, fmcpmu@sa.gov.au

Exclusions & triage categories

Exclusions

- patients with an existing referral to the chronic pain unit

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- nil

Category 3 (appointment clinically indicated within 365 days)

- clarification of diagnosis and/ or management strategies for fibromyalgia
- not improving after previous treatment, and patient amenable to further discussion of non-pharmacological therapies

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander

- identify within your referral if you feel your patient is from a vulnerable population including refugee populations
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - symptoms suggestive of fibromyalgia diagnosis for example, generalised widespread pain fatigue, waking unrefreshed, cognitive symptoms, headaches, pain or cramping lower abdomen, depression
    - duration of symptoms: ≥ 3 months
    - impact of the symptoms
    - any clinical features of alternative diagnoses including inflammatory or connective tissue diseases
- clinical examination including widespread tenderness and absence of swollen joints
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - erythrocyte sedimentation rate (ESR)
    - C-reactive protein (CRP)
- complete medical history
- details of previous medical management including the course of treatment and outcome
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self-care.

Additional information to assist triage categorisation

- family history of fibromyalgia or autoinflammatory conditions
- employment status
- rheumatoid factor (RF)
- anti-cyclic citrullinated peptide (anti-CCP) antibodies
- thyroid stimulating hormone (TSH)
- creatine kinase (CK)
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- Rheumatology services do not accept referrals for pain syndromes in all local health networks. Please direct referrals for pain syndromes to the below local services:
    - CALHN: Rheumatology Outpatient Service
        - RAH: (08) 7074 6247
        - TQEH: (08) 8222 7010, (08) 8222 7030
    - NALHN: Pain Rehabilitation Service
        - (08) 73214133, health.NorthernPainRehabService@sa.gov.au
    - SALHN: Pain Management unit
        - (08) 82045499, fmcpmu@sa.gov.au
- To preserve rheumatology outpatient capacity for high acuity presentations, an alternative service model has been adopted at the Royal Adelaide Hospital (RAH) and The Queen Elizabeth Hospital (TQEH). Patients with uncomplicated non-inflammatory musculoskeletal

conditions and recent onset inflammatory arthritis requiring fast tracking may be triaged into a physiotherapist-led clinic at the RAH or TQEH for assessment and management, with rheumatology consultant review as required. Outcomes may include provision of non-pharmacological management options in primary care or further imaging/pathology and review with a rheumatologist for ongoing care where indicated.

- Discourage use of opioid analgesics as they are rarely effective and may worsen fibromyalgia symptoms.
- Please refer to HealthPathways South Australia - Fibromyalgia (log in required) for more information on clinical management and advice prior to rheumatology referral.

Clinical resources

- HealthPathways South Australia - Fibromyalgia log in required
- Therapeutic Guidelines - Fibromyalgia
- Bridges and Pathways - Fibromyalgia (FMS) Management in General Practice

Consumer resources

- South Australian Fibromyalgia Patient Education Model
- Arthritis Australia - Fibromyalgia
- Arthritis Australia - Taking control of your Fibromyalgia
- Arthritis Australia - Exercise and fibromyalgia
- Fibromyalgia Australia - Resources for Practitioners, Patients and Community
- Government of Western Australia - PainHealth

Key Words

Fibromyalgia, pain syndrome, chronic pain syndrome

Giant Cell Arteritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- All cases of Giant Cell Arteritis (GCA) are an emergency, all suspected cases should be discussed with the rheumatology registrar during the day or on call consultant out of hours for assessment, triage and advice on initial management.

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- all cases of Giant Cell Arteritis (GCA) are an emergency, all suspected cases should be discussed with the rheumatology registrar during the day or on call consultant out of hours for assessment, triage and advice on initial management

Category 2 (appointment clinically indicated within 90 days)

- stable GCA on treatment

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting condition:

    - symptoms including visual disturbance
    - disease course
    - current and prior management
    - prior investigations
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - C-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
- need for additional supports at home or lives alone or in remote region (factors which may preclude day admission for temporal artery biopsy)

Additional information to assist triage categorisation

- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- previous assessments or opinions from other relevant specialist such as ophthalmologist or optometrist

Clinical Management Advice and Resources

Clinical management advice

- All cases of giant cell arteritis are an emergency, all suspected cases should be discussed with the rheumatology registrar during the day or on call consultant out of hours for assessment, triage, and advice on initial management.

Clinical resources

- Therapeutic Guidelines - Polymyalgia rheumatica and giant cell arteritis

Consumer resources

- Arthritis Australia - Giant Cell Arteritis (GCA)

Key Words

Giant cell arteritis, GCA, temporal arteritis, inflammatory disease

Gout / Pseudogout

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- suspected sepsis or unexplained fever
- severe disease with inability to function in the community – phone the rheumatology registrar or on call consultant to discuss options for admission

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network
- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Exclusions and triage categories

- asymptomatic hyperuricaemia
- previously diagnosed gout that is adequately managed
    - at target urate with no flares in the last 6 months

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- gout with frequent or difficult to treat flares, unable to use standard therapy

Category 2 (appointment clinically indicated within 90 days)

- confirmed gout, diagnosed by joint aspirate or dual energy computed tomography.
- suspected gout, for example, recurrent podagra, suggestive imaging (including location of company and accession number)
- tophaceous gout with progressive joint damage, active symptoms or growing tophi despite medical management.
- other crystal arthritis, for example calcium pyrophosphate deposition disease (pseudogout)

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting condition:
    - description of joints affected and characteristics
        - number of joints involved and location
    - duration of symptoms: frequency of episodes and number of attacks in the last 12 months
    - symptoms
        - swelling
        - pain
        - morning stiffness greater or less than 30 minutes
- clinical examination
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - inter-episode blood uric acid levels
- complete medical history
- details of previous medical management including the course of treatment and outcome
- current and previous medication history including non-prescription medicines, herbs and supplements
- alcohol and smoking history
- body mass index
- employment status

Additional information to assist triage categorisation

- family history of gout
- results from previous joint aspirations
- relevant diagnostic/imaging reports (including location of company and accession number)
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care.
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical resources

- Therapeutic Guidelines - Gout
- HealthPathways SA - Gout (log in required)

Consumer resources

- Arthritis Australia - Gout
- Australian Rheumatology Association – For Patients
- Arthritis Australia - Multicultural Resources

- Arthritis Australia – Rheumatoid arthritis consumer care guide

Key Words

Gout, crystal arthritis, calcium pyrophosphate deposition, tophaceous gout, gouty arthritis, urate crystals, pseudogout

Inflammatory Back Pain / Ankylosing Spondylitis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- new neurological features in a patient with inflammatory back pain or previously diagnosed ankylosing spondylitis (for example bowel or bladder dysfunction or limb weakness)
- suspected sepsis or unexplained fever
- complications of disease or therapy requiring emergent review – systemically unwell
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medications

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Exclusions and triage categories

- suspected infective cause of back pain, for example discitis and osteomyelitis – contact spinal services and infectious diseases for advice and refer to emergency if systemically unwell.

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- known or suspected ankylosing spondylitis and the patient is pregnant or planning a pregnancy

Category 2 (appointment clinically indicated within 90 days)

- suspected ankylosing spondylitis / axial spondyloarthritis with or without peripheral symptoms and/ or extra articular manifestations
- known ankylosing spondylitis / axial spondyloarthritis established on treatment including biologic / targeted synthetic disease-modifying antirheumatic drugs (b/tsDMARDs)

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - description of joints affected and onset, characteristics
    - duration of symptoms
    - symptoms: severity of back pain / stiffness and peripheral symptoms, features of inflammatory back pain, for example, morning stiffness greater or less than 30 minutes, nocturnal pain
    - history of uveitis or inflammatory bowel disease
    - history of recent infection
- clinical examination:
    - range of movement in lumbar spine
    - other joint examination positive findings
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - liver function tests (LFTs
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - C-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - human leukocyte antigen B27 (HLA-B27)
- complete medical history
- details of previous medical management including the course of treatment and outcome, specifically, response to nonsteroidal anti-inflammatory drugs
- current and previous medication history including non-prescription medicines, herbs and supplements
- employment status

Additional information to assist triage categorisation

- family history of spondylarthritis or spondyloarthropathy associated condition, for example psoriasis, inflammatory bowel disease, or uveitis.
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care.
- X-ray or other imaging of spine or sacroiliac joints if available (including location of company and accession number)
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- To preserve rheumatology outpatient capacity for high acuity presentations, an alternative service model has been adopted at the Royal Adelaide Hospital (RAH) and The Queen

Elizabeth Hospital (TQEH). Patients with uncomplicated non-inflammatory musculoskeletal conditions and recent onset inflammatory arthritis requiring fast tracking may be triaged into a physiotherapist-led clinic at the RAH or TQEH for assessment and management, with rheumatology consultant access as required. Outcomes may include provision of non-pharmacological management options in primary care or further imaging/pathology and review with a rheumatologist for ongoing care where indicated.

- Contact the rheumatology registrar / rheumatologist on call before starting steroids wherever possible.
- **For mild to moderate inflammatory joint pain, nonsteroidal anti-inflammatory drugs (NSAIDs) are most commonly used because of their known efficacy in treating pain, stiffness and swelling associated with established inflammatory rheumatological disease**
- **Use the minimum effective dose of NSAID for the shortest time possible.**
- Glucocorticoids including prednisolone are generally not recommended.

Clinical resources

- HealthPathways South Australia - Ankylosing Spondylitis log in required
- Arthritis Australia - Physical activity and exercise

Consumer resources

- Arthritis Australia - Axial spondyloarthritis support program
- Arthritis Australia - Ankylosing Spondylitis
- Arthritis Australia - Spondyloarthritis
- Arthritis Australia - Non-radiographic axial spondyloarthritis
- Arthritis Australia - Physical activity and exercise
- Arthritis Australia - Multicultural Resources
- Arthritis Australia – Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide
- Arthritis Australia - Moving with arthritis

Key Words

inflammatory back pain, enthesitis, axial spondyloarthritis, inflammatory disease, ankylosing spondylitis

Myositis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- complications of disease or therapy requiring emergent review – systemically unwell

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- new onset and/or active myositis including polymyositis, dermatomyositis, connective tissue disease associated myositis and undifferentiated inflammatory myositis

Category 2 (appointment clinically indicated within 90 days)

- inflammatory myositis on established treatment and stable
- possible myositis with weakness for further review

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population and/or requires a third party to receive correspondence on their behalf
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - description of joints affected and characteristics
    - duration of symptoms: < 6 weeks, > 6 weeks, >12 months, > 2 years

    - symptoms including weakness and /or pain, extent of skin, joint, respiratory or other symptoms
- clinical examination:
    - proximal and/or distal muscle weakness
    - swollen joints
    - skin changes
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - C-reactive protein (CRP)
    - creatinine kinase
    - thyroid function test
    - antinuclear antibody (ANA) titre and pattern must be included, if ANA is positive, extractable nuclear antigen (ENA) and dsDNA including myositis antibodies if available
    - complement levels (C3, C4)
- complete medical history
- details of previous medical management including the course of treatment and outcome
- current and previous medication history including statins, non-prescription medicines, herbs and supplements, the course of treatment and outcome of treatment

Additional information to assist triage categorisation

- family history of autoimmune disease
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care
- muscle or skin biopsy histology

Clinical Management Advice and Resources

Clinical resources

- CALHN : Rheumatology Outpatient Services - clinical information sheets

Consumer resources

- Myositis Association Australia
- CALHN : Rheumatology Outpatient Services - clinical information sheets
- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

Myositis, polymyositis, dermatomyositis, undifferentiated inflammatory myositis, connective tissue disease associated myositis

Osteoarthritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Septic arthritis
- Fracture

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- nil

Category 2 (appointment clinically indicated within 90 days)

- nil

Category 3 (appointment clinically indicated within 365 days)

- for diagnostic clarification
- ongoing functional impairment that persists despite optimal management
    - HealthPathwaysSA - Osteoarthritis (OA) log in required

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting condition:
    - description of joints affected and characteristics.
        - recurrence
        - acuity

    - duration of symptoms
    - symptoms including functional impairment.
- complete medical history
- body mass index
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Additional information to assist triage categorisation

- family history of osteoarthritis
- relevant allied health/diagnostic/imaging reports (including location of company and accession number)
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - C-reactive protein
    - erythrocyte sedimentation rate (ESR)
    - urate
    - rheumatoid factor (RF)
    - anti-cyclic citrullinated peptide (anti-CCP) antibodies

Clinical Management Advice and Resources

Clinical management advice

- To preserve rheumatology outpatient capacity for high acuity presentations, an alternative service model has been adopted at the Royal Adelaide Hospital (RAH) and The Queen Elizabeth Hospital (TQEH). Patients with uncomplicated non-inflammatory musculoskeletal conditions and recent onset inflammatory arthritis requiring fast tracking may be triaged into a physiotherapist-led clinic at the RAH or TQEH for assessment and management, with rheumatology consultant access as required. Outcomes may include provision of non-pharmacological management options in primary care or further imaging/pathology and review with a rheumatologist for ongoing care where indicated.
- Please refer to relevant HealthPathway for more information on clinical management
    - Osteoarthritis (OA) - Community HealthPathways South Australia log in required

Clinical resources

- HealthPathways South Australia - Osteoarthritis log in required
- Australian Commission on Safety and Quality in Health Care - Osteoarthritis of the Knee Clinical Care Standard
- RACGP - Guideline for the Management of Knee and Hip Osteoarthritis

Consumer resources

- The Hospital Research Foundation Group - Osteoarthritis
- Arthritis Australia - Osteoarthritis
- Arthritis Australia - Taking control of your osteoarthritis
- Arthritis Australia - My joint pain
- Arthritis Australia - Living with Arthritis
- Arthritis Australia - Understanding arthritis
- GLA:D Australia - Good Life with osteoArthritis

Key Words

Osteoarthritis, degenerative joint disease

Peripheral Spondylarthritis – Psoriatic and Reactive Arthritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- suspected sepsis or septic arthritis
- complications of disease or therapy requiring emergent review – systemically unwell
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medications
- severe disease with inability to function in the community – phone the rheumatology registrar or on call consultant to discuss options for admission

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network
- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- new onset, suspected or recently diagnosed inflammatory arthritis
- active established inflammatory arthritis requiring escalation of management
- known or suspected psoriatic or reactive arthritis and the patient is pregnant or planning a pregnancy

Category 2 (appointment clinically indicated within 90 days)

- known Spondylarthritis on established conventional or biologic/targeted synthetic DMARDs (b/tsDMARDs)

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - description of joints affected and characteristics
    - duration of symptoms
    - duration of early morning stiffness, greater or less than 30minutes
    - extra-articular, axial or systemic features
- clinical examination
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - erythrocyte sedimentation rate (ESR)
    - C-reactive protein (CRP)
    - rheumatoid factor (RF)
    - anti-cyclic citrullinated peptide (anti-CCP) antibodies
    - human leukocyte antigen B27 (HLA-B27)
- complete medical history
- presence of psoriasis, inflammatory bowel disease (IBD), or inflammatory eye disease (uveitis). If these conditions coexist, please consider concurrent referrals to the appropriate specialties.
- details of previous medical management including the course of treatment and outcome of treatment
- current and complete medication history including non-prescription medicines, herbs and supplements

Additional information to assist triage categorisation

- family history of axial spondyloarthritis
- diagnostic/imaging reports including location of company and accession number, if there are inflammatory axial symptoms please consider plain x-ray of spine and sacroiliac joints.
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care
- sexually transmitted infection screen/stool culture/details of preceding infection for suspected reactive arthritis
- other screening previously performed including Hepatitis B, Hepatitis C, human immunodeficiency virus (HIV), QuantiFERON Gold (QFG)
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- To preserve rheumatology outpatient capacity for high acuity presentations, an alternative service model has been adopted at the Royal Adelaide Hospital (RAH) and The Queen Elizabeth Hospital (TQEH). Patients with uncomplicated non-inflammatory musculoskeletal

conditions and recent onset inflammatory arthritis requiring fast tracking may be triaged into a physiotherapist-led clinic at the RAH or TQEH for assessment and management, with rheumatology consultant access as required. Outcomes may include provision of non-pharmacological management options in primary care or further imaging/pathology and review with a rheumatologist for ongoing care where indicated.

Clinical resources

- Therapeutic Guidelines - Spondyloarthritides, including psoriatic arthritis
- HealthPathways SA - Inflammatory Arthritis log in required

Consumer resources

- Arthritis Australia - myPsA (psoriatic arthritis support program)
- Arthritis Australia - Spondylarthritis patient information sheet
- Arthritis Australia - Psoriatic Arthritis patient information sheet
- Arthritis Australia - Reactive arthritis patient information sheet
- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

Peripheral spondylarthritis, spondylarthritis, reactive arthritis, psoriatic arthritis

Polymyalgia Rheumatica

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- complications of disease or therapy requiring emergent review – systemically unwell

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- new onset polymyalgia rheumatica (PMR) with typical shoulder/hip girdle features with raised erythrocyte sedimentation rate / C- reactive protein
- known and treated PMR established on steroids requiring further escalation of management or currently on a disease-modifying antirheumatic drugs (DMARDs)

Category 2 (appointment clinically indicated within 90 days)

- polymyalgia rheumatica on active treatment on established DMARDs

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting condition:
    - description of affected areas, for example shoulders, hips, knees including which side
    - duration of symptoms
    - recurrence
    - symptoms, for example, muscle pain, morning stiffness greater or less than 30 minutes

- clinical examination
    - presence of any joint swelling (if small joints, please specify metacarpophalangeal / proximal inter-phalangeal / distal interphalangeal joint / metatarsophalangeal joint)
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - erythrocyte sedimentation rate (ESR)
    - C-reactive protein (CRP)
- complete medical history
- details of treatments offered (non-steroidal anti-inflammatory drugs, prednisolone, glucocorticoids, disease-modifying antirheumatic drugs including dose and response

Additional information to assist triage categorisation

- family history of polymyalgia rheumatica
- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care
- relevant /diagnostic/imaging reports (including location of company and accession number)
- thyroid function tests
- creatinine kinase
- rheumatoid factor (RF)
- anti-cyclic citrullinated peptide (anti-CCP)
- serum protein electrophoresis (SPEP)
- other screening previously performed including X-ray, hepatitis B, hepatitis C, human immunodeficiency viruses, QuantiFERON Gold (QFG), bone density
- cancer screening information
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- Polymyalgia Rheumatica is very rare in patients under 50 years old. Consider alternative cause for symptoms in these cases.
- HealthPathways South Australia - Polymyalgia Rheumatica (PMR) log in required

Clinical resources

- HealthPathways South Australia - Polymyalgia Rheumatica (PMR) log in required
- BPAC - Polymyalgia Rheumatica (PMR) look before you leap
- BSR and BHPR Guidelines for Management of Polymyalgia Rheumatica

Consumer resources

- Arthritis Australia - Polymyalgia rheumatica
- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

Polymyalgia rheumatica, PMR, inflammatory disorders

Recent Onset Polyarthritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- evidence of systemic or major organ involvement
- suspected sepsis or unexplained fever
- severe disease with inability to function in the community – phone the rheumatology registrar or on call consultant to discuss options for admission

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network
- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Inclusions and triage categories

Inclusions

- Inflammation in multiple joints, typically involving either small joints or a mix of small and large joints, usually symmetrical.
- may have systemic features of inflammation, for example, weight loss, fever or elevated inflammatory markers

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- known or suspected polyarthritis and the patient is pregnant
- new onset or severely disabling flares of polyarthritis

Category 2 (appointment clinically indicated within 90 days)

- flare of existing disease
- possible or unclear recent onset polyarthrtis
- non disabling flares of polyarthritis

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - description of joints affected and characteristics.
        - recent onset symmetrical polyarticular joint inflammation
        - pattern of joint involvement, for example small versus large joints
        - multiple painful joints with swelling, early morning stiffness, greater or less than 30 minutes
        - typically, involvement of small peripheral joints, for example metacarpophalangeal joints and/ or metatarsophalangeal joints
    - duration of symptoms: <6 weeks, > 6 weeks, > 12 months, >2 years
    - systemic symptoms
    - recent travel, exposure to mosquito
- clinical examination:
    - rash & other features of autoimmune disease for example Raynaud's phenomenon, dyspnoea, joint swelling, tenderness, and restriction
    - functional impairment
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - liver function tests (LFTs)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - C-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - urate
    - rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibodies
    - antinuclear antibody (ANA) titre and pattern must be included, if ANA is positive, extractable nuclear antigen (ENA) and dsDNA
    - urinalysis
- complete medical history
- family history of rheumatoid arthritis or autoimmune disease
- details of previous medical management including the course of treatment and outcome
- current and previous medication history including non-prescription medicines, herbs and supplements
- alcohol and smoking history
- employment status

Additional information to assist triage categorisation

- interference with activities of daily living and working ability. For example, has the patient had to stop or change work practices, are they requiring assistance with self care.
- Ross River virus, Barmah Forest Virus, parvovirus B19 serology if clinical suspicion
- relevant diagnostic/imaging reports (including location of company and accession number)
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- Contact the rheumatology registrar / rheumatologist on call before starting corticosteroids wherever possible
- **For mild to moderate inflammatory joint pain, nonsteroidal anti-inflammatory drugs (NSAIDs) are most commonly used because of their known efficacy in treating pain, stiffness and swelling associated with established inflammatory rheumatological disease**
- **Use the minimum effective dose of NSAID for the shortest time possible.**
- In cases with more severe impairment, oral prednisolone could be considered, doses >10mg not often required, dose <7.5mg daily preferred if to be used beyond 2 weeks.
- Encourage gentle exercise and avoid prolonged bed rest.

Clinical resources

- Australian Rheumatology Association
- Therapeutic guidelines - Principle of analgesic and anti-inflammatory drug use for musculoskeletal conditions in adults
- Therapeutic Guidelines - Undifferentiated arthritis in adults
- Australian Rheumatology Association - Australian Living Guidelines for the Pharmacological Management of Inflammatory Arthritis

Consumer resources

- Australian Rheumatology Association
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

arthritis, rheumatoid, arthralgia, polyarthralgia

Regional Soft Tissue Rheumatism

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- suspected sepsis or unexplained fever
- severe disease with inability to function in the community – phone the rheumatology registrar or on call consultant to discuss options for admission.

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network
- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network
- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network
- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- acutely painful disabling conditions such as frozen shoulder

Category 2 (appointment clinically indicated within 90 days)

- other regional pain conditions that are less disabling or refractory to routine management. For example, regional bursitis, epicondylitis, plantar fasciitis

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- specific indication for referral currently
- if the patient is pregnant or planning a pregnancy
- history of presenting condition:
    - duration of symptoms

    - aggravators,
    - history or trauma
- clinical examination
    - active and passive range of motion
    - impact on function
    - pain behaviours
    - tender joints
    - clinical weakness
- treatments previously trialled
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - C-reactive protein (CRP)
- relevant diagnostic/imaging reports (including location of company and accession number):
    - ultrasound imaging if clinically relevant
    - X-ray of localised area if symptoms have failed to improve

Additional information to assist triage categorisation

- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- To preserve rheumatology outpatient capacity for high acuity presentations, an alternative service model has been adopted at the Royal Adelaide Hospital (RAH) and The Queen Elizabeth Hospital (TQEH). Patients with uncomplicated non-inflammatory musculoskeletal conditions and recent onset inflammatory arthritis requiring fast tracking may be triaged into a physiotherapist-led clinic at the RAH or TQEH for assessment and management, with rheumatology consultant access as required. Outcomes may include provision of non-pharmacological management options in primary care or further imaging/pathology and review with a rheumatologist for ongoing care where indicated.
- Regional soft tissue pain is not responsive to paracetamol.
- Consider short term non-steroidal anti-inflammatory drugs (NSAIDs) if no contraindication or localised corticosteroid injection.
- Consider early referral to pain unit if suspicion for complex regional pain syndrome.

Consumer resources

- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

soft tissue rheumatism, STR, tennis elbow, trochanteric bursitis, carpal tunnel syndrome, plantar fasciitis, rotator cuff

Rheumatoid Arthritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- concerns for septic arthritis
- complications of disease or therapy requiring emergent review – systemically unwell
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- new onset, suspected or recently diagnosed rheumatoid arthritis
- active established rheumatoid arthritis requiring escalation of management
- known or suspected rheumatoid arthritis and the patient is pregnant or planning a pregnancy

Category 2 (appointment clinically indicated within 90 days)

- known rheumatoid arthritis on established conventional or biologic/targeted synthetic disease-modifying antirheumatic drugs (b/tsDMARDs)

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy

- history of presenting complaint
    - description of joints affected
    - onset
    - characteristics
    - duration of symptoms
    - number and location of swollen, tender joints and other examination findings
    - duration of early morning stiffness, greater or less than 30 minutes
- interference with activities of daily living and working ability (for example, has the patient had to stop or change work practices, are they requiring assistance with self care)
- details of previous medical management including the course of treatment and outcome
- current and complete medication history including non-prescription medicines, herbs and supplements
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function test (LFTs)
    - C-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - anti-cyclic citrullinated peptide (anti-CCP) antibodies
    - rheumatoid Factor (RF)
- relevant diagnostic/imaging reports (including location of company and accession number)

Additional information to assist triage categorisation

- extra-articular and systemic features, if any including weight loss
- relevant biologic/targeted synthetic disease-modifying antirheumatic drugs (b/tsDMARDs) PBS application documentation and prior rheumatology clinic letters (if available)
- other screening previously performed including Hepatits B, Hepatitis C, human immunodeficiency virus (HIV), QuantiFERON Gold (QFG) if available
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical management advice

- **For mild to moderate inflammatory joint pain, nonsteroidal anti-inflammatory drugs (NSAIDs) are most commonly used because of their known efficacy in treating pain, stiffness and swelling associated with established inflammatory rheumatological disease**
- **Use the minimum effective dose of NSAID for the shortest time possible.**
- In cases with more severe impairment, oral prednisolone could be considered, doses >10mg not often required, dose <7.5mg daily preferred if to be used beyond 2 weeks
- To preserve rheumatology outpatient capacity for high acuity presentations, an alternative service model has been adopted at the Royal Adelaide Hospital (RAH) and The Queen Elizabeth Hospital (TQEH). Patients with uncomplicated non-inflammatory musculoskeletal conditions and recent onset inflammatory arthritis requiring fast tracking may be triaged into a physiotherapist-led clinic at the RAH or TQEH for assessment and management, with rheumatology consultant access as required. Outcomes may include provision of non-pharmacological management options in primary care or further imaging/pathology and review with a rheumatologist for ongoing care where indicated.

Clinical resources

- Therapeutic Guidelines - Rheumatoid arthritis
- Arthritis Australia
- HealthPathways SA - Inflammatory Arthritis log in required

Consumer resources

- Arthritis Australia - Rheumatoid Arthritis
- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide
- Arthritis Australia - Moving with arthritis
- Arthritis Australia - mrRA rheumatoid arthritis support program

Key Words

Rheumatoid arthritis, RA, inflammatory disease, chronic inflammatory disorder

Subacute Onset Single or Several Joint Arthritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Septic arthritis, concern for infection (consider contacting on call orthopaedic service for advice)

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Inclusions, exclusions, and triage categories

Inclusions

- new onset arthritis

Exclusions

- acute infectious monoarthritis

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- all new onset inflammatory arthritis
- known or suspected arthritis and the patient is pregnant or planning a pregnancy

Category 2 (appointment clinically indicated within 90 days)

- established rheumatological disease on active treatment

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander

- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- specific indication for referral currently
- if the patient is pregnant or planning a pregnancy
- history of presenting complaint:
    - duration of symptoms: <6 weeks, >6 weeks, <12 months, >2 years
    - relevant history, including: history of recent soft tissue infection or portal of entry, foreign body or prostheses, chronic joint disease, recent joint injection, gout, psoriasis, gastrointestinal or genitourinary infection, trauma, back pain and stiffness, fever
    - associated symptoms: inflammatory back pain, diarrhoea, weight loss
    - history of recent travel, tuberculosis exposure
    - family history of rheumatological disease, psoriasis, inflammatory bowel disease, or other autoimmune disease
- functional impairment
- treatments used/ opinions sought thus far
- clinical examination:
    - weight
    - blood pressure
    - Joint examination
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function tests (LFTs)
    - C- reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - urate

Additional information to assist triage categorisation

- Consider ultrasound-guided aspiration by a radiologist if aspiration at the bedside is not possible or transfer to hospital is delayed.
- Synovial fluid for gram stain, microscopy, culture and sensitivity (sepsis), and examination of synovial fluid polarised light microscopy for crystals (gout and pseudogout).
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician
- blood results including location of company and accession number if available:
    - rheumatoid factor and anti CCP antibody titres
    - antinuclear antibodies (ANA) (titre and pattern must be included), human leukocyte antigen B27(HLA B27)
    - blood cultures
    - stool culture
- urethral swab for gonorrhoea, urine PCR for chlamydia
- relevant diagnostic/imaging reports (including location of company and accession number)

Clinical Management Advice and Resources

Clinical management advice

- **For mild to moderate inflammatory joint pain, nonsteroidal anti-inflammatory drugs (NSAIDs) are most commonly used because of their known efficacy in treating pain, stiffness and swelling associated with established inflammatory rheumatological disease**

- **Use the minimum effective dose of NSAID for the shortest time possible.**
- In cases with more severe impairment, oral prednisolone could be considered, doses >10mg not often required, dose <7.5mg daily preferred if to be used beyond 2 weeks

Clinical resources

- Arthritis Australia
- HealthPathways SA - Rheumatology log in required

Consumer resources

- Australian Rheumatology Association – For Patients
- Arthritis Australia - Multicultural Resources
- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

Reactive arthritis, undifferentiated inflammatory arthritis, monoarthritis, oligoarthritis, gout, pseudgout, CPPD

Vasculitis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- complications of disease or therapy requiring emergent review, for example progressive renal failure, respiratory failure, haemoptysis, malignant hypertension
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the relevant metropolitan Local Health Network switchboard and ask to speak to the relevant specialty service.

Central Adelaide Local Health Network

- Royal Adelaide Hospital (08) 7074 0000
- The Queen Elizabeth Hospital (08) 8222 6000

Northern Adelaide Local Health Network

- Lyell McEwin Hospital (08) 8182 9000
- Modbury Hospital (08) 8161 2000

Southern Adelaide Local Health Network

- Flinders Medical Centre (08) 8204 5511
- Noarlunga Hospital (08) 8384 9222

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- new onset, suspected or recently diagnosed vasculitis
- flare of established disease

Category 2 (appointment clinically indicated within 90 days)

- known vasculitis on established treatment

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- if the patient is pregnant or planning a pregnancy
- history of presenting complaint
    - description of clinical features (please specify any organ dysfunction)
    - duration of symptoms
    - Pattern of symptom progression

- interference with activities of daily living and working ability (for example, has the patient had to stop or change work practices, are they requiring assistance with self care)
- details of previous medical management including the course of treatment and outcome
- current and complete medication history including non-prescription medicines, herbs and supplements
- blood results including location of company and accession number if available:
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - estimated glomerular filtration rate (eGFR)
    - liver function test (LFT)
    - C-reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - antineutrophil cytoplasmic antibodies (ACNA)
    - urinalysis
- relevant diagnostic/imaging reports (including location of company and accession number)

Additional information to assist triage categorisation

- spirometry
- any other relevant investigations, for example, skin or other biopsy, echocardiogram.
- previous assessments or opinions from a rheumatologist or other relevant specialist or allied health clinician

Clinical Management Advice and Resources

Clinical resources

- Therapeutic Guidelines
- Australia and New Zealand Vasculitis Society - ANZVASC
- Australian Rheumatology Association - Medication information for professionals

Consumer resources

- Australia and New Zealand Vasculitis Society - ANZVASC
- Australian Rheumatology Association - Medication information for patients
- Arthritis Australia - Understanding arthritis
- Arthritis Australia - Rheumatoid arthritis consumer care guide

Key Words

Vasculitis, aortitis, behcet's disease, central nervous system vasculitis, Eosinophilic Granulomatosis with Polyangiitis, EGPA, IgA Vasculitis, Henoch-Schonlein Purpura, Granulomatosis with Polyangiitis, GPA, microscopic polyangiitis, MPA, polyarteritis nodosa, PAN, urticarial vasculitis,

Health Services Programs
Outpatient Redesign Project

Rheumatology paediatric
Clinical Prioritisation Criteria (CPC)
Outpatient Referral Criteria

Version: 1.0

Approval date: DD/MM/20YY

Last edited: 09/02/2024

Contents

Summary

This document contains the Clinical Prioritisation Criteria (CPC) for most frequently referred Xxx conditions.

Rheumatology (paediatric) conditions

Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the exclusions section.

- Autoinflammatory Disease
- Connective Tissue Disease
- Bone and Joint pain (lasting > 1 month)
- Juvenile Idiopathic Arthritis
- Reactive Arthritis (lasting >1 month)
- Vasculitis including ANCA Positive Vasculitis, Takayasu's & Refractory Henoch Schloein Purpura

Out of scope

Not all conditions are covered by the CPC, as certain conditions may be considered out of scope or managed by other specialist services:

- Chronic pain complex regional pain syndromes- refer to chronic pain service or general paediatrics
- Long covid fatigue – refer to general paediatrics

Exclusions for public specialist outpatient services

Not all conditions are appropriate for referral into the South Australian public health system. The following are not routinely provided in a public specialist outpatient service:

- Hypermobile Ehlers Danlos without joint pain
- Benign hypermobility syndrome without joint pain
- growing pain variants including:
    - Osgood Schlatter's
    - Sindig Larsen
        - The Royal Children's Hospital Melbourne - Osgood - Schlatter disease
- Positive ANA without signs or symptoms suggestive of autoimmune condition
- Chronic fatigue syndrome

Emergency information

See the individual condition pages for more specific emergency information.

Feedback

We welcome your feedback on the Clinical Prioritisation Criteria and website, please email us any suggestions for improvement at Health.CPC@sa.gov.au.

Review

The Rheumatology (paediatric) CPC is due for review in *DDMM* 2026.

Evidence statement

See Rheumatology (paediatric) evidence statement *(evidence statement to be linked here).*

This document is for consultation only.

Autoinflammatory Disease

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Concerns for infection including septic arthritis
- Complications of disease or therapy requiring emergent review – systemically unwell

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the Women's and Children's Hospital switchboard and ask to speak to the on-call Rheumatology doctor.

- Women's and Children's Hospital (08) 8161 7000

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- increasing frequency of episodes for an established autoinflammatory condition, escalating symptoms or significant effect on quality of life
- evidence of new autoinflammatory disease including periodic fevers without evidence of infection
- evidence of organ compromise such as neurological involvement or renal compromise secondary to underlying autoinflammatory condition

Category 2 (appointment clinically indicated within 90 days)

- suspected periodic fever syndromes
- stable symptoms thought to be related to periodic fever syndrome

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations (due to cost or lack of local availability).

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of fevers:
    - duration of fevers
    - frequency
    - number of episodes of fever
    - responses to medications including steroids if trialed.
    - age of onset of fevers
- history of presenting complaint:
    - symptoms: rash, mouth ulcers, pharyngitis, joint pain and swelling, abdominal or chest pain, diarrhoea, or constipation.

- physical examination
    - description of rashes, pharyngitis, lymphadenopathy, hepatosplenomegaly, arthritis
- ethnicity
- family history of periodic fever or autoinflammatory diseases, renal involvement, and deafness

Additional information to assist triage categorisation

- relevant diagnostic/imaging reports (including location of company and accession number)
- fever diary documenting duration of fever and associated symptoms
- any photos of rashes
    - suggest to families to take photos of any rashes and bring these to outpatient appointment
- any blood tests, urine samples or viral swabs if available
- past medical history
- medication history

Clinical Management Advice and Resources

Clinical management advice

- Symptomatic management of febrile episodes with simple analgesia.
- Generally no other specific management is required prior to review in Rheumatology clinic.

Clinical resources

- Paediatric Rheumatology InterNational Trials Organisation - Information on Rheumatic Diseases

Key Words

Autoinflammatory disease, autoinflammatory condition, Blau's Disease, juvenile sarcoidosis, chronic atypical neutrophilic dermatosis with lipodystrophy and elevated temperature, CANDLE, cryopyrin associated periodic syndromes, CAPS, CINCA, muckle wells, FCAS, chronic non-bacterial osteomyelitis/osteitis, CRMO, deficiency on IL-1 receptor antagonist, DIRA, familial Mediterranean fever, Majeed syndrome, mevalonate kinase deficiency, MKD, hyper IgD syndrome, NLRP-12 related recurrent fever, PAPA syndrome, periodic fever with apthous pharyngitis adenitis, PFAPA, TNF receptor associated periodic syndrome, TRAPS

Connective Tissue Disease & Vasculitis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute organ failure (acute renal failure, neurological signs including motor and sensory loss, severe intractable abdominal pain)
- acutely unwell children or those with purpura not typical for Henoch Scholein Purpura (Immunoglobulin A vasculitis)
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the Women's and Children's Hospital switchboard and ask to speak to the on-call Rheumatology doctor.

- Women's and Children's Hospital (08) 8161 7000

Exclusions and triage categories

Exclusions

- Henoch Scholein Purpura and Kawasaki disease do not usually require rheumatological review unless severe disease, significant multi-organ involvement or refractory to standard therapy.

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- suspected systemic lupus erythematosus (SLE), juvenile dermatomyositis (JDM), vasculitis or other autoimmune connective tissue disease
    - suspected glomerulonephritis, pericarditis/pleuritis, severe polyarthritis or severe weakness secondary to myositis
- all patients with suspected vasculitis except for Henoch Scholein Purpura and Kawasaki

Category 2 (appointment clinically indicated within 90 days)

- Morphea

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting condition:
    - duration and frequency of symptoms
    - pattern of pain, for example overnight waking with pain, morning pain, pain with exercise, early morning stiffness,
    - specific clinical features for concern:

        - rash, mouth ulcers, pain, chest pain, anaemia, leucopoenia, thrombocytopenia, active urine sediment or proteinuria if lupus suspected
        - Raynaud's phenomenon or skin thickening if scleroderma suspected.
        - muscle weakness, rash (heliotrope, Gottrens) if dermatomyositis is suspected
        - muscle pain, marked early morning stiffness, nasal stuffiness, dyspnoea, cough with hemoptysis if small vessel vasculitis is suspected
        - purpuric rash, nephritis, lung or ear, nose and throat (ENT) involvement, fever, constitutional features such as weight loss
- aggravating and relieving factors
- treatments used/sought so far including response to nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy or any other treatments
- examination:
    - rashes, specifically vasculitis rashes
    - joint swelling
    - evidence of muscle weakness, for example Gower's test
    - evidence of lymphadenopathy, organomegaly
    - blood pressure
- any previous history of specialist therapy, including investigations and treatments

Additional information to assist triage categorisation

- relevant diagnostic/imaging reports (including location of company and accession number)
- skin biopsy histology
- blood tests if available
    - full blood count (FBC)
    - electrolytes, urea, creatinine (EUC)
    - liver function tests (LFTs)
    - C- reactive protein (CRP)
    - erythrocyte sedimentation rate (ESR)
    - complement levels (C3, C4)
    - rheumatoid factor, anti-CCP antibody
    - antinuclear antibody (ANA) titre and pattern must be included, extractable nuclear antigen (ENA), dsDNA, antineutrophil cytoplasmic antibodies (ANCA),
    - urinalysis
    - creatinine kinase
    - thyroid function

Clinical Management Advice and Resources

Clinical management advice

Presentation

- Systemic lupus erythematosus (SLE) - multisystem inflammatory presentation often with arthritis, rash, anaemia, serositis, nephritis, CNS involvement, positive ANA.
- Juvenile dermatomyositis (JDM) – inflammatory myopathy with proximal weakness, typical skin rash, arthritis.
- Vasculitis - purpuric rash, nephritis, lung or ent involvement, fever, constitutional features
- Other connective tissue disease - features include Raynaud's phenomenon, rash, arthritis, serositis, myositis, proteinuria, positive ANA.
- Localised scleroderma (morphoea) – discrete areas of skin inflammation and fibrosis.
- Behcet's disease – recurrent oral and/or genital ulcers, rash, arthritis, uveitis

Management

- Early consideration of connective tissue disease is essential to allow prompt diagnosis and management.

- Generally no other specific management is required prior to assessment in Rheumatology clinic.
- It should be noted that systemic lupus erythematosus would invariably have a positive ANA, however the vast majority of positive ANAs in children are not related to autoimmune conditions such as lupus.

Clinical resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions
- The Australian Rheumatology Association - ARA
- Children's Health Queensland Hospital and Health Service - Guideline: Petechiae and Purpura Emergency Management in Children
- The Royal Children's Hospital Melbourne - Henoch-Schonlein purpura
- The Royal Children's Hospital Melbourne - Kawasaki disease

Consumer resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions

Key Words

systemic lupus erythematosus, SLE, juvenile dermatomyositis, JDM, localised scleroderma, morphea, sceloderma, lupus, polymyositis, dermatomyositis, granulomatosis with polyangiitis, GPA, microscopic polyangiitis, churg-strauss syndrome, connective tissue disorders, connective tissue disease, vasculitis, ANCA associated vasculitis, medium vessel vasculitis, small vessel vasculitis, wegener, granulomatosis with polyangitis, churg-strauss, eosinophilic granulomatosis with polyangitis, EGPA, microscopic polyangitis, primary angitis of the central nervous system, PACNS, polyarteritis nodosa, PAN, takayasu arteritis, granulo

Bone and Joint Pain (Lasting >1month)

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute neurological signs (motor or sensory loss) associated with back pain
- lower limb joint pain and associated inability to weight bear
- joint pain in a child from a population at high risk of acute rheumatic fever (Aboriginal and Torres Strait Islander children)

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the Women's and Children's Hospital switchboard and ask to speak to the on call Rheumatology doctor.

- Women's and Children's Hospital (08) 8161 7000

Exclusions and triage categories

Exclusions

- hypermobile Ehlers Danlos Syndrome without joint pain – refer to genetics or cardiology services
- benign hypermobility syndrome without joint pain – refer to genetics or cardiology services
- growing pain variants including:
    - Osgood Schlatter's
    - Sindig larsen
        - The Royal Children's Hospital Melbourne - Osgood - Schlatter disease
- chronic pain complex regional pain syndromes- refer to chronic pain service or general paediatrics

Triage category

Category 1 (appointment clinically indicated within 30 days)

- inflammatory back pain +/- peripheral joint inflammatory disease
- evidence of synovitis, arthritis or joint erosion on imaging
- joint pain with elevated inflammatory markers that are otherwise unexplained
- joint pain accompanied by symptoms or history of other inflammatory disease (for example, inflammatory bowel disease, uveitis, new rashes)
- joint deformity / decreased range of movement

Category 2 (appointment clinically indicated within 90 days)

- undiagnosed cause of joint or musculoskeletal pain that is not listed in Category 1
- musculoskeletal pain with significant functional impairment on the child and family

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting complaint:
    - duration and frequency of symptoms
    - pattern of pain (for example overnight waking with pain, morning pain, pain with exercise, early morning stiffness),
    - aggravating and relieving factors
    - treatments used/sought so far including response to nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy or any other treatments
    - symptoms: bony tenderness or swelling,
- examination findings
    - reduced range of motion
    - deformity
    - associated muscle wasting

Additional information to assist triage categorisation

- relevant diagnostic/imaging reports (including location of company and accession number) if available.
- any blood test results if available

Clinical Management Advice and Resources

Clinical management advice

For the below suspected conditions, please refer to orthopaedics

- septic arthritis: via emergency department for acute orthopaedics assessment
- hip dysplasia

Non-steroidal anti-inflammatory drugs (NSAIDs)

- nonsteroidal anti-inflammatory drugs (NSAIDs) can be commenced prior to rheumatology assessment unless contraindicated.
- NSAIDs produce a good response and will assist to manage pain
- consider trial of piroxicam 0.4mg/kg-(max 20mg) once daily for 4 weeks and assess response (may require proton pump inhibitor cover)

Physiotherapy

- For any back pain referrals, a referral to community physiotherapy should be initiated where possible prior to rheumatology referral.
- Physiotherapy is useful to facilitate stretching and range of motion exercises and has proven benefit in both inflammatory and non-inflammatory back pain.
- Whilst the rheumatology service accepts referrals for children with joint pain, to investigate any underlying inflammatory conditions such as arthritis, the Rheumatology service does not

accept referrals for the investigation, diagnosis, or management of joint hypermobility syndromes. Childrens with suspected Marfan's or Classical Ehlers-Danlos should be referred to the genetics and cardiology services.

- Children with other hypermobility-related issues may benefit from review and management from a physiotherapist.

Clinical resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions
- The Australian Rheumatology Association - ARA

Consumer resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions

Key Words

Chronic bone pain, chronic joint pain, inflammatory back pain
Juvenile idiopathic arthritis, JIA, ERA enthesitis related arthritis juvenile, ankylosing spondylitis

Juvenile Idiopathic Arthritis

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acute inflammatory monoarthritis
- suspected systemic juvenile idiopathic arthritis which may present with symptoms of fever, salmon pink rash +/- arthritis.
- unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines

Contacts for clinical advice

- For urgent referrals and/or clinical advice, please telephone the Women's and Children's Hospital switchboard and ask to speak to the on-call Rheumatology doctor.
    - Women's and Children's Hospital (08) 8161 7000

Triage categories

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- suspected systemic juvenile idiopathic arthritis
- patients with severe polyarthritis with high inflammatory burden evidenced by multiple active joint count or high C-reactive protein / erythrocyte sedimentation rate, or with significant functional limitation.
- chronic inflammatory arthritis with inadequate symptom management

Category 2 (appointment clinically indicated within 90 days)

- nil

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting complaint:
    - duration and frequency of symptoms
    - symptoms such as rash, fever, growth abnormalities, functional decline, developmental regression, vision impairment, psoriasis, early morning stiffness
    - family history of inflammatory joint disease
    - treatments used/sought so far including response to nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy or any other treatments

- examination:
    - effusion/swelling
    - reduced range of movement
    - muscle atrophy
    - limp

Additional information to assist triage categorisation

- relevant diagnostic/imaging reports (including location of company and accession number) if available.
- any blood test results if available

Clinical Management Advice and Resources

Clinical management advice

- Consider non-steroidal anti-inflammatories for symptom relief unless contraindicated.
- generally, no other specific management is required prior to assessment.
- Blood tests are generally not helpful in excluding a diagnosis of juvenile idiopathic arthritis, as 50% of JIA patients are ANA negative, >90% are rheumatoid factor negative, and inflammatory markers are frequently normal. Therefore, if the clinical history and examination findings are suggestive of JIA, prompt referral to paediatric rheumatology is warranted.
- For flares of disease in a patient already known to the rheumatology service, families will have contact with the rheumatology nurse in order to bring forward appointments or escalate therapy. These patients do not require a re-referral to rheumatology services.

Clinical resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions
- The Australian Rheumatology Association - ARA

Consumer resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions

Key Words

Juvenile idiopathic arthritis, JIA, oligoarthritis, polyarthritis, systemic, psoriatic arthritis, PsA, enthesitis-related, undifferentiated

Reactive Arthritis (lasting >1 month)

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- septic arthritis – consult local orthopaedic team
- lower limb joint pain and associated inability to weight bear
- joint pain in a child from a population at high risk of acute rheumatic fever (Aboriginal and Torres Strait Islander children)

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the Women's and Children's Hospital switchboard and ask to speak to the on-call Rheumatology doctor.

- Women's and Children's Hospital (08) 8161 7000

Exclusions and triage categories

Exclusions

- reactive arthritis of less than 4 weeks duration

Triage categories

Category 1 (appointment clinically indicated within 30 days)

- evidence of synovitis, arthritis or joint erosion on imaging
- joint pain with elevated inflammatory markers that are otherwise unexplained
- joint pain accompanied by symptoms or history of other inflammatory disease, eg inflammatory bowel disease, uveitis, new rashes, etc
- joint deformity / decreased range of movement

Category 2 (appointment clinically indicated within 90 days)

- undiagnosed cause of joint or musculoskeletal pain that is not listed in Category 1
- pain with significant functional impairment on the child and family

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting complaint:
    - duration and frequency of symptoms
    - pattern of pain (for example overnight waking with pain, morning pain, pain with exercise, early morning stiffness),
    - aggravating and relieving factors

    - treatments used/sought so far including response to nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy or any other treatments
    - symptoms: bony tenderness or swelling,
- examination findings
    - reduced range of motion
    - deformity
    - swelling
    - evidence of lymphadenopathy, pharyngitis, otitis or other recent infection

Additional information to assist triage categorisation

- relevant diagnostic/imaging reports (including location of company and accession number)
- any blood test results if available

Clinical Management Advice and Resources

Clinical management advice

- Consider non-steroidal anti-inflammatories for symptom relief unless contraindicated.
- Antibiotics may be required if the original infection is bacterial in origin.
- Generally, no other specific management is required prior to assessment.
- In children, the most common cause of reactive arthritis is post-viral.

Clinical resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions

Consumer resources

- Arthritis Australia - Reactive arthritis
- The Royal Children's Hospital Melbourne - Information about Rheumatological Conditions

Key Words

Reactive arthritis, inflammatory arthritis, reiters, reiters syndrome, reiters syndrome, joint pain

Vasculitis Including ANCA Positive Vasculitis, Takayasu's & Refractory Henoch Scholein Purpura

Referral to emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- acutely unwell children or those with purpura not typical for Henoch-Schonlein purpura
- acute organ failure (renal crisis, severe intractable abdominal pain)

Contacts for clinical advice

For urgent referrals and/or clinical advice, please telephone the Women's and Children's Hospital switchboard and ask to speak to the on-call Rheumatology doctor.

- Women's and Children's Hospital (08) 8161 7000

Exclusions and triage categories

Exclusions

- Henoch Scholein Purpura and Kawasaki disease do not usually require rheumatological review unless severe disease, significant multi-organ involvement or refractory to standard therapy

Triage category

Category 1 (appointment clinically indicated within 30 days)

- all patients with suspected vasculitis except for Henoch-Schonlein purpura and Kawasaki

Category 2 (appointment clinically indicated within 90 days)

- patients with morphea (relevant for connective tissue when combined)

Category 3 (appointment clinically indicated within 365 days)

- nil

Referral information

For information on referral forms and how to import them, please view general referral information.

Essential referral information

Completion required before first appointment to ensure patients are ready for care. Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

- identifies as Aboriginal and/or Torres Strait Islander
- identify within your referral if you feel your patient is from a vulnerable population
- interpreter requirements
- history of presenting complaint
    - duration and frequency of symptoms
    - pattern of pain, for example overnight waking with pain, morning pain, pain with exercise, early morning stiffness
    - aggravating and relieving factors
    - treatments used/sought so far including response to nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy or any other treatments

        - symptoms:
            - pupuric rash, nephritis, lung or ENT involvement, fever, constitutional features such as weight loss
    - examination findings specifically, blood pressure, vasculitic rashes, evidence of lymphadenopathy, organomegaly

Additional information to assist triage categorisation

- relevant laboratory/imaging reports (including location of company and accession number if available)

Clinical Management Advice and Resources

Clinical resources

- Children's Health Queensland Hospital and Health Service - Guideline: Petechiae and Purpura Emergency Management in Children
- The Royal Children's Hospital Melbourne - Henoch-Schonlein purpura
- The Royal Children's Hospital Melbourne - Kawasaki disease

Consumer resources

- The Royal Children's Hospital Melbourne - Information about Rheumatological conditions

Key Words

Vasculitis, ANCA associated vasculitis, Henocuh Scholein purpura, Takayasu, large vessel vasculitis, medium vessel vasculitis, small vessel vasculitis, Wegeners, granulomatosis with polyangitis, Churg-Strauss, Eosinophilic granulomatosis with polyangiitis (EGPA), Microscopic polyangiitis, Primary angiitis of the central nervous system (PACNS), Polyarteritis nodosa (PAN), Takayasu arteritis, Granulomatosis with polyangiitis (GPA)